

Report review

Ageing in Africa

by Nana Araba Apt

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It is encouraging to see that a major organization such as the World Health Organization continues to strengthen its capacity to understand the phenomenon of ageing in the developing world, particularly in Africa. Dr Nana Apt prepared the background report, titled *Ageing in Africa*, for the WHO's Ageing and Health Programme. Apt is an appropriate person to have written this report: she is a leading researcher on ageing in Africa and an important promotor of African ageing issues – particularly in her capacity and leadership role as the President of the African Gerontological Society (AGES International).

The report is composed of six parts, as follows: Conceptual considerations; demographic change; the economic context; the social-cultural context; priority areas for action; and suggested policy actions. Apt's purpose is to examine the ageing experience in Africa, particularly in the African modern environment, which includes changing values, attitudes and behaviour of societies as they experience population ageing and its implications for the elderly. The modern environment is also contrasted with the traditional experience of African value systems.

Setting the stage

Apt sets the stage by defining ageing socially, culturally and biologically, and then states that ageing can best be understood when viewed as a continuous process of progressive change in all structures and functions of the body. The impact of such changes on a person's quality of life is largely dependent on the social and cultural milieu. Apt uses this as an underlying theme throughout the document. The social and cultural milieu, which includes the economic and infrastructural circumstances in Africa, is such that the vast majority of ageing Africans do not retire from work; they work until they are no longer able to work.

Another stage-setting dimension is past, present and future demographic change in Africa. Although the document points out the importance of the increasing size of the elderly population in both absolute and relative terms, it does not illustrate this adequately. For example, Zimbabwe's population aged 60 years and over will triple from approximately 454 000 to 1 348 000 between 1990 and 2020, but the relative proportion of older people in the total population will only increase from 4.3 to approximately 5 percent. The absolute change (number) is large, but the relative change (percent) is small. It is important for policy makers to be aware that the absolute number of elderly is rapidly increasing.

The discussion of migration and urbanization describes generational differences resulting from developmental

change. The younger generation migrates to cities and the elderly are left behind where they often experience emotional, material and social hardships. Apt summarizes the demographic section by saying, among other things, that by the year 2000, life expectancy at birth in African countries is expected to reach a range between 55 and 65 years (p. 6). This is obviously a non-AIDS projection. Most Sub-Saharan African nations are experiencing the impact of AIDS-related mortality – although some more than others. One country-level example, perhaps an extreme example, is the impact of AIDS on life expectancy at birth in Zimbabwe. Life expectancy at birth was nearly 60 years in 1988 but has fallen to just 42 years in 1998. Zimbabwe lost 18 years of life expectancy at birth in just a decade due to high HIV/AIDS prevalence. This will certainly impact the demography of ageing in Sub-Saharan Africa (North Africa has low HIV/AIDS prevalence). AIDS mortality and projections of AIDS mortality should now be taken into consideration. Currently, we do not know the impact of AIDS mortality on the future number and percent of elderly in Africa.

In my opinion, Apt makes an extremely important point that will influence the well-being of the elderly in Africa. She states that Africa's debt burden is in itself the most serious constraint on realising the goals of Education and Health for All (p. 6). Whilst the bulk of policy attention has been on simple debt forgiveness, there is a need for some part of such debt forgiveness to be converted into investment in social expenditure. This is not only important for vulnerable groups like the elderly but all segments of society – the young and women – and will impact important processes such as intergenerational transfers and support. As a result, Apt calls for micro-finance facilities for older persons to continue economic activity and economic security (p. 7).

The process of change and development is depicted in the statement that the extended family has begun to disintegrate (see pp. 7-8). In fact, although not stated, the process of change and development is what is causing the rapid increase in the number of elderly. The increasing numbers (and percentages) of elderly and rapid social change which alter institutional structures such as the family place many elders in a vulnerable position of lack of material and emotional support.

Priority areas

The priority areas for action focus on women, elderly refugees and the impact of AIDS on the elderly (pp. 9-12). These are truly vulnerable groups in the African context. The author points out that there is a tremendous impact of the cumulative

effect of poor conditions on women's health. In addition, Apt states that there is a need for African governments to rethink development – within a broader framework which enables women to be fully integrated in economic, political and social decision-making processes, to enable a healthy survival of women. An admirable statement that needs a concrete agenda to increase the status of women. Apt does not offer one here, but it is common knowledge that increasing girls' education has a positive impact on women's status. In addition, government and/or donor sponsored family planning and reproductive health programmes simultaneously with increased education have the desired result. Although not mentioned in the report, culture can also have a positive impact if used to socialize the populace to accept new and changing roles of women.

Refugee populations are overwhelmingly young, old and female. Apt states that the older refugee needs to be targeted in order to adjust to the new situation and to revitalize traditional knowledge and cultural resources (p. 12). Another approach is to use all available resources from within African countries and external to African countries to eliminate conflict which will virtually eliminate refugee populations. Then there is the grandmother's disease – the AIDS pandemic (p. 12). Although much of the data in this section of the report is outdated, the point is well-taken that young adults and middle-aged persons die of AIDS, and that the elderly, mainly women, care for orphaned grandchildren. A particularly vulnerable group are widowed elderly women, as their support is reduced or eliminated by the death of their husbands and children, and they are then obligated to care for orphaned grandchildren. This problem will increase in the short and medium term and desperately needs policy action.

Policy actions

Apt makes a good attempt at suggesting policy actions (pp. 12-14). First, she identifies a need for research. There is a general lack of a culture of research on ageing in Africa. Apt makes the point that governments and the private sector need to understand the demands of an ageing society. However, she does not suggest how this is to be accomplished. Leaders and policy makers at the appropriate levels of government and society in general need to be informed of the consequences of an ageing society. Donor sponsored conferences

and workshops and research funds can be a start in this direction.

Another policy action suggested by Apt is the establishment of an indigenous infrastructure, i.e. Africans researching and directing policy on ageing in Africa. Both policy makers and field practitioners should train and work locally. If a training and educational infrastructure on ageing is not established, then this should be a high priority. And, given the role of women in most African societies, a gender approach is definitely needed as elderly women are from their own histories to their present circumstances a very vulnerable group. Apt also calls for an intergenerational approach to social welfare, where the elderly are integrated in social policies rather than placed in isolation as the development process so often does.

In sum

There are technical flaws throughout the report. For example, Table 1 is not referred to in the text and it is not clear from the title what the percentages represent. Also in Table 1, the numbers representing the total population aged 60 years and over by gender need to be checked, especially for South America. Females are not included for North America, and Europe is the only world region not included. There are sections of the report with dated information, e.g. the data reported in the natality and mortality section and the AIDS data. The report indicates that the current total fertility rate in Kenya is 8.1 births per woman, which was the rate in the early 1980s. The 1993 Kenyan total fertility rate was 5.4 births per woman.

Overall, this report is a good overview of ageing in Africa, and I recommend that it be widely distributed by the WHO. However, there are places where it could have been more thoroughly researched and more technically proficient. It is important to note that there is a rapidly growing interest in ageing in the developing world and in Africa. It is also important that organizations such as WHO continue to support efforts to understand the dynamics and the consequences of ageing in Africa.

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