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Building and advancing African gerontology

As the current editor of SAJG, I have the privilege of not only previewing each manuscript submitted to the Journal, but together with editorial panel members considering reviewers' comment, inviting and co-ordinating authors' revisions, intimately editing accepted papers and ultimately championing published papers. After seven years of privileged insider editorial duties it is apposite to take stock of how African gerontology is represented in the papers and what advances there are in the relevant body of knowledge.

What has become clear over the years is what the building blocks of African gerontology are. What is also apparent is that the recurrent theme and argumentation of the majority of African gerontology papers is that of modernization theory, reflecting a macro level of analysis. Thus, the building blocks have tended to be urbanization, industrialization, erstwhile traditionalism, dissolution of the extended family, diminished kin support, loss of respect for elders, and so on.

The followers of modernization theory, which has its origins in structural-functionalism, in African studies typically contend that numerous changes wrought by modernization render the elderly an extremely vulnerable group, whose situation is "abject." Attempts are seldom made to work within other theoretical traditions – to consider, for example, how elderly individuals participate in their everyday lives, and how they create and maintain social meanings for themselves and others around them. Nor indeed do the majority of the researchers apparently invite older persons to articulate how they perceive their situations and their elderliness. Such latter perspectives reflect a micro level of analysis, which focusses on individual agency and social behaviour – within larger structures of society.

Maria Cattell (personal communication, 1999) points out that modernization theory came to notice with the publication of Cowgill and Holmes' book in 1972, and since then the theory has been heavily critiqued for being overly deterministic and simplistic (see Albert & Cattell, 1994). I argue below that the theory should no longer be used as liberally as it is in papers on ageing in Africa, and that its over-use simply results in a reiteration of stereotypical "problems" and inhibits the development of African gerontology.

Andreas Sagner (personal communication, 1999) states more vigorously that the theory is distortingly simplistic – empirically, conceptually and theoretically. He suggests that its inherent inadequacy is particularly apparent when applied in the African context, with its history of colonialism. He points out that the theory cannot conceptualize the state as a fundamental social force in social transformations. Neither can it account for the lived experience of old people in Africa – in the past or the present (Sagner, forthcoming).

Papers which draw primarily on modernization theory and its concepts thus tend to be theoretically weak, and are often no more than sets of sweeping generalizations and stereotypes – which are perpetuated in publications without supporting evidence. If the time has come to put modernization theory, as far as African gerontology is concerned, on the back burner, what could be new theoretical beginnings for social gerontology in the continent, as we enter the new millennium and are part of the African renaissance? First, considering present African realities and emerging issues, what are some new, or contemporary building blocks for examination within alternative theoretical explanatory frameworks?

Building blocks

One building block is the AIDS pandemic and the devastating impact that it will have on family care structures, as middle-aged parents die and grandparents, particularly grandmothers, must single-handedly care for themselves and orphaned grandchildren (see e.g. Mupedziswa, 1998; Tlou, 1998). Thus, new roles for grandparents and new meanings of grandparenthood in Africa are also contemporary building blocks. Others are poverty, especially of older women, and a lack of social security and other adequate welfare provision in the vast majority of African countries. Then there are conflicts and violence in Africa which impact on the elderly and result in displaced and traumatized older citizens and refugees. There are the demographic and health transitions, whereby longevity will be extended and chronic morbidity in older persons increased - in a continent with scarce geriatric care resources and arguably dwindling kin support. There are older women who will live longer and will increasingly carry the greater burden of caregiving, notwithstanding their own

There is rural ageing. There are self-help and income-generating initiatives of older individuals and groups. Finally, there is societal affirmation of African elderliness and the re-integration of elders in new-world African society. Several contemporary building blocks are not as much new as demographic and social forces in the continent are changing the priority of issues.

Of all building blocks though, spanning traditionalism and modernism, the single most important building block, both in the past and the present, is the family (and kin support). Nevertheless, family structures are changing—from whichever perspective one looks at it. Cattell suggests that no longer should we mindlessly refer to "the traditional African family," that is supposedly "disappearing." Nor should we romanticize and contrast the traditional family to "the modern African family"—whatever that may be! African families are responding and adapting to new conditions; rather than being acted upon by modernity, they are interacting with it. Along with the changes in family structures are changes in the position and roles of older persons, and older persons' experience of these changes. Gerontologists in Africa need to

both explain these changes and to understand the experiences.

Other theories

I argue that African gerontologists should work explicitly within theoretical explanatory frameworks to create cumulative knowledge. What then are some other theoretical traditions within which they may seek explanations for situations and conditions of ageing? I propose that among numerous possibilities, suitable theoretical frameworks may be found in social exchange theory, a political economy orientation, feminist theories and social constructionist perspectives. I draw on a review of social gerontology theories of Bengtson, Burgess and Parrott (1997), which the authors discuss as a stable of "third-generation" (contemporary) theories, and propose how concepts of the theories may be applied in studies in African settings.

The intellectual origins of social exchange theories lie in the classic formulations of Blau and Homans. The theories attempt to explain motivations for behaviour, and the balance and structure of exchanges. While key concepts include social rewards and costs, social resources and social contact, the theories attempt to account for exchange behaviour between individuals of different ages as a result of the shift in roles, skills and resources that accompany advancing age (Hendricks, quoted in Bengston et al., 1997). Thus, gerontologists in Africa may employ social exchange theories to explain kin support systems and intergenerational living arrangements.

However, Sagner disagrees that social exchange theories can explain kin support patterns. He argues that in most of these theories human agency and social dynamics are too easily reduced to a calculus of interest and that the theories do not pay sufficient attention to structural/cultural frameworks.

The political economy orientation has its classical origins in Marxism, conflict theory and critical theory, and developed as a reaction to structural-functionalism. The perspective attempts to explain how economic and political forces determine how social resources are allocated. Thus, variations in the treatment and status of older persons may be understood by examining public policies, economic trends and social structural factors (see Minkler, 1984 and Walker, 1981, as cited in Bengston et al., 1997). According to this perspective socio-economic and political constraints shape the experience of ageing, through the status accorded to elders and the social construction of ageing as a "problem." Given that population ageing in Africa as a result of demographic change - albeit at a slow rate - will become increasingly politicized, the political economy of both health resources and social security for older persons, for example, are areas in which the theory may be applied.

The feminist theories in social gerontology argue that gender should be a primary consideration in attempts to understand ageing and older persons. The theories have their origins in symbolic interactionism, phenomenology and ethnomethodology. Key concepts include gender stratification, power structures and social institutions at the macro level of analysis and social networks, caregiving, social meanings and identity at the micro level of analysis. The theories lend themselves readily as explanatory frameworks for studies on the impact of structural factors on older women in Africa, as well as the "multiple jeopardies" they face and how they experience ageing.

Finally, the social constructionist theories, which have similar origins to those of the feminist theories, as well as origins in post-structuralism, are used in attempts to understand, if not to explain, the social construction of age and ageing. The theories focus on social meanings, social interaction, identity and life events. The theories may be applied, for example, as suggested by Bengtson *et al.* (1997), in narrative analysis with residents of old people's homes and in the ethnography of nursing-home care. (Makoni (1998) has conducted studies using social constructionist theory within these areas in Cape Town, South Africa.) Similarly, the theories may be applied in studies on the social and cultural construction of frailty and the social meaning of being very old in Africa.

Other theoretical frameworks within which African gerontologists could work fruitfully are the life-course perspective (not quite a theory, the approach is multidisciplinary and dynamic, and focusses on social ecology, life trajectories, age roles and norms across time); the age stratification perspective (which attempts to explain the interdependence of age cohorts and social structure, and considers the effects of structural lag, cohort flow and the influences of social change on the family at a macro level of analysis); and critical perspectives (which criticize power structures and processes, and attempt to explain subjective/interpretative dimensions of ageing and the power of emancipatory knowledge).

Research methods

The use of a wider array of theories in studies of ageing in Africa should be concomitant with the employment of a wider variety of research methods. Far too few micro-level, or qualitative-type studies are conducted in African settings. Such studies would enable researchers to learn about the lived experience of older Africans—which would in turn help to refute some of the stereotypes reiterated by the proponents of modernization theory.

Sagner adds that in as much as African gerontology should have an emancipatory objective (the empowerment of older Africans), older persons must be viewed as human agents, invested with motives and awareness, and their (changing) experiences must be considered. However, he argues that a call for a "(re)-discovery" of experience raises a far larger theoretical and methodological issue, namely the relationship of structure and agency. Thus, Sagner suggests, future African gerontology should be neither macro level nor micro level but both. He points out that the popularity of the life-course approach may rest in the fact that it facilitates the integration of both perspectives, as well as an integration of the past and the present.

Overviews and sources

A particular quibble of SAJG editors are papers which editorial panellists Cattell, Sagner and I refer to as armchair macro overviews. The so-called macro overviews, which tend to be paternalistic and are often submitted by authors in non-African countries, typically give brief demographic background on a country, cite outdated data sources, and predictably reiterate stereotypes of modernization theory. Few attempts are made in such papers to include cultural content or to interpret cultural differences, or to give data gathered firsthand from subjects.

Sagner suggests that given the popularity of "brief demographic background"-type papers, it may be apposite to call for more critical demographic analyses, informed by political economy and culturalist perspectives. All too often demographic projections, such as an increase in the number of chronologically old people, are simply constructed as self-evident signifiers of a looming ageing crisis, without questioning the epistemological and ideological bases of the

argument and the culture-boundedness of demographic key concepts, e.g. the dependency ratio.

Another quibble of mine is a reliance of authors on outdated literature sources—especially in papers submitted by "young" South African authors. This reliance may reflect the state of gerontology research education in the country, although authors from other southern African countries who have undertaken postgraduate studies in gerontology abroad, and even "experienced" authors who live in overseas countries, are equally guilty of this shortcoming. A particularly large number of American and British gerontology sources circa 1980-82 are cited in manuscripts—as out-of-context supporting evidence for ageing situations in Africa.

As far as South Africa is concerned, it would appear that university libraries have acquired few social gerontology textbooks since that era, which was the start of the academic sanctions against the country in the 1980s because of its apartheid policies. Be all of this as it may. The point is that the situations of older Caucasians in Western countries almost 20 years ago have few parallels with the situations of older persons in African countries at the end of the 1990s. What is a matter of concern is that a large number of authors apparently do not attempt to consult the growing number of African gerontology sources, nor indeed recent global demography sources. Thus, taking this line of argumentation a step further, one might make out a case for the need for a reader in African gerontology in the near future.

This issue

Several contemporary building blocks of African gerontology are used in the papers in this number of SAJG. First, Madzingira draws on 1990s' demographic data sources to examine selected levels, patterns and trends of population ageing in Zimbabwe. She briefly outlines implications of population ageing for socio-economic development in the country, and highlights critical areas such as the future of the family as a safety net for elders, inadequate social-security measures, health care provision, trends in consumption of goods and services, and the ageing population structure in the rural areas. Although based on a descriptive modernization theory model, the paper reflects the continued usefulness of the theory in highlighting the effects of structural lag, but avoids a reliance on stereotypes.

Staying in Zimbabwe, Mupedziswa takes up feminist issues and critiques the plight of older female informal-sector traders and their gender-based cumulative disadvantage. The author pertinently and sympathetically examines the women's diminished access to power across the lifespan and their dilemma as they become increasingly frail. Refreshingly, he approaches his investigation from a political economy perspective, and considers the interdependence of this gender-differentiated age cohort and the social structure.

Moving to Ghana, Adeku in his paper examines socio-demographic factors in the marital status of older persons. His findings highlight the greater proportion of widows in the older population, which gender differential he explains is a function of both a high mortality rate in older men and remarriage. He also specifically examines gender-based inheritance and other wealth transfer patterns — and hence uses both social exchange theory and political economy theory concepts for explanation, as well as draws on feminist theories to analyse the situations of the older women.

Staying in Ghana, **Darkwa** gives his views on the health-care needs and challenges of older Ghanaians who reside in rural areas. Again, the author addresses a political economy issue, and makes suggestions on how the government could bridge the urban-rural health gap and improve both preventive and curative health-care service delivery to the vast majority of the older Ghanaian population which lives in the rural areas. He also introduces an intriguing notion of the role that communication technology can play in the future provision of health care to Africa's elderly.

Finally, revisiting demographic and health transitions in Africa, their implications and related issues, **Adamchak** reviews the World Health Organization's 1997 report on *Ageing in Africa*, authored by Nana Araba Apt in Ghana. Adamchak evaluates this "overview" report and its relevance, and examines some of the historical and contemporary African gerontology building blocks with which the report is constructed.

International Year of Older Persons

SAJG joins the global gerontology community in honouring 1999 as the International Year of Older Persons (IYOP). In particular, it celebrates the lives, personhood and contribution to society of older persons across the African continent. Through the papers that it publishes, the Journal strives to contribute knowledge both to empower older Africans and to enhance their quality of life, as well as for meeting the present and future challenges of ageing in the region.

The October 1999 number of SAJG will report on the content and declaration of the Third African Region Workshop of the African Gerontological Society (AGES International), with the theme "Ageing in changing societies – Africa preparing for the next millennium," held in Nairobi, Kenya on 12-16 April 1999.

Acknowledgement

I acknowledge the intellectual contribution of Maria Cattell and Andreas Sagner to the editorial. Both were willing to act as a sounding-board for my nascent ideas on future directions for African gerontology, and made important and valuable input. I take full responsibility for opinions expressed in the editorial.

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