Older People in Africa: New Engines to Society?

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People in the West tend to have romantic views of aging in developing countries, where supposedly grandparents are respected for their contribution to society and for their wisdom. In our fantasies we see seniors in developing countries surrounded by happy grandchildren begging for another story. The reality is often very different. One in five of the poorest people of the world—those living on less than a dollar a day—are over 60 years of age. While their grown children leave for the cities, for Europe, the United States, or for the army, the elderly in developing nations struggle for daily survival. Moreover, the HIV/AIDS pandemic causes a profound change in the position of the older generation. After having taken care of their dying relatives, many grandparents are left with emotional and financial burdens, often including the task of raising grandchildren. There is an urgent need for a change of attitude toward the elderly, who should not be perceived as a burden to society but as key players in the productive and reproductive field.

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In Africa, older people—here defined as people over 60 years—may be the new engines of society. To explore this topic, I begin by discussing the trends of the demographic revolution. Then, I describe the impact of these developments on the position of older people, women in particular. I end by giving some research suggestions posed by Nana Apt (2005), the prize-winning United Nations (UN) expert on aging in Africa.

First, however, it is necessary to dispel some myths about aging in Africa.

Myth 1: Older populations do not exist in the developing world because life expectancy is low.

Not true. The global demographic increase in the average age is a consequence of two trends: rapid demographic transition, for instance, in China due to its one-child policy; and the decline of the middle generation in developing areas due to urbanization and to mortality rates affected by the HIV/AIDS epidemic. As a result of those two trends, it is expected that even in the world's poorest countries, like Cuba, Argentina, Thailand, and Sri Lanka there will be a higher proportion of people over 65 than are present in the United States today (HelpAge International 2002b).
**Myth 2:** Modernization is the main cause of the vulnerability of older people.

*Not so.* The polarization of “traditional” and “modern” societies has compounded negative attitudes toward older people. Since they are not always visible actors in processes of migration, communication, and other features of modernizations, they are mainly associated with tradition and the past. But inequalities experienced in earlier life, such as a lack of education, access to health care, and access to the labor market, are far more important factors to predict poverty and exclusion from the decision-making processes later in life (Deaton 2003). Development programs, including micro-loan and HIV/AIDS-prevention programs, often exclude older people (HelpAge 2002b). Thus, impoverishment in old age may be a cross-cultural experience of the aging process rather than simply resulting from modernization.

**Myth 3:** Older people are mainly a societal burden. It would be better not to provide them with pensions or health care, because doing so hampers economic growth.

*Wrong.* Studies by HelpAge International in Ghana (1999), South Africa (1999), and Brazil (2003) have shown the tremendous social and economic contributions that older people make to family and community and the satisfaction they derive from it (HelpAge International 2003). Social pensions are an example of intergenerational redistribution. Secondary effects of social pension programs in facilitating economic and social change and in addressing rising household vulnerability (e.g., to HIV/AIDS in South Africa and to informal work in Brazil) are perceived as extremely beneficial (HelpAge International 2003).

**Impact of Aging and Demographic Revolution**

Though Africa’s population is still considered to be living on a developing continent, the current demographic trends will soon make Africa’s populace part of a global demographic revolution. In 1950, there were about 200 million people over 60 years of age worldwide; in 2000, there were about 550 million; in 2025, there will be about 1.2 billion (HelpAge International 2002b). Although the AIDS pandemic is reducing life expectancy in the affected countries, the older population of Africa will continue to grow. Over the next 30 years, the population of older people in Africa will more than double in many countries, including “war-torn” societies like the Democratic Republic of the Congo, in which the number of old people will increase from 2.1 to 4.9 million (United States Census Bureau 2000). By 2050 there will be 102 million older people in Sub-Saharan Africa, of
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whom 22 million will be over 80 years old (HelpAge International 2002b). National and international efforts will need to focus on this substantial change in social demographics.

Old age is a gendered experience. Despite historic gender-based discrimination and differences that affect life expectancy, in Sub-Saharan Africa, there are currently 100 older women for every 86 older men (HelpAge International 2002b). Women often work in the informal sector, in agricultural environments, or as the main health care givers, and contribute to the household. For women, as for men, the aging world is a working world. Often, there is no retirement for older women until death, dementia, or disability.

Africa is aging at a time when its resources have been depleted through bad governance, corruption, ethnic wars, and AIDS. How can its nations distribute their national budgets equitably? To answer that question, policies and strategies that value older people’s societal contributions are required.

African socioeconomic features are linked to several factors: the impact of HIV/AIDS; the impact of urbanization and the migration of food production; and the impact of forced migration, including the position of refugees and internally displaced people. Each of these factors affects aged people (Grieco and Apt 1998).

HIV/AIDS

The HIV/AIDS epidemic strikes at the heart of the family and community support structures. Many older people find themselves in a “double bind.” They tend to constitute the majority of the community in the rural areas, responsible for caring for their ill and dying relatives. After ill relatives pass away, older people are often left with grandchildren to support. In Africa alone, 12 million children grow up without their parents and very often live with grandparents (UNAIDS, UNICEF and USAID 2004). The number of orphaned children and child-headed households is expected to double in the coming decennium (HelpAge International 2002a). Following the 2002 UN Summit on Aging and Development, the international community has become aware that achieving the UN’s millennium development goals by 2015 will require greater financial commitments and new approaches. According to the millennium development goals, the poverty faced by orphaned and child-headed households needs to be diminished in order to reduce extreme poverty by 50 percent by 2015 (World Bank, The 2004). To achieve this end, organizations like United Nations International Children’s Fund (UNICEF) and HelpAge International are now cooperating to create programs in countries like Mozambique, where 1800 orphans are helped to go to school. In Juba, Sudan, older women are employed by the local chapter of HelpAge International
to inform youngsters on HIV/AIDS-prevention, thereby earning a small income, increasing their social standing and visibility, and working to change the infection statistics (HelpAge International and International HIV/AIDS Alliance 2003).

**Urbanization and Food Production**

Low crop prices and declining fertility mean that land ownership is a rapidly dwindling asset for older farmers. Older farmers struggle as their capacity to farm is reduced as their bodies age, and their children tend to leave the rural areas in search of wage labor. Although not specifically addressing old age, The World Food Organization relates urbanization to the endangering of food production and chronic food insecurity (Food and Agriculture Organization of the United Nations 2004).

** Forced Migration**

Due to civil wars and other disasters, more than half of the world’s displaced are found on the African continent. For example, a December 2004 tsunami left tens of thousands of Somalis living on the coastal areas without their homes and livelihoods (UNICEF 2005). Older people in refugee camps often suffer greater hardships than younger people—physically, for being unable to walk to food distribution points, and psychologically, due to separation from their family. The International Federation of Red Cross and Red Crescent Societies have responded to this by recognizing the value of older people’s experience and employing them in refugee camps (Calvo 2002). Such employment increases their social standing and their income, thus alleviating some of the hardship.

Of course, older people are not only vulnerable victims. Their knowledge of coping strategies and alternative technical or health information could help communities in crises. In some situations, older people may still have control over material assets and they also may be able to influence younger generations in the peace-building processes.

**Applying Economic Aid**

In many parts of Africa older people lacking family networks, particularly women, are organizing themselves. A case study on the productive use of credit can be representative. I came to know about this effort from the field notes taken by one of my colleagues, Nana Apt, of HelpAge International.

In Shama, a small town in Ghana, a group of 25 women, mainly widows, have formed a support society. Their ages range from 65 to 82, and each one is caring for grandchildren. Their common purpose is to
find economic avenues for helping each other to live in dignity, and to make life more comfortable for the bedridden or seriously ill old people in the village. The group applied for financial assistance to enable them to finance income-generating projects in their community. They identified a need for a multi-family corn mill, and made that their first project. With financial assistance from a rural bank they acquired a plot of land and constructed a shelter for the corn mill. HelpAge International purchased them the corn mill, which has been installed (Apt 2004).

This mill project started working less than six months ago, so profit margins cannot yet be quantified. The cost of corn at high season, the group’s inability to buy stock at the low season, and a lack of water to prepare dough for maximum profit necessitated additional funding. Presently, the women are milling for people who come with their own corn; the profit margin after paying for electricity is minimal (2004). However, Apt, who has been involved in setting up the project, sees immediate results in terms of individual attitude and social standing: one significant benefit of the project is psychological (Apt 2005). Even with the setbacks, the widows’ self-image and social standing have risen. People of the town now regard them with an additional measure of respect, and they themselves look very confident (2005). Evaluation of the group and their enterprise is ongoing.

This group’s experience shows that the provision of credit enables old people, including old women, to retain their social centrality. It represents a change in existing definitions of potential and social worth—a change that is appropriate in a monetizing economy. Lending or providing financial provisions to older persons in the community requires a reorientation in the perspectives of development agencies and governments in Africa. It challenges the equation between economic activity and youth, an equation that must change if older people in Africa are to remain viable members of their families and communities.

Conclusion

Demographic changes are affecting all Africans, but because of migration and the impact of the HIV/AIDS epidemic, old people, especially older women, are more affected. Governments and civil societies should pay more attention to developing the new social contract needed to secure intergenerational solidarity. Apt, also a professor of sociology and the director of the Centre for Social Policy Studies at the University of Ghana, has suggested that research is necessary in a number of areas (2005):

1. the social, cultural, and economic determinants of population variables in different developmental and political situations, particularly at the family and micro-community levels;
2. the demographic and social processes occurring within the family cycle through time, particularly in relation to alternative modes of development;
3. the interrelations of population trends and conditions and other social and economic variables, in particular, (a) the availability of human resources, food, natural resources, health care and promotion, education, employment, housing, and other social services and amenities, (b) the enhancement of the status of women, the rights of children and the elderly and (c) the need for social security and political stability; and
4. the impact of the shift from an extended family pattern to other patterns that are based on biological and demographic characteristics (data on older people in these categories are generally deficient).

Resources for such study are crucial. The follow-up to the 2002 UN Summit on Aging and Development, including international recognition of what is required to achieve the UN millennium development goals by 2015, may lead to the availability of additional resources. And there is some good news: the Tanzanian government is including older people in its poverty reduction strategy review, while in Ghana the government has developed a national program on aging. Furthermore, in cooperation with HelpAge International and the African Unions Policy framework, Plan of Action on Aging was formally launched in 2003. This framework guides national policy development.

As efforts like these show, governments and nongovernmental organizations (NGOs) are finally beginning to recognize the reality of their demographics and are working toward changing attitudes regarding older men and especially women. That older people should be perceived as key players in the productive and reproductive field is becoming clearer every day.

Caroline van Dullemen is the author of many articles and three books on South Africa and growing up with an ill parent. She worked at the Ministry of Foreign Affairs as Secretary to the Advisory Council on Development Cooperation and has been Director of the Academic Bureau of the Green Left Party for nearly four years. She founded WorldGranny, partner of HelpAge International, a worldwide network of organizations working with and for older people and their families in developing countries (www.worldgranny.nl). Please send correspondence to C. E. van Dullemen, Vondellaan 1, 2111 CM Aerdenhout, The Netherlands.
Notes


2. An international network of 59 organizations in 43 countries, HelpAge International is generally considered the leading NGO in global action on aging. More information is available at www.helpage.org.

References