

The State of Geriatric and Gerontology Education in Ghana: A Literature Review

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Abstract

The rise in older population in Ghana is accompanied by challenges that may require trained professionals with specialized knowledge in geriatrics and gerontology to help address. Research, however, points to an existing shortage of geriatric-trained professionals in Ghana; a problem that can be addressed with the education and training of students with interest in aging. This paper offers a review of the state of geriatric and gerontology education in Ghana. The paper specifically examines current geriatric-focused training programs in public universities, and existing national aging policies with implications for the development and implementation of aging education in institutions of higher learning in Ghana. The review findings point to an urgent need for governmental and institutional commitment to promote aging studies as a component of health professions curricula in Ghana. Critical steps to prioritizing and forging a path to instituting geriatric and gerontology education in Ghana are discussed.

Keywords: Ghana, geriatric education, National Ageing Policy, older adult

1. Introduction

Population aging is a global phenomenon. The United Nations Department of Economic and Social Affairs [UNDESA] World Population Ageing report indicates there were more than 700 million persons aged 65 years and older in the world in 2019 (UNDESA, 2019). The population of older adults is projected to more than double to 1.5 billion in 2050, a figure so high that the UN estimates “one in six people in the world will be aged 65 years or over by 2050” (UNDESA, 2019, p. 1). This is up from 1 in 11 people in 2019 (UNDESA, 2019). Even though it is a global phenomenon, the fastest increase in older persons is happening in low- and middle-income countries, particularly in Africa (Aikins & Apt, 2016, Ayernor, 2012). It is estimated that 80% of the world’s older population will live in developing countries by 2050 (World Health Organization [WHO], 2021).

Ghana, a country in sub-Saharan Africa, is no exception to these demographic changes happening around the world. Ghana’s population aging is expected to continue over the next few decades at a rate higher than that of most advanced countries (Aikins & Apt, 2016; Kpessa-Whyte, 2018). The aging of the population presents unique challenges to traditional social institutions, particularly the family, which is tasked with the responsibility of providing to meet the social, economic, and health needs of older Ghanaians (Apt, 2002). Faced with the challenge of a potential collapse and inability to provide the necessary care for the aging population, the need for institutional care as a healthcare and supportive measure and a workforce trained to handle such important challenge seems inevitable.

This paper presents a review of the social and education infrastructure designed to respond to the challenges associated with the current demographic transition happening in Ghana. The paper specifically examines current geriatric-focused training programs available to students in all public (government-owned) institutions of higher learning, and existing national policies that might be relevant in efforts to address aging education deficiencies in school curricula in Ghana.

1.1 Aging of Ghana’s Population

Ghana has continually seen a rise in its population beginning in 1960 when the first population census exercise was conducted. With an average growth rate of 2.4%, Ghana’s population rose from 6.7 million in 1960 to 18.9 million

in 2000, and 24.6 million in 2010 (Ghana Statistical Services [GSS], 2013; Kpessa-Whyte, 2018). As of this reporting, the most recent demographic survey by UNDESA Population Division estimated Ghana's total population to be 28 million (UNDESA, 2017).

Ghana has a youthful population structure, with a broad base making up of a large number of children under 20 years of age, and a relatively small number of older adults at the top (GSS, 2014). The population, though, has undergone significant transition over the years since the first census was conducted. Different age categories forming the population structure have either seen an increase, a decrease, or both at some point in time. The population aged 25-59, for instance, was 33.8% in 1960, decreased to 30.7% in 1970, and increased to 35.0% in 2010 (GSS, 2013). While this has been the pattern for most of the age categories, one age group, though, has remained on a consistent trajectory: the older adult population, aged 60 years or older.

The population of older adults increased from 213,477 in 1960 to 1,643,381 in 2010 (GSS, 2013). At a growth rate of 2.5%, the older adult population (aged 60+) accounted for 7% of the total population in 2010 (GSS, 2012). At this figure, Ghana was counted among countries in sub-Saharan Africa with the highest proportions of older adults (Aikins & Apt, 2016). This demographic group is projected to increase to about 6 million, accounting for about 14 percent of the total population of Ghana (estimated at 51 million) by 2050 (Mba, 2010). Due to advances in medicine and technology, the proportion of Ghana's population aged 60 years or older is expected to grow at a rate higher than most rate of growth in more technologically advanced societies (Aikins & Apt, 2016; Mba, 2010).

1.2 Health and Social Challenges of Aging in Ghana

Advances in medicine and technology have considerably improved health and longevity. Like most countries around the world, people in Ghana can expect to live into their sixties and beyond. While being able to reach old age is considered an important milestone within the Ghanaian cultural context and longer life brings with it opportunities, in many ways, there are several challenges that confront older Ghanaians today. Longer life provides older Ghanaians the opportunity to contribute to their families and communities in diverse ways (Van der Geest, 2004). However, the extent of their contributions is influenced heavily by the state of their health.

For most older Ghanaians, the additional years are characterized by poor health, dominated by declines in physical and mental health (WHO, 2014). The 2014 WHO Ghana Country Assessment of Ageing and Health report showed cardiovascular disease, cancer, and respiratory diseases as the three most common causes of death from non-communicable diseases in all ages in Ghana. The incidence of deaths from these conditions, however, was higher in older adults (50+) than in all other age groups. The report indicated cardiovascular problems of stroke and hypertension as the two biggest underlying risk factors of hospital admission and death among older adults. The report also noted musculoskeletal conditions such as rheumatoid arthritis and osteoporosis, respiratory problems including chronic lung disease, chronic obstructive pulmonary disease (COPD), and asthma, and heart disease and related conditions such as angina, as the most common chronic diseases that contribute to a large portion of the burden of non-communicable diseases that older Ghanaians experience. Although data on the prevalence of diabetes in Ghana are scanty and unreliable (Danquah et al., 2012), the report also noted diabetes as a common health condition that most older Ghanaians have and pointed to the rural-urban areas discrepancies of the disease prevalence among older adults. The prevalence rate of diabetes, as the report noted, was higher among urban than rural older adults.

In their special issue paper that emphasized the need to strengthen aging research, intervention and policy in Ghana, Aikins and Apt (2016) noted that neurodegenerative disorders (such as dementia and Alzheimer's disease) and disability (of all forms) are expected to rise in most African nations, including Ghana. The increase in prevalence of these conditions among older Ghanaians has implications not only for health systems and the wellbeing of older adults, but also their social and professional care at the family and community levels (Aikins & Apt, 2016; Anum & de-Graft Aikins, 2014).

Although some of the differences in older Ghanaians health are genetic and the result of senescence (Ayernor, 2012; Aikins & Apt, 2016), most can be attributed to the social and physical environment, including their homes, neighborhoods, and communities (WHO, 2014). The health challenges older adults face, for instance, are compounded by the breakdown of traditional systems of protection and care triggered by urbanization, socioeconomic development, and globalization (Kpessa-Whyte, 2018). Reporting on the reason for the increasing need for institutional support system for older Ghanaians, Dovie (2019) observed that most older adults are incapable of caring for themselves and are lonely and isolated due to the loss of family relations and friends. Dovie (2019) also noted that there is an increase in the number of neglected, abused, and abandoned older adults. Taken together, most older Ghanaians' experience with aging can be classed as less than optimal.

According to the World Health Organization (2021), "physical and social environment can affect health directly or

through barriers that affect opportunity, decisions, and health behaviors” (para. 3). This rings true in the case of older Ghanaians. In a survey conducted by Afrobarometer in 2019, more than half (57%) of older adults sampled reported their living condition as fairly bad or very bad; about 51% indicated having gone multiple times without cash income; and 55% reported experiencing difficulties obtaining medical care. This survey also revealed about 40% of older adults lived in an enumeration area that had no health clinic (See Table 1). This information reveals some important truths about older Ghanaians and the realities of aging in Ghana. Like the aged in other parts of the world, older Ghanaians are not immune to the health, social, economic, and cultural challenges associated with older adults and the process of aging.

Danquah et al. (2012) noted in their study four significant inadequacies in the health system in Ghana. Ghana’s health system, they wrote, does not reach a considerable portion of the population, is mostly focused on emergencies and infectious diseases, is often limited in staff, and health professionals are not sufficiently trained in chronic disease management. Addressing the types of challenges older Ghanaians face, whether health, economic, or social, begins with education—training a specialized geriatric and gerontological workforce that would provide the needed health care services to older adults, and investigate changes in society that affect the aging population to inform policies and programs necessary to improving the wellbeing of older adults.

Table 1. Selected demographics, health, economic and social issues facing older Ghanaians

	Categories	N	%
<i>Demographics</i>			
Age	50-59	280	49.7
	60-69	172	30.6
	70+	111	19.7
Gender	Male	300	53.3
	Female	263	46.7
Residence	Urban	266	47.2
	Rural	297	52.8
Education	No formal schooling	159	28.3
	Primary school	126	22.4
	Secondary	205	36.4
	Post-secondary (diploma or degree from polytechnic or college)	51	9.1
	University	16	2.8
	Post-graduate	6	1.1
Employment status	No (Unemployed)	275	48.9
	Yes (Employed)	283	50.3
Employer	Self	442	78.5
	Private sector	34	6.0
	Government	50	8.9
Present living condition	Fairly bad to very bad	324	57.5
	Neither	25	4.4
	Fairly good to very good	216	36.7
Times gone without cash	Never	175	31.1
	Just one or twice	106	18.8
	Several (many) times	216	38.4
Clinic within area of residence	Always	66	11.7
	No	227	40.3
Difficulty obtaining medical care	Yes	336	59.7
	Easy	179	31.8
	Difficult	384	68.2

Source: Afrobarometer. The Quality of Democracy and Governance in Ghana, 2019

Note. Because of missing data N is not always equal to 563.

2. Tertiary Education in Ghana

Tertiary education in Ghana consists of Universities, Polytechnics, Colleges of Education, Nursing Colleges, and Professional Institutions (Bingab et al., 2016). University education in Ghana formally started in 1948 with the

establishment of University College of Gold Coast, now called the University of Ghana. Since then, Ghana has seen an increase in the number of universities in the country. According to the Ghana National Accreditation Board (NAB, n.d.), there are 12 accredited public universities. There are also 61 private universities and institutions that provide degrees in multiple disciplines and programs (Bingab et al., 2016).

The tertiary education system in Ghana has undergone multiple education reforms, with each adding new elements believed to make the tertiary education system more robust and effective. For instance, the 1991 tertiary education reform sought to improve “education access, relevance and quality” with the view to increase the pace of attaining the developmental agenda of the country (Bingab et al., 2016, p. 4). Similarly, in an attempt to salvage the sharp decline in education standards, the 1987 education reform increased the number of years of tertiary education from three to four years.

Up until the education reform of 1991, Ghana had only 3 public universities. Due to its focus on improving education access, the 1991 education reform entitled “Reform to Tertiary Education System”, adopting the recommendations of the 1987 reform, advocated for Ghana to open up university education to private participation (Bingab et al., 2016).

The 1991 reforms ushered in a flurry of privately-owned universities with little to no government control. A review of the history of government owned universities suggests these institutions were set up with a national agenda in mind. For instance, the University of Ghana (UG), the country’s premier university set up under the mentorship of University of London in 1948, was established “to train graduates to replace the upper labor force of the Gold Coast who were mainly expatriates” (Bingab et al., 2016, p. 8). Faced with the prospect of independence and the impending need for technocrats to helm the affairs of the country and to promote the country’s developmental agenda once independence was achieved, the Kwame Nkrumah University of Science and Technology was established, replacing the Kumasi College of Technology instituted in 1951 (Bingab et al., 2016; Agyemang et al., 2021). The University of Cape Coast which, according to Bingab et al. (2016), started as a “University of Science Education” in 1962, was established to provide “highly qualified and skilled manpower in science education” (p.8). Bingab et al. (2016) note that its original mandate was “to train graduate professional teachers for the country’s second cycle institutions and the Ministry of Education” (p. 8).

Bingab et al. (2016), however, contend that there is no evidence that privately-owned universities springing up across the country are set up with a view toward meeting the national agenda, as their activities remain largely unregulated by the government and there are no national agenda that their participation in the education system seems to focus on. Since public universities in Ghana were created to fulfil unique national agenda—agenda to promote national development, enhance capacity building, etc.—it is recognized that any recommendation to reform tertiary education curricula to include gerontology and geriatric studies will begin with public institutions. For these reasons, only the twelve public universities were included in this study.

3. Geriatric and Gerontology Education in Ghana: What the Literature Reveals

Journal articles published on geriatric and gerontology education in Ghana from January 2002 to December 2022 were searched from Academic Search Premier, AgeLine, ERIC, Education Full Text, Education Research Complete and Google Scholar using the keyword; Ghana, geriatric*/gerontology* education, training, program, aging/ageing studies. The search terms used were made broad to find approximately all studies on geriatric or gerontology education in Ghana over the last 20 years. The search yielded one study which describes a geriatric fellowship program initiative to train geriatricians in Ghana (Essuman et al., 2019). Details of the study or initiative are provided in the sections below.

3.1 The Fields of Geriatrics and Gerontology

The rise in older population in Ghana is accompanied by several challenges that may require trained professionals with specialized knowledge in geriatrics and gerontology to address. Both geriatrics and gerontology concern the study of aging and its process, but the two are not the same. Geriatrics is a field of study that focuses on understanding and the maintenance of health of the aging body (Turkbeyler et al., 2019). A branch of medicine, geriatrics is dedicated to addressing the medical needs of older adults. It focuses on providing high-quality care for the unique health needs of older people (American Geriatric Society, n.d.). Gerontology is a field of study concerned with understanding aging as a societal phenomenon. It focuses on the physical and mental aspects of aging, as well as the social and societal implications of aging (Gerontological Society of America, n.d.). A multidisciplinary approach to the study of aging, gerontology is devoted to understanding societal systems and structures, policies and programs, and biological, physical, social, economic, and environmental conditions that influence aging (University of Southern California Leonard Davis School of Gerontology, n.d.).

In economic and technologically advanced societies of the world, where the aura of modernity began more than a century ago, the care for older adults has been left largely in the hands of geriatric health care professionals in hospitals and modern institutions of care, ranging from assisted and independent living communities to residential care and skilled nursing facilities (de Medeiros et al., 2020; Rowe et al., 2016). These systems of care have spurred the development of diverse health and human services programs, mostly taught in institutions of higher learning, and a creation of a workforce specifically trained to help meet the growing challenges of the adult population in the Western world (Busby-Whitehead et al., 2016; Flaherty & Bartels, 2019; Rowe et al., 2016). For instance, social gerontology, a recently developed subfield of gerontology, which focuses on the social aspect of aging, prepares professionals devoted to improving the interaction between older adults and people within their social environment, including family members, friends and peers, and healthcare professionals (Kricheldorf et al., 2015). With their designation as a vulnerable population, professionals trained to work with older adults usually come from disciplines in human services (e.g., social work and social welfare, psychology, and psychiatry) and health professions (medicine, nursing, public health, and occupational and physical therapy).

As critical as they appear to promote the wellbeing and care of older adults, the advanced system of education and care seen in Western nations seems to be lacking in Ghana. Table 2 provides a list of all 12 public universities examined in this review. Contrary to expectations, this review indicated eight of the public universities offer undergraduate degree programs (fields of study) that could train students in geriatrics and gerontology. These fields of study include medicine, psychology and counseling, nursing, public health, and social work. Of the eight public universities, the University of Ghana offers all five major degree programs. This is followed by Kwame Nkrumah University of Science and Technology, University for Development Studies, and the University of Cape Coast, all of which offer four of these major degree programs. The University of Health and Allied Sciences offers three of these degree programs. The University of Energy and Natural Resources, SD Dombo University of Business and Integrated Development Studies and C.K. Tadam University of Technology and Applied Sciences, all have one undergraduate degree program that could offer training in geriatrics and gerontology.

Table 2. Schools by undergraduate degree programs (field of study) that could offer training in geriatrics and gerontology

School	Field of Study				
	Medicine	Psychology/ Counseling	Nursing	Public Health	Social Work
1 University of Ghana (UG)	X	X	X	X	X
2 Kwame Nkrumah University of Science and Technology	X	-	X	X	X
3 University for Development Studies (UDS)	X	X	X	X	-
4 University of Cape Coast (UCC)	X	X	X	X	-
5 University of Health and Allied Sciences (UHAS)	X	-	X	X	-
6 University of Energy and Natural Resources (UENR)	-	-	X	-	-
7 University for Professional Studies (UPS)	-	-	-	-	-
8 University of Mines and Technology (UMAT)	-	-	-	-	-
9 University of Education-Winneba	-	-	-	-	-
10 Ghana Institute of Management and Public Administration (GIMPA)	-	-	-	-	-
11 SD Dombo University of Business and Integrated Development Studies (DUBIDS)	-	-	-	-	X
12 C.K. Tadam University of Technology and Applied Sciences (TUTAS)	-	-	X	-	-

Source: Ghana National Accreditation Board/Ghana Tertiary Education Commission.

3.2 A Lack of Comprehensive Geriatric and Gerontology Education

A review of existing literature, however, showed that: Ghana has no comprehensive geriatric and gerontology education system; there is no nationwide gerontology or geriatric-focused training incorporated into medical, nursing, psychology/counseling, public health or social work education curricula; students in training in institutions of higher learning are offered isolated geriatric courses; and there are no records of practicing geriatricians—the exact number of geriatricians or gerontologists in Ghana is unknown (Dovie, 2019; Essuman et al., 2019; Karikari et al., 2020; Karikari et al., 2019). The review, however, revealed initiatives currently underway

to establish and promote geriatric studies not only as a legitimate discipline, but also as an important field of work with a myriad of opportunities (Essuman et al., 2019).

3.3 Geriatric Medicine Fellowship Program

In their work, Essuman et al. (2019) discuss the Geriatric Medicine Fellowship program created in response to the lack of geriatricians in Ghana. The first of its kind, the Geriatric Medicine Fellowship Program was born out of collaboration between the Faculty of Family Medicine of Ghana College of Physicians and Surgeons (GCPS) and the Department of Family Medicine, University of Michigan. The program is established to train “family medicine and internal medicine graduates in the discipline of geriatric medicine” (Essuman et al., 2019, p. 1719). Designed to last 2 years (to conform to the GCPS requirements for fellowship program) and built on rigorous evidence-based geriatric curriculum, the fellowship program offers clinical, educational, research and administrative trainings to fellows, with the goal of producing physicians with the “requisite knowledge, skills, and attitudes to provide specialized care for older adults and to have the competency to teach and conduct research in geriatrics and gerontology” (Essuman et al., 2019, p. 1720). Graduating geriatric medicine fellows, as Essuman et al. (2019) note, will also “be able to provide leadership for the multidisciplinary team of health, social, and other interprofessional team members involved in the care of older adults within the context of primary care” (p. 1720). Although the first cohort of fellows has yet to graduate, the fellowship program has created an avenue for producing domestically trained geriatrics fellows in Ghana (AARP International, n.d.). As significant as this initiative is, there remains a lot to be done in creating a comprehensive geriatric and gerontological education system in Ghana.

4. Forging a Path to Instituting Geriatric and Gerontology Education

Ghana has designed and implemented a considerable number of policies that seek to promote the wellbeing of Ghanaians of all ages (Alidu et al., 2016; Ashirifi et al., 2021). Embracing a strategic vision of an all-inclusive and socially empowered society, these policies offer protection to all individuals most likely to live in cases of extreme poverty and related vulnerability and exclusion (Ashirifi et al., 2021; Ghana Ministry of Gender, Children & Social Protection [GMGCSP], 2010). Notable among these social protection programs are the Livelihood Empowerment Against Poverty (LEAP), Social Security and National Insurance Trust (SSNIT), and the National Health Insurance Scheme (NHIS).

While all three programs provide some level of social protection to older Ghanaians, it is worth mentioning that SSNIT is the only program that was created on the premise of fighting poverty in old age (Ashirifi et al., 2021). An entitlement program, SSNIT provides both lump sum and subsequent monthly benefits only to retirees who worked in the formal sector and contributed, through payroll tax deduction, to the program (Alidu et al., 2016; Kpessa-Whyte, 2018). Both private and informal sectors retirees, who constitute the bulk of the retired population, are essentially cut off from SSNIT and its benefits as individuals from these sectors are not able to contribute to the payroll-based program (Kpessa-Whyte, 2018). LEAP and NHIS on the other hand were created to provide financial support and healthcare assistance to all Ghanaian residents, with particular attention to those who live in extreme poverty (Alidu et al., 2016).

Presently, there is no single, inclusive implemented policy instrument focusing on addressing the unique issues that confront older adults. The only policy initiative the country has ever designed is the National Ageing Policy. Created and passed by Parliament in 2010, the National Aging Policy (NAP), was designed in response to the “unprecedented increase in the number of older persons...nationally” and “the absence of a comprehensive, coherent, and well-articulated policy document on ageing” (GMGCSP, 2010, p. vii). Designed to promote the wellbeing of older Ghanaians, the NAP specifically aims to achieve the overall social, economic, and cultural re-integration of older persons into mainstream society, to enable them as far as practicable to participate fully in the national development process” (GMGCSP, 2010, p. ix). Pursuant to this goal, the NAP promises to recognize and protect the fundamental human rights of older Ghanaians, such as their right to independence, active participation in society, access community care and support, education and freedom from exploitation (GMGCSP, 2010, p. xiii). Since its launch in 2011 by the Ministry of Employment and Social Welfare, the policy has yet to be implemented (Ashirifi et al., 2021; Kwankye & Cofie, 2015). The NAP, if funded and implemented, will address eleven areas of need of older adults (See Table 3).

While the NAP is certainly a step in the right direction, there remains a crucial gap in service provision for older adults, a gap that changes to the tertiary national education curricula can address. Ghana lacks geriatric-trained professionals needed to address aging-related health problems and put a spotlight on social, economic, environmental challenges that confront older Ghanaians and require policy interventions to remediate. For instance, Ashirifi et al. (2021) observed in their work that when it comes to health care for older adults, there is a

limited specialization. This they said noting the systemic problems in health care delivery and lack of specialized care for older adults. They added that these issues are exacerbated by the almost non-existing geriatrics and gerontology education and the minimal number of geriatricians and gerontologists providing services to older adults. According to Essuman et al. (2019), the number of geriatric-trained professionals providing services to older Ghanaians is unknown. The NAP, unfortunately, has no provision to address the need for geriatricians and gerontologists in the country (See Table 3).

Dovie (2019) noted the lack of trained geriatric staff, lack of funding, and absence of geriatric education in the national curricula as the most significant barriers to the care of older adults in Ghana. In light of the current demographic changes, these observations and findings point to the need to prioritize geriatric education, beginning with the design and implementation of a national policy that would not only create the necessary education infrastructure, but also make provisions addressing the economic constraints to preparing future geriatric care providers.

Table 3. Ghana national ageing policy focus areas

Focus areas	
1	Upholding the fundamental human rights of older adults
2	Ensuring active participation of older person in society and development
3	Reducing poverty among older persons
4	Improving health, nutrition, and wellbeing of older persons
5	Improving housing and living environment of older persons
6	Strengthening the family and community to provide support to older persons
7	Improving income security and enhanced social welfare for older persons
8	Provide adequate attention to gender variations in aging
9	Strengthening research, information gathering and processing, and coordination and management of data on older persons
10	Enhancing capacity to formulate, implement and evaluate policies on aging
11	Improving financing strategies to ensure sustainability of implementation of policies and programs of older persons

Source: Ghana Ministry of Gender, Children and Social Protection, 2010.

4.1 Policy and Education Considerations (implications)

The findings of this review clearly point to the need for geriatric-trained professionals, including physicians, nurses, social workers, public health workers, and mental health practitioners who would not only provide essential services to improve the health and wellbeing of geriatric patients, but also educate families and the Ghanaian public on the process of aging, the needs of older Ghanaians, and how to effectively address them. In advancing the call for more geriatric-trained professionals in Ghana, Ashirifi et al. (2021) lamented the general lack of understanding of the aging process and of the health, social, and economic needs of older Ghanaians. This dearth of knowledge, they observed, underlies most of the cases of senior abuse and neglect cases in Ghana. Geriatricians and gerontologists are needed to help address this void in knowledge.

4.1.1 Policy

The call to address the deficiency in tertiary education system by incorporating into programs' curricula geriatric-focused training that is built on solid theoretical and practical foundation warrants some policy considerations. As noted earlier, the establishment of public universities in Ghana was predicated on the idea of addressing national concerns and helping to promote developmental agenda. The rapid increase in adult population in Ghana presents an unprecedented set of challenges that renders individual's interventions ineffective. The enormity of these challenges makes them assume national importance; hence, the need to use national apparatus to address this important concern, beginning with education to train specialized workforce to address aging-related matters that confront older Ghanaians.

Caring for the elderly should be a national priority. As this review revealed, Ghana, unfortunately, has no single policy that focuses on the unique issues that confront the elderly (Dovie, 2019; GMGCSP, 2010). Although the NAP exists, it has yet to be implemented (Dovie, 2019, Kwankye & Cofie, 2015). Passed in 2011, the NAP offers a framework for transforming and improving the lives of older adults in the society. The policy seeks to re-integrate older adults into the mainstream society, to enhance, as far as practicable, their full participation in the national development process (GMGCSP, 2010).

As part of the strategies to achieve the purpose of NAP, its implementation will involve efforts to strengthen “research, information gathering and processing, and coordination and management of data on older persons” (GMGCSP, 2010, p. xv). To this end, it is recommended that policymakers take a second look at the NAP, being the only national policy passed that focuses on older adults but has yet to be implemented, to revise and incorporate in the NAP provisions to promote geriatric education in the nation’s institutions of higher learning.

To ensure the successful implementation of NAP and its provisions, a National Commission on Aging (NCA) needs to be established in the highest ranks of governance. The proposed NCA will help coordinate, direct, and create the infrastructure needed to successfully deliver geriatric focus education students in training.

4.1.2 Education

Of course, addressing this important need for geriatric-trained health care professionals begins with revamping the tertiary education system, particularly the university system. As the review indicated, the majority of public universities in Ghana offer degree programs related to geriatric studies. What is odd, however, is the programs’ curricula have little to offer in the area of geriatric studies. Students in training, as the review pointed out, are only offered isolated geriatric courses, which in itself is a disincentive to students (Karikari et al., 2020). Similarly, Essuman et al. (2019) noted in their work that geriatric-focused training is not incorporated into residency and medical school curricula on the national level. Pointing to the fellowship program to train geriatricians in Ghana, they opined that this initiative is an essential component of the effort “to address the lack of geriatricians” and promote geriatric education in Ghana (p.1719). While this initiative is an impressive feat and a step in the right direction, it is important to recognize that prioritizing geriatric studies in Ghana, like the National Aging Policy, is long overdue.

The need to include in the national curricula geriatric and gerontology education warrants important considerations, including ensuring that geriatric and gerontology education is culturally sensitive; competency-based; attractive to students in healthcare professions; and that expert educators design and implement aging-related programs. These considerations are discussed below.

1) Geriatric and gerontology education in Ghana should be culturally relevant.

Culturally relevant education entails designing curricula that take into consideration the perspectives, experiences, and cultural traditions of an area to facilitate meaningful and transformative learning opportunities (Gist et al., 2019). Culturally relevant education combines knowledge, practices, and dispositions and seeks to respond to local needs, problems, and aspirations of an area. A culturally responsive geriatric and gerontology education should therefore take into account the Ghanaian cultural traditions that define the experiences of people; be founded on theories, methodologies, and approaches based on local realities and cultural context; and combine indigenous geriatric knowledge, skills, and practices with those based on Eurocentric traditions and sensibilities. Of course, the indigenization of geriatric education does not suggest a rejection of any imported geriatric knowledge, skills, and practices. On the contrary, it is about intentionally adapting foreign concepts, ideas, practices, methods and approaches into curricula, when and where it is appropriate. Fashioning geriatric education to reflect the cultural context in which it is based would also require research collaborations among geriatric professionals. Fortunately, the NAP emphasizes strengthening research and information gathering on older persons as one of its frameworks. Such efforts will be necessary for building learning resources and formulating theories and models relevant to geriatric practice.

2) Geriatric and gerontology education should be competency-based.

Competency based education is defined as an approach that allows students to advance or progress in their learning after demonstrating a mastery of skills or competency (Walton & Ryerse, 2021). Known to lead to more efficient student outcomes, competency-based training ensures students develop a broad set of skills and dispositions that allow them to function efficiently and effectively in the world (Walton & Ryerse, 2021). An education system built on a competency-based framework is not only needed to promote student learning but is necessary for human service professionals trained to work older Ghanaians. Relevant in this area of competency-based education is the work of the Association for Gerontology in Higher Education (AGHE) and the collaborative efforts of Ghana College of Physicians and Surgeons and the University of Michigan that have helped create the first Geriatric Medicine Program in Ghana. AGHE, in 2014, developed a three-part set of competencies designed to serve as curricula guide for undergraduate (majors, minors, certificates) and graduate level gerontology program (AGHE, 2014). In the context of Ghana, these competencies may be modified and incorporated into newly designed geriatric disciplinary programs. Premised on providing competency-based education to fellows, the evidenced-based curriculum that form the foundation of the newly created Geriatric Medicine Fellowship Program in Ghana could serve as a blueprint for institutions of higher learning that are considering developing and

implementing geriatric and gerontology education. Measures should also be put in place to ensure that graduates, before their admission in the geriatric workforce, meets certain required competences in geriatrics or gerontology as components for all licensure and certification across all specialties and fields.

3) Geriatric education should be attractive to potential health care professionals.

The creation of a geriatric workforce begins with a training of individuals interested in working with the older adult population. Years of studies, however, have shown a lack of interest on the part of students (Bardach et al., 2012; Weiss, 2005), and very few consider career in the field of geriatrics attractive due to lack of exposure to geriatrics-focused training, perceptions about the aged, the strenuous nature of the work and poor care environment (Karikari et al., 2020; Naughton et al., 2019). To address this issue of disinterest in the field of gerontology, it recommended that an incentive package be created to make geriatric field more attractive to potential health care professionals. Such a package could include scholarship, paid internship, loan forgiveness, graduate school payment for students enrolled in geriatric programs or considering a career in the field.

4) There is a need for expert educators to implement aging-related training programs.

Years of studies on geriatrics and gerontology education have indicated the lack of trained faculty and educators as one of the barriers to implementing aging-related programs or improving existing ones (Bardach & Rowles, 2012). Trained geriatric educators, for instance, are not only critical for designing and executing geriatric content and curriculum, as Bardach and Rowles (2012) note, but are also valuable advocates for older adults. It is recommended that tertiary institutions in Ghana, together with the government of Ghana, design mechanisms to recruit educators with specialized geriatrics and gerontology training to assist with the implementation of geriatrics and gerontology programs and the preparation of geriatric-trained professionals. It is also recommended that the government support the training of individuals with an interest in teaching in the field of geriatrics and gerontology.

5. Conclusions

There exists in Ghana an urgent need for governmental and institutional commitment to promote geriatric education as a component of health professions curricula. The current review argues for the revamping of the education infrastructure in Ghana to address the needs of changing demographics. The paper, specifically, calls for the design of a comprehensive geriatric education system with firm theoretical and practical foundation that would ensure that, in addition to training health care professionals to meet the needs of older Ghanaians, the field of gerontology is promoted as a critical field of study and work. With advanced societies paving the way in geriatric education, geriatric care, and the training of geriatric workforce, a model of infrastructure is essentially created that can be adopted. Progress can be made in the next decade by formalizing geriatric education and training in Ghana's institutions of higher learning and encouraging by making available to healthcare students education incentives to motivate them to consider a career in geriatrics. Critical to advancing the nations effort to incorporate geriatric education into the national education curricula is the National Aging Policy. While it specifically aims to improve the wellbeing of older Ghanaians, the NAP has yet to be implemented. The policy, however, offers a framework capable of transforming Ghana's tertiary education system and making the vision of instituting a geriatric-focused education built on solid theoretical and practical foundation a reality. A successful implementation of NAP and its proposed changes will lead to the creation of geriatric workforce needed to address the health and social challenges that confront older Ghanaians.

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