

The contribution of older people to society: evaluation of participatory research methodology employed in studies in Ghana and South Africa

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Abstract

Participatory research methodology offers a powerful tool for policy-oriented research on ageing because of its emphasis on evidence-based views of older people and recognition of inequalities in older people's access to resources and services. Research undertaken by HelpAge International and partners in Ghana and South Africa in 1998/99 adapted and employed the methodology to study livelihood strategies and contributions of older people, and to bring these findings to bear in policy debate within the two countries. The studies found that although the significant contributions of older people are largely ignored, they constitute a vital element of their livelihood strategies, since the ability to contribute can enhance their ability to access social support and increase social inclusion. While the findings have been utilised to support policy discussion, the research process has assisted in the identification of linkages that need to be strengthened for effective policy development in each country.

Introduction

Participatory approaches in social policy research, particularly the Participatory Rural Appraisal (PRA) method, received a boost with their inclusion from 1992 in World Bank country participatory assessments to elicit poor people's perceptions of poverty. Earlier World Bank poverty assessments, starting from 1988, were largely based on income and consumption related data collected in household surveys (Robb, 1999). Prior to this scaling up of participatory methodology in social policy analysis, the methodology was employed on a small scale in project identification, planning, implementation, monitoring and evaluation. Drawing from this experience, HelpAge International (HAI) embarked on an adaptation of the methodology (Participatory Learning and Analysis (PLA)) and incorporation of the philosophy of action research in studies on the contribution of older people to society and development. Specific objectives in doing so were:

- To identify older persons' livelihood strategies and perceptions of well-being and their contributions to family and community.
- To influence social policy debate and decision making on issues concerning older persons.
- To develop a methodology for enhancing the participation of older persons in decisions which affect their lives.

Methodological background

Participatory Rural Appraisal (PRA), from which Participatory Learning Analysis and Action (PLA) has evolved, is part of a growing action-oriented approach to research developed in the 1970s and 1980s, primarily in the South, to challenge conventional economic development projects and to empower poor rural and urban communities (Cancian, 1993). PRA draws its strength from five main threads: Activist participatory research, agro-ecosystem analysis, applied anthropology, field research on farming systems and rapid rural appraisal (RRA). Basically, it attempts to overcome biases inherent in traditional practice and often reinforced in questionnaire surveys. These biases, described by Chambers (1992: 7) as "rural development tourism," have many dimensions, including those of space, seasonality and time. Typically, development and research activities have been located geographically and within time frames that are convenient to development actors or researchers. Participatory methods employed to overcome the consequences of such biases include techniques such as mapping and modelling that seek to elicit local perceptions of space, sequencing activities to understand dimensions of time and ranking activities to understand local categories. These tools set PRA apart from other conventional research methods, partly due to their adaptability for use in both literate and non-literate populations. Mapping and diagramming techniques enable groups to present, challenge and analyse materials using a common visual medium.

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PLA stands out from the family of techniques embodied in PRA in that ordinary PRA emphasises the trinity of behaviour/attitudes, methods and sharing, whereas PLA promotes all these techniques as well as emphasises mutual learning leading to action. A primary concern for the situations of under-privileged persons underlies the four major characteristics of such participatory research: (1) Participation in the research process by community members; (2) consciousness raising and education of participants; (3) inclusion of popular knowledge; and (4) political action (Cancian, 1993).

The research process employed by HAI drew on these primary features of participatory research, particularly its innovative and adaptive features. Following on a Freirean (1970) approach, and bearing in mind power relations between researchers and those whom the research involves and concerns, the researchers recognised and questioned inequalities in older persons' access to resources and those produced through the intersection of differences in class, race, age and gender.

Rationale for the employment of PRA

Traditional poverty analysis in the form of Living Standards Surveys have adopted an income-based approach to poverty analysis. This Income/Consumption (I/C) approach defines poverty in terms of basic needs deprivation, proxied by income or consumption expenditure levels obtained from household survey data.

The participatory approach on the other hand rests on a broader definition of poverty, determined through an interactive "internal-external" process involving Participatory Poverty Assessments of the facilitator and the participants. Clearly, the income-consumption approach to poverty analysis fails to capture other aspects of poverty experienced by poor people. The multi-dimensional nature of poverty has made I/C methodology inefficient for examining qualitative issues – mainly issues of powerlessness, social exclusion, physical weaknesses, vulnerability, seasonality, isolation, security, self-respect, and so on. The limitations of the I/C approach led to the inclusion of Participatory/Qualitative Poverty Assessments in socio-economic policy analysis.

These Participatory Poverty Assessments have been successful in identifying local views of rural and urban persons' access to social services, and of the quality and relevance of the services (health, education, water, sanitation, transport, agricultural support, justice and information), among other areas. Along with other methods, PPAs have been instrumental in identifying what poor people regard as the most important problems and concerns in their lives at present, as well as how these views change over time and the expectations which people harbour for change in the future (Robb, 1999). In summary, Participatory Poverty Assessments have been successful as a policy instrument to inform governments and the World Bank of poor peoples' perceptions of poverty and their analysis of ways to reduce poverty and to improve their situations.

As a result of the successful employment of PPAs, HAI's substantial experience in participatory work in African countries and a scarcity of literature on experiences of older persons in Africa, HAI proceeded to adapt the participatory approach and to employ it in studies, to provide insight into the lives of older Africans, particularly vulnerable older people.

World-wide populations are ageing, and it is estimated that by the end of 2000, two-thirds of the world's population aged 60 years and over will be in the South. In sub-Saharan Africa (SSA), the proportion of persons aged 65 and over in the population is expected to increase by 93% between 2000 and

2020 (Adamchak, 1997: 4). HAI has identified that much of the gerontological literature shows concern about the increasing number and proportion of older people in the populations of developing countries, as well as a breakdown of traditional family support arrangements. However, this concern about a "nightmare scenario" does not translate into the consultation of older people by development and policy makers, who view the situation as a "crisis" and a "burden." Too often older people are invisible when development issues are discussed. Even in the few instances where specific attention is paid to them, they are frequently viewed as passive recipients of policies and practices, or even as a drain on development.

The studies

The research reported in this paper drew directly on the views and experiences of poor older persons to present a picture of their diverse and complex livelihoods and the dynamic ways in which they contribute to family and community. By relating detailed realities of older persons' lives to policy issues, the research contributed to a widening of conceptions of policies that are relevant and appropriate. Most importantly, it aimed to contribute to the design and implementation of policies and services responsive to the needs and capabilities of poor and disadvantaged older people in African and other countries.

The areas of investigation and the PLA techniques used to elicit information for the studies in each of these areas are shown in Figure 1.

The methodological procedure was as follows: Written reports and materials were gathered to provide a contextual basis for the research. Researchers were trained in the basic tenets of participatory research and were introduced to field research methods which comprised a mix of techniques and tools. Some of the techniques used in mainstream qualitative research are semi-structured interviewing, focus group interviews and participant observation, while others used in the studies featured diagramming and visual sharing of information to facilitate analysis by participants on the spot. Broad stakeholder participation included NGOs, academics, social workers, government officials and community members.

The PLA methodology was implemented to ensure the full participation of older persons (the primary stakeholders) during data-gathering exercises and to increase their participation in activities thereafter. The success of the research process depended on the participation and ownership of the process by the other stakeholders (government departments, academics, NGOs and local institutions), who were involved throughout the process in fine tuning the research design, formulating the objectives, implementing the study, and in follow-up advocacy and policy work.

The studies were conducted in two countries: Ghana and South Africa.

The Ghanaian study

Like most sub-Saharan African countries, Ghana has no comprehensive policy or laws catering specifically for the older population (Brown, 1991). The Department for Social Welfare, responsible for promoting the welfare of older people, had begun working with the Centre for Social Policy Studies and HelpAge Ghana to develop a policy framework prior to the HAI research programme, and representatives of all three organisations were subsequently key partners in implementing the research activities. (See Ahenkora, 1999.)

Nationally, policy development is guided by the "Ghana Vision 2020" (1996), which documents the first five-year Co-ordinated Programme of Economic and Social Develop-

ment Policies. The document's reference to policy on ageing highlights the introduction of a national (contributory) pension scheme theoretically available to all Ghanaians and claims support for the development of day centres for older persons by the voluntary and private sector. Cost-recovery reforms in the health sector introduced a user-fee scheme for drugs in 1985, which in principle exempts persons aged 70 years and over from paying for medications at state health-service outlets. In practice, as the research confirmed, this exemption can rarely be implemented because of a lack of drugs and regulatory structures.

Figure 1
Research themes and techniques used for participatory analysis in the Ghanaian and South African studies

Research themes	Research techniques
<p>Perceptions of well-being Older persons' perceptions and definitions of wealth, poverty and well-being. Local terminologies and descriptions. Gender differences in perceptions</p>	<ul style="list-style-type: none"> • Semi-structured interviews • Social mapping • Well-being ranking – of criteria and indicators
<p>Livelihood strategies Older persons' livelihood activities, gender analysis of access to resources, consumption and expenditure. Seasonal variations, changes in strategy over time, times of crisis and coping and adaptive strategies.</p>	<ul style="list-style-type: none"> • Livelihood analysis diagramming • Resource mapping • Seasonal calendars • Trend lines and analysis • Semi-structured interviews
<p>Contributions of older persons Living arrangements, family composition and relationships, responsibilities. Daily activities and gender differences. Perceptions of roles in household and/or community. Skills and social capital. Views on what is needed to sustain desired contributions.</p>	<ul style="list-style-type: none"> • Daily routine diagramming • Institutional analysis • Semi-structured interviews • Focus group interviews
<p>Support and services Family and community support structures; perceptions of change. Role of local institutions, individuals, NGOs and government in service provision. Gender perceptions of access to services (health, credit, education).</p>	<ul style="list-style-type: none"> • Institutional analysis • Matrix ranking – service criteria • Semi-structured interviews • Focus group discussions
<p>Health Priority local issues of health and nutrition. Perceptions of ill health, causes, seasonality and treatment – of women/men. Knowledge, skills and role in health care. Health-care strategies. Views of provision, preference, access and improvement of services.</p>	<ul style="list-style-type: none"> • Semi-structured interviews • Matrix ranking – diseases, services/strategies • Focus group interviews
<p>Access to services/policy priorities Older persons' perceptions of key issues in gaining access to services/support. Views on priorities for policy and practical support for older people in reducing poverty and improving well-being.</p>	<ul style="list-style-type: none"> • Included in above discussion and analysis • Semi-structured interviews • Focus group interviews

Against this backdrop, one of the first activities of the study was to conduct a series of semi-structured interviews with personnel in a range of central government departments based in Accra, including the departments of Social Welfare, Local Government, Finance and Statistics, to elicit representatives' perceptions of key issues of ageing and current poli-

cies that impact older people, as well as views on future policy priorities. Two equally important purposes of the exercise were to gather support for the research process among a wide spectrum of government and non-government agencies – other than only those which are normally associated with ageing issues, and to identify key persons for inclusion in the research team.

The ten-person team was made up of researchers and representatives of the ministries of Local Government and Rural Development, Social Welfare, Food and Agriculture, and from the University of Ghana, the National Council for Women and HelpAge Ghana. In addition, a small academic advisory group was established at the university with a remit to assist in the development of the methodology for the study and to review and comment on the study findings and interim reports. The preparatory visits to government and non-government agencies proved instrumental in the selection of the research sites, which selection was finalised by the team members and advisors. Sites were selected to represent different living conditions of poor older persons, based on criteria which would provide for comparison between urban and rural locations, modes of livelihood, ethnic groups and level of access to services. Sites were selected in three districts: the rural Upper West region, the central Brong Ahafo region and the coastal industrial Accra region. Three of the research team members were recruited from the three districts, for their local expertise and to facilitate the introduction of the team to the community and to local social and political institutions. The team elected to conduct the study in two communities in each district – thus a total of six study sites.

The Ghanaian government's decentralisation programme seeks to invest greater power at the local level through the District Assemblies, the most local-level bodies of government. These assemblies are expected to work with village-unit committees elected at village level and with traditional councils and their rulers, as well as with community-based organisations to encourage popular participation in development processes. District Assemblies are mandated to use 20% of their government funding to promote targeted poverty alleviation programmes. In each of the three districts, the research team was able to engage directly with District Assembly members before the field work, and to discuss findings and policy implications immediately afterwards. This process enabled the researchers to gain a deeper understanding of links between national policy and local impact, and possibilities for implementation of options at local levels, than would have otherwise been possible.

The collection and analysis of the data were carried out after a two-week training session of the research team in age awareness and participatory research methods. Thus prepared, the team embarked upon the field research, and spent between ten and 12 days in each study site before moving on to the next site. At each site between 100 and 200 older persons participated in individual interviews, focus group discussions and diagramming activities. Feedback on the studies was given and discussed during open community meetings, and through presentations to and discussion with District Assembly members. Draft site reports were compiled during the final days spent in each site. These site reports were later synthesised by the team members in an intensive four-day workshop, to produce a consensual framework and content for the final report, which was thereafter written by the lead researcher.

A final stage of dissemination had been built into the research process before the study findings in each of the countries were published. In Accra, a national dissemination

workshop was held three months after the completion of the field research. By this time the draft report and summaries of the findings had been disseminated to community participants and district councils. The purpose of the workshop was to bring together participants in the research process with representatives of central government and NGOs as well as international agencies, to discuss the report findings and the policy implications. The presence of older people from the research sites in the workshop was a powerful factor which brought issues closer to the minds of those who had not participated in the field-research activities. However, it was noted that discussion focussed more on macro-level policy issues, such as pension and health reform, at the expense of local-level realities which the research programme specifically sought to highlight. This finding raised a concern about the management of dialogue and power relations in the study; with the benefit of this experience, the research managers were able to address the problem more successfully in the design of the workshop for the South African study. An important outcome of the workshop was agreement on further dissemination activities, which would link into policy development work already in progress between the government, the Centre for Social Policy Studies, the University of Ghana and HelpAge Ghana. Further outcomes are summarised in the final section of this paper.

Findings

Investigations of perceptions of old age among study participants in all age groups found a consensus that a person is old when his/her capacity to work declines due to diminished strength or poor health. A key factor used to differentiate between categories of old people was found to be the level of activities which individuals are able to maintain. A secondary and consistent element in the definition of old age was reference to experience and leadership. Definitions based on chronological age were only mentioned by younger informants and individuals in formal employment.

Broad descriptions of old age were reflected in the findings on livelihood strategies. Ageing itself was not perceived to remove an individual's obligation to contribute economically to the household. Older persons in all categories were found to make contributions of some sort and, in general, to be important economic actors who provide income and other resources for themselves and other members of the extended family. The household and informal sectors were found to account for the major share of the work activity of older people, which includes economic activities such as trading and farming, as well as domestic work (child care, housework) and community work (ceremonial roles, mentoring, counselling, health care). However, at the household level, productive and income-earning activities, particularly those of women, tended to merge with their "domestic activities," to an extent that older persons themselves as well as family members perceived these activities as housework.

The Ghanaian study revealed a crucial relationship between the economic and social contributions of people and their livelihood security. Ability to contribute was perceived by the older participants to be as important as, and therefore perhaps central to, their ability to access support. Perceptions of well-being consistently included forms of social inclusion, such as the presence of supportive family as well as older individuals' ability to generate income. A consistent theme in the data was that ageing results in a shift from ability to access economic sources of support through income generation, to dependency on social sources of support.

There was some evidence of how this dynamic is influenced by gender. The study indicated that for men this shift

takes place at an earlier stage, since there appear to be more socially-acceptable and economically-viable forms of income generation available to women than to men. This finding was most starkly demonstrated in the Brong Ahafo studies, where at one site older women had adapted to the collapse of cocoa production (caused by massive bush fires in the mid 1980s) by introducing new food crops for consumption and sale in the local markets. A group of women listed over 20 food crops carefully rotated to provide food or cash income throughout the year. Older men meanwhile were seeking, without success, government input to revive cocoa farming.

Institutional exclusion, particularly in the form of access to services, was highlighted in the study findings. Access to health services and credit or financial services was particularly inadequate. An example from the rural northern sites demonstrated how relatively basic reform at local level could remove barriers to these services. Using seasonality diagramming techniques, older participants demonstrated a relationship between annual health and disease cycles, farming patterns and cycles of food shortage. Disease prevalence was reported to increase in the rainy and dry cold seasons when labour demands are greatest. The rainy season is a time of planting, additional farm expenses and food insecurity, yet older persons must contend with ill health to accomplish the work. Harvest periods on the other hand mark the beginning of good nutrition, income and improved health, when more families can afford to make payments for health care. In short, periods when demand for health care is most critical coincide with periods when poor individuals are least able to afford it. Quite simply, older persons expressed a need for more flexible payment structures in public health delivery.

The South African study

It is widely acknowledged that a major challenge of the policy environment in South Africa lies in addressing the structural inequalities and disadvantages which are a legacy of the apartheid era. The achievement of parity among races in means-tested pension benefits and other welfare grants, for example, needs to be supported by reforms across sectors to achieve equal opportunity in all areas of life. At the time of the South African study, 1999 (see Mohatle & de Graft Agyarko, 1999), the impact of health service reform and initiatives to establish primacy of community care over institutional care for older persons was being debated. Overall research objectives of the South African study focussed on the most disadvantaged older people and the study did not include comparative research with non-black communities.

The study was implemented in the same way as the Ghanaian study, although it allowed for different political structures and partner organisations. Initial meetings were held with the HelpAge partners, the Gauteng Forum – a network of social workers – and community-based organisations, to discuss the research objectives and to select the study sites, as well as to identify provincial government and non-government stakeholders. Government participation in the study was through representatives of the Department of Welfare and Population Development and the Department of Health. Although government representation was narrower than in the Ghanaian study, the commitment and involvement of key actors within the government departments proved to be crucial in the later translation of the findings into action.

The research team included a representative of the Welfare Department. Other team members comprised social workers and representatives of HelpAge International partner organisations.

Study sites were selected to represent different living environments of poor communities in the country. Four sites were selected in three provinces: Bungeni, a rural village in the Northern Province; Katlehong (Tamaho), an informal urban settlement in Gauteng; Clermont, a peri-urban township in Durban, KwaZulu-Natal; and Kwa Dabeka, an informal settlement in the Durban area. As in Ghana, the research team developed a research protocol based on the original guide (see Figure 1), but took into account specific cultural, economic and political factors which affect older persons. The South African study thus included investigation of the impact of pension income, HIV/AIDS, and various forms of abuse and violence on older persons.

In each of the study sites, between 50 and 100 older persons and up to 100 other key informants, including groups of children, participated in focus group discussions and individual semi-structured interviews, in which visual techniques were used to facilitate data collection and analysis.

Findings

Older participants were found to be profoundly aware of how historical policies had affected their livelihood opportunities and thus perpetuated their poverty. Discussion on well-being and poverty flow diagrams constantly referred to a lack of education, forced removals, loss of property and labour migration as causal to their current situation. A feature of poverty that was consistently mentioned was vulnerability to crime, violence and abuse, which was linked to high unemployment. Domestic abuse, physical frailty, inadequate health care and poor nutrition were cited as main causes of vulnerability.

As in Ghana, the study revealed a number of ways in which older persons make significant contributions to their household and community. Other research has indicated the broad development impact of pension income on poor households (Le Roux, 1995; Sagner, 1997) and participants in the present study highlighted the roles that older persons play in this process. These roles include the provision of informal and traditional health care, caring for sufferers of HIV/AIDS and affected grandchildren, the expansion of opportunities for younger adults to engage in economic activities through the provision of child care and household security, and as custodians of cultural and traditional values. Of all these contributions, the role of older women in raising grandchildren was especially noted.

The study also sought to investigate a relationship between pension income and child care, through an examination of pension income expenditure patterns. Exercises were carried out with up to ten participants at each site to establish how pension money is spent. Categories of expenditure items were elicited from the participants at the beginning of each interview and were not presented as a constant. Having decided on the categories, each older person was then asked to distribute a fixed number of beans or counters across these categories, to illustrate the weight of expenditure on various item categories. There was a remarkable uniformity of expenditure on specific item categories among the participants and across the study sites.

The greatest differences in patterns of expenditure between the sites were found to be higher expenditure on some household bills and medical expenses in the urban and peri-urban areas, as compared to the pattern in rural Bungeni. However, the major categories of expenditure (and the greatest proportion of income spent on items within these categories) in both the urban areas and the rural areas were school fees and food. Similar findings were found across gender and in the urban

and rural sites. Older persons in both the urban and rural areas thus expend a large proportion of their pension income on grandchildren's school fees and food for the household. Older women spend more money on these items than do men, due to the predominance of female-headed households.

These findings have been further analysed using a software package capable of integrating qualitative and quantitative data. Despite the fact that dissimilar sets of expenses were defined by each participant, when using the analysis software, priorities for expenditure across the sites could be simultaneously viewed through a selection of different weights to aggregate expenditures and decisions on expenditure across the sites. Based on this analysis, across the provinces, the key expenditures for older persons were for education and provision of food for grandchildren. (See Kowal, Wolfson & Dowd, 2000.)

Whilst the findings of the South African study highlight the crucial role of pension income in the livelihood strategies of older persons, these pension beneficiaries are by no means able to satisfy their needs through this source of income alone. Their needs are basic needs, such as access to adequate health care, adequate nutrition and clothing, enhanced self esteem and protection from abuse. Of these needs, lack of access to health care was viewed by the older participants as critical. The testimonies of some illustrated a lack of confidence in state-funded health-care services. The most commonly mentioned barrier to health care was poor staff attitudes, which was illustrated by a participant in a research dissemination workshop held in Johannesburg in 1999, who stated: "In the hospital there is no respect. I prefer not to go to get any help, but I will go there when I die to get a death certificate."

High on the agenda of older persons in all the study sites was their experience of bureaucratic and physical difficulties in accessing the social pension. Many study participants reported problems which they encountered in gathering documentation to support an application for a pension, which are a particular source of frustration for the majority who are disadvantaged through a lack of education in their youth.

Investigations of well-being revealed that despite some evidence of domestic abuse, the participants highly valued the sense of security which they enjoy through kinship. Community-based organisations which offer social and educational activities to older persons were also appreciated, although more so by women who participate in such activities to a greater extent than men. A number of government-initiated programmes were identified which provide potential support for older persons through income-generation projects. However, very few of the participants were aware of such opportunities and projects, and far fewer participated in them.

The study found that national initiatives which focus on care for older persons in the community are in principle welcomed by them, as well as by carers and family members. However, the study participants were concerned that a commitment of resources and infrastructural development on the part of the government to effect a shift from institutionalised care to care in the community was not yet evident.

Policy implications and outcomes

In 1997, Wilson and Adamchak noted the failure of substantive research to translate into policy in African countries, and called for the development of processes to strengthen linkages between training, research and policy. A core objective of the present research was to influence social policy discussion and decision making on issues which concern older people. Thus the research may be viewed as a programming tool

for policy development. In a consideration of the research findings, there is therefore a need to simultaneously consider how the process has contributed to policy dialogue and practice.

First, considerable uniformity was found across the two countries regarding social security. The older participants were found to value interdependence more than independence, and both social support and economic security were equally important for them to achieve and maintain interdependence within society. Social support was found to derive mainly from kin relationships, and to include shelter, food and assistance with accessing health care. Older persons strove to ensure a measure of economic security through productive work, such as farming, trading or craft work. In South Africa, older persons were found to spend more than half of their social pension income on the needs of other household members, which finding supports other evidence that the high cost of the pension system to the state is mitigated by its high social return. It was also found that older South Africans' personal security is by no means guaranteed; ironically they are often threatened or abused as a result of their receipt of a pension. Policy therefore needs to address both social and economic dimensions of security.

Second, a relationship was found between the contributions of older persons and their ability to access other forms of support. Their capacity to contribute to the household and community is an essential component of older persons' livelihood strategies, since it enhances their ability to access support which they are unable to provide for themselves, such as for meeting medical expenses. While these contributions are often not consciously recognised, they are vital in the achievement of interdependence and the social inclusion of older persons. A need was found for strategies that support the productive and reproductive contributions of these persons and strengthen existing family and community support networks.

Third, a need for age and gender affirmative policies was demonstrated in several areas, including the attitudes of health staff, a lack of access of older persons to credit, and the allocation of poverty alleviation funds through local and national structures. This need was also reflected in the widespread exclusion of older persons in policy processes and debate. The rights of older persons to services (such as free health care and pension income) that require documentary evidence are in effect denied to the poorest, who lack information and education, and the means to acquire them.

Fourth, while not contradicting other studies which emphasise the relative disadvantage of older women, the research provided a more nuanced picture. Opportunities available to older men for income generation and other contributions to the household become more limited with age, compared to those of women. In Ghana, more socially accepted opportunities were found to exist for older women to diversify in times of hardship and with age – for example, by cultivating new crops for consumption and trade. Older men tend to shift from economic to social livelihood sources, including financial support from wives, at an earlier stage. While this finding implies that older women are able to maintain economic interdependence longer than men, those with poor health and physical disabilities are highly vulnerable. Furthermore, the ability of older women to sustain economic contributions provides a potential source of security for older men.

Overall, the findings indicated a greater potential efficiency and impact of policies and programmes which are based on an analysis of the contributions and support networks of older people, as well as greater understanding of

their livelihood opportunities and constraints. Such policies would be developed through inclusion and targeting of older people in broad policy alleviation strategies. The study in Ghana indicated a greater reliance of older persons on informal livelihood and support networks that could be strengthened – for example, through local political institutions, such as traditional councils, village unit communities and District Assemblies. At the same time, age and gender affirmative measures would increase older people's representation within these structures. South Africa's welfare approach, through social grants and pensions, is found to be a crucial element of older people's livelihood, especially in the context of past policies of forced migration and consequent destruction of social capital. However, the findings suggest that although continued investment in this programme is needed, pension benefits alone are inadequate, and that inclusion of older people in cross-sector poverty reduction policies will enable communities to rebuild this social capital.

Whilst the study has provided new insight and supported the findings of other studies, there is a need to learn more about how the policy recommendations might be implemented to benefit older persons. Since the research was designed to influence policy, emphasis was placed on understanding and developing processes through which findings could be brought into local and national policy mechanisms. These processes included the involvement of secondary stakeholders with the potential to influence practice or policy, training for researchers, a focus on perceptions and analyses of older persons, dissemination of findings at community, local and national government levels, and the creation of spaces for dialogue between older persons, service providers and policy developers.

In both countries the projects culminated with a national dissemination workshop, and publication and dissemination of the research findings in the countries by the partner organisations. An important feature of the participatory process was to gain a sense of shared ownership of the findings and of shared responsibility for future advocacy and policy development action amongst a wider group of actors. It was envisaged that networks developed in these countries would act as catalysts in moving the policy process forward, beyond the remit, time frame and funds of the research programme itself.

A true evaluation of this programme must include an assessment of how far and in what ways this has happened and identify lessons to inform future research and policy development on ageing.

In Ghana, the research has been acknowledged within the Department of Labour and Social Welfare and the findings presented in intra-departmental workshops towards the development of a national policy on ageing. Proposals are being developed in partnership with the Ministry, the Centre for Social Policy Studies and HelpAge Ghana for future advocacy activities involving older people in the original research communities. In South Africa, HelpAge International partners, NGOs and local government administrations are supporting older people through a funded programme of advocacy and capacity-building activities. A series of simple advocacy leaflets based on the key research findings and covering areas such as health and livelihoods has been produced in the main South African languages and is being used to further disseminate messages at local levels and as an information and advocacy tool.

Both of these examples provide valuable opportunities for older people to evaluate any impact which the research activities have had on their lives. To date we have little documented evidence that the methodology employed has translated into positive change for older people. However, we do have a

clearer vision about the processes of policy development in each country, the linkages that need to be strengthened and which issues have the potential to be placed on national policy agendas. Most importantly, these examples demonstrate commitment among actors in both countries that future activities will support older people to actively participate in advocacy and policy development initiatives, and to develop wider links with actors at local and national levels.

At the same time, attempts are being made to utilise the experience of the programme to lobby for inclusion of ageing on regional and international agendas. At the regional level, government departments and HelpAge partners in four countries (Ghana, South Africa, Tanzania and Zimbabwe) are collaborating with the World Health Organisation (WHO) in a research programme to develop quantitative minimum data sets on ageing in Africa (cf. Kowal *et al.*, 2000). The findings of the HAI research programme have assisted in the identification of relevant areas for national statistical data collection and have demonstrated the complementary use of qualitative and quantitative methodologies. More significantly, the WHO initiative has provided a vehicle for linking national networks across the region.

Internationally, the research findings have been shared in forums working for the achievement of global poverty reduction and human rights targets. Despite the fact that older people are disproportionately represented amongst the poorest, and that this trend is increasing, international social policy debate continues to support the position that it does not pay to invest in older people. The research throws light on specific structural inequalities reinforced by age discrimination, which serve to deny older people access to services that are elsewhere regarded as basic human rights. Despite barriers of poverty and social exclusion, the research confirms that older people contribute significantly to the well-being and survival of their families and communities. This knowledge may be used to persuade policy makers, at national and international levels, of their responsibilities towards the human rights agenda and the value of including older people in their programmes.

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