

Family help for the elderly in Africa: a comparative assessment

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Abstract

Many people argue that 'modernization' will deprive the African elderly of their former roles and support. This paper focusses on the positive side. It argues that help has always been limited by resources and that 'development' will limit resources even further. Many elderly Africans receive support from children and grandchildren – as do large numbers of elderly people in industrialized countries; a few elderly Africans are entirely dependent on this help. Most get less help than they need, and some are abandoned, for various reasons. But this has always been the case. Although there were many problems, the majority of children in the studies reported here gave financial, material or physical help to their parents, depending on their circumstances. While governments develop welfare programmes, it is useful to measure the variability of help received, of various types, by men and women, urban and rural residents, in different regions and countries. Such information can help governments and NGOs to target those who are most in need.

Old people have long complained: it is an old thing. Even if the child did everything for them, they would complain.
(Koka, aged 80, cited in Rosenberg, 1990: 18)

Some observers are concerned about the effects of "modernization" on African family life. They fear that elderly persons, who are rapidly increasing in number, will not get the help that they need from their children. They also fear that long-established patterns of respect and support will lose out to widespread migration and that children will focus on their own nuclear families. So far, case studies and generalized comments on the impact of modernization on family life have been more common than numerical data (e.g. Asamoah & Nortey, 1987; Apt, 1988; Milazi, 1988; Adamchak, 1989), but there are notable exceptions, usually based on small samples (Hampson, 1982; Brown, 1984; Bamisaiye & DiDomenico, 1983; McKendrick & Dudas, 1987; Adamchak, Wilson, Nyanguru & Hampson, 1991).

While a decline in kin support of the elderly is quite possible in future, we need to be careful about what is being measured and compared. First, it is clear that Africans do not slavishly follow EuroAmerican customs but often maintain "traditional" values, in the same or new ways. Material and/or physical support for parents continues to be highly valued in most societies, and is more readily maintained than the continuance of elderly men's authoritarian power. (However, Coles (1990) reports that elderly Hausa women have more

opportunities to gain power and authority under "modern" urban conditions.)

Second, the level of support for the elderly in "traditional" societies was limited by the available resources. Material "progress" generates increased demands, so that a similar level of support as in the past would now be considered insufficient. Thus, aside from problems of memory loss, asking the elderly to compare the help which they now get with what elderly people received in the past is not comparing like with like.

Third, help for elderly parents in EuroAmerican societies is often under-estimated; large numbers of children in North America and Europe pay for medical care and support their elderly parents generally (e.g. Fry, 1980).

Finally, while "development" increases migration and disperses children, it also produces improvements in transportation and communications. Thus, large numbers of young adults move away from their parents, but insofar as they earn a regular wage they may be able to contribute financially to their parents' support in ways that would not have been possible had they remained farmers. Visits home are probably more frequent now than was possible when migrants walked for weeks to their intended workplace.

This paper examines the evidence on family support for the elderly in Ghana, Nigeria, Sierra Leone and Zimbabwe, based on surveys carried out by the author and various colleagues between 1981 and 1993 (Ekpenyong & Peil, 1985; Peil, 1991, 1992, 1995; Peil, Bamisaiye & Ekpenyong, 1989). The surveys in Nigeria and Zimbabwe focussed on the elderly in three and two cities, respectively, and in villages within 50 km of the selected cities (more than ten locations in each). Zimbabwe was chosen as a study site because of the possibility that the strong European presence had affected African support networks, in comparison with Nigeria where traditional attitudes have generally remained strong. The surveys in Ghana and Sierre Leone (Peil, 1990, 1995b) were not specifically focussed on the elderly; they included the enumeration of all residents of selected houses and interviews of urban residents, with over-sampling of people over 60 years for interviews. Data collected in these surveys included occupational and migration history, housing arrangements, children's education and location, sources of support, satisfaction with urban life, health and religious practice. Questions differed somewhat from one survey to another, with the questions on health and religion being least often included.

A base age of 60 years has been used for categorization of elderly in each study, to ensure comparability. Many elderly Africans have no record of their age; a few survey subjects

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claimed to be over 100 years old. (A woman had a newspaper clipping which identified her as the oldest person in Zimbabwe.) Data on income were general rather than specific, and covered sources of income, a rough estimate of total income in four or five categories, and whether cash or goods were received from and/or given to each child. Exact amounts were not asked, since the accuracy of any figures would be highly questionable. From the point of view of values, whether or not a child gave support to his/her parent would be more important than the amount given; a subject's response to such a question was also less dependent on memory. Separate reporting for each child made it relatively easy for subjects to admit that some children gave nothing; in some cases it was possible to compare the responses of a husband and a wife.

The two major sources of data on support used here are household composition and contacts with children (visits, gifts, services). Potential support is an important concern when considering where to retire. (Migration for retirement has been treated elsewhere; see Peil, 1988, 1995.) Reports from other studies of the elderly in these countries generally support the conclusions drawn in this paper, though statistics inevitably vary depending on the year, location, sample size and questions asked.

It is often assumed that the few Africans who survived into old age in the past were well looked after by their children and, where lacking children, by the village community. Unfortunately, little is known of destitute elderly persons who lived in rural areas and who were abandoned by family and friends in times of crisis because it has seemed that any chance of survival should go to the young and active (Iliffe, 1987). Overall, there were very few elderly people, especially in the urban areas; migrants usually returned to their villages in middle age or on retirement, and few people survived into old age.

In many African countries today, anyone who survives their first year of life has a good chance to reach 60 years of age. Whereas in the past the elderly could expect to have adult children living in the same compound, today's young people tend to migrate for job opportunities rather than remain at home on the farm. In addition, a need for cash is greater than in the past; a standard of living that is low by international standards may still be better than 30 years ago, in terms of housing (metal roofs), clothing, medical care (with charges), transportation and access to information (radios). Thus, social change may make people somewhat better off, though they still rightly feel deprived.

The survey data confirm that there is still widespread physical, social and economic support for elderly parents; though the support may form only a small part of their income, it is a welcome contribution. The moral support for giving continues, and is translated into action by a majority of adults with living parents (the proportions differ between men and women and from place to place). Gifts to the elderly (however small and irregular) continue to be expected and received. Support in childhood engenders a life-long debt, though many individuals have only limited ability to repay parents and grandparents and some manage to escape (see Bledsoe & Isiugo-Abanihe, 1989).

Dissatisfaction with the extent of support is related to expectations and needs. The amount that is given to elderly parents varies over time with the resources of both parties; the "old old" usually need more help than people in their sixties, and settled adults in their forties and fifties can give more than recent school leavers. Elderly people with money and property have always had more support from their extended families and clients than people who were desperately poor throughout their life and whose kin were similarly on the edge

of survival. What is given to parents is often less than these parents hope for, though it often contributes 15 % or more of elderly people's income (Caldwell, 1976; Adamchak *et al.*, 1991; Peil, 1992).¹

The expectation of and need for support in old age are still important contributors to high fertility in West Africa. The fact that support is given does not mean that there are no problems; few elderly people get as much help as they need. However, a large number of people, some of them over 60 themselves, make sacrifices to help their elderly parents.

Households

Family members living in the same household are the most regular source of support for elderly people. Household heads usually get respect, financial contributions and services from spouses, children and others sharing their household. Granies may be out of pocket for grandchildren but they get services which are important for daily life. They also receive support from the children's parents who live away from home and loyalty which may help to support them in later years (Bledsoe & Isiugo-Abanihe, 1989).

Most elderly men gain additional status by being a house owner, especially in urban areas. House ownership often brings in rent from tenants, an important source of income in urban areas (Adamchak *et al.*, 1991; Peil, 1995b,c). A house can also serve as a base for local political contacts: house owners contribute to dispute settlement and have greater interest than tenants in policy making and bringing services to the neighbourhood (Barnes, 1986). This attracts clients, who repay favours with gifts and deference. Many men ensure a high-status old age by building up these relationships. In addition, children who hope to inherit an urban house maintain close relationships with their parents and provide them with more support from self-interest, even if societal norms are no longer sufficient. Rural land also has increasing value, and many children who live in towns expect to inherit it from their parents. Access to farm land may be important in hard times.

Elderly women are often in charge of household domestic activities, especially cooking, but get help with heavy activities, such as collecting water. Their contribution to the household gradually declines as they grow older and their health deteriorates. If they live alone, this is the time when they most need physical support from household members (Brown, 1984: 77; Peil *et al.*, 1989: 99; Apt & Katila, 1994).

Urban house ownership provides security of accommodation and income from rents. Table 1 shows that over 80 % of elderly rural men are house owners. Ownership is more expensive and less common in cities, especially in Sierra Leone and some provincial towns. It is high in Madina, a suburban community to which many people move to build a family house near Accra, and in Abeokuta, where family houses predominate, but low in Mutare, where housing was built by the pre-independence regime and ownership programmes were still very limited. Women are far less likely than men to be house owners; they are most disadvantaged in this respect in provincial towns where most houses are owned by extended families and inherited through the male line (in Abeokuta and Ijebu Ode) or by the state (in Mutare). The high level of female house ownership in Sierra Leone appears to be due to inheritance; the situation in the Harare townships is changing rapidly and needs further investigation.

Table 1
Housing arrangements by location and gender (percentages)^a

Location	Gender	Owner	Household head	Household composition				N	Mean size
				Lives alone	Spouse	Children	Grandchildren		
Ghana (1993)									
Madina	M	79	96	0	80	81	41	70	6,3
	F	21	40	0	38	76	73	53	7,0
Nigeria (1985/6)									
Abeokuta	M	65	96	9	65	70	31	131	6,6
	F	8	62	18	20	58	58	60	6,2
Ijebut Ode	M	42	100	6	62	80	36	117	4,3
	F	8	81	4	15	47	62	75	3,8
Port Harcourt	M	53	97	6	72	76	31	105	5,3
	F	24	38	4	13	62	78	45	5,0
Rural	M	83	99	5	75	71	36	315	6,2
	F	44	68	12	21	46	56	156	4,3
Sierra Leone (1981)									
Freetown	M	38	95	0	68	70	49	37	6,1
	F	30	52	9	9	48	61	23	5,0
Bo/Kenema	M	37	97	3	76	79	32	38	10,9
	F	25	33	3	11	64	53	36	12,1
Zimbabwe (1989)									
Harare	M	58	89	6	52	70	33	140	4,8
	F	28	57	3	37	66	58	86	4,9
Mutare	M	21	98	13	64	56	28	131	3,6
	F	9	52	8	33	58	48	67	4,2
Rural	M	95	98	8	60	46	54	281	4,9
	F	56	59	3	39	49	65	131	4,0

^a Several sources, cited in the text.

Elderly people who are not house owners may be faced with the necessity of paying rent but a majority avoid doing so. In rural areas, they frequently live in compounds owned by the extended family; in cities women often live in houses owned by their husbands or sons. "Young-old" women may still be independent, paying the rent and supporting themselves (and often a grandchild) by trading (Peil *et al.*, 1989).

Almost all men over 60, in both rural and urban areas, are heads of a household, even when they are no longer the main source of household economic support. Women are usually subordinate to a male household head, though this does not mean that they lack authority in their sphere of influence. Dependence may be a source of security for elderly women, insofar as the household head has an obligation to provide for them. Women on their own are at greater risk of financial crisis than women who live with a husband or a son, since their incomes are usually very low. While the few men who do not head a household are usually unmarried and living with a brother or a nephew, elderly widows often move to town to live with a son or a son-in-law, or are part of an extended family household where they continue to make a small domestic contribution. Ownership is the main reason for household headship for elderly women, though some also live in rented rooms, alone or with one or more grandchildren.

Since most wives are younger than their husbands, many elderly men have relatively young wives to look after them; the majority have spouse(s) and children in their households. On the other hand most elderly women are widows. (This finding was least true in Madina and in Zimbabwe, where life expectancy at birth is 60 years, compared to 42 years in Sierra Leone.) Women were more likely than men to live alone (except in Mutare); between half and three-quarters of the

women had grandchildren in their households.² Women's households tend to be about the same size as men's, but the age distribution probably means that they get less economic support from household members. The large households of provincial Sierra Leonean towns are an exception: two-thirds of the elderly women had children in the household. A household with 36 members included several elderly women as well as the male head. Other households had 23-39 members, providing extended family support for the senior members.

In other locations, elderly people's households have, on average, between four and seven members. Very few live alone except in situations where a single household is part of an extended family compound. For example, in Abeokuta there are many family houses where elderly men and women each have a separate room/household; other rooms are vacant much of the time so they can be used by visiting children and grandchildren on weekends and holidays. In this case, maintaining a separate household does not imply isolation from family members, but merely a greater degree of privacy than occurs in many urban houses. Elderly rural women may also have such an arrangement (e.g. their own hut in the family compound). This frees them from the noise and mess of young children but facilitates social contacts when they choose to participate in family activities. The men in Mutare are again an exception, in that one in seven lived alone and the average household size was less than four. Many male emigrants from Malawi and Mozambique to Zimbabwe could not afford to marry; in old age they had no family to rely on, or were living with another unmarried male. The provision of homes for the aged in Zimbabwe is focussed on these aliens (Nyanguro, 1987).

From the standpoint of economic support, elderly women with no living children (from 3 to 12 %, as shown in Table 2; see also Adamchak *et al.*, 1991: 510) are most at risk, but the position of elderly women caring for grandchildren can also be hazardous. These women perform an important function for working mothers and parents who cannot have their children with them; however the women usually get less financial help from the children's parents than they need, unless they live as dependents in the household – and thus are not required to support the grandchildren.

Arrangements differ from country to country. In some countries (e.g. Ghana and Nigeria), grandparents may ask that a child be sent to live with them to provide domestic services and help on the farm. In other countries (e.g. Sierra Leone), parents take the initiative and ask parents to look after their children while they travel for work or study. Ingstad (1994) suggests that many Tswana households would not be viable without the contribution of grandmothers, who make most of the financial, health and education decisions for their grandchildren because their daughters and sons are away. Where the adult children's absence is prolonged and remittances are low or lacking, grandmothers face severe problems but the presence of grandchildren tends to strengthen links with the children's parents.

Visits

Visits are important for all concerned as face-to-face contacts provide far more context and depth than merely sending gifts or cash. They support traditional values by maintaining personal relations. Kaufert (1976) found that migrants from a village in Eastern Ghana and their families at home sent messages about twice as often as they visited, but much more could be accomplished in a visit than through messages. Evidence is lacking on how the frequency of visits home has changed over time. It is now physically much easier to visit home over a long holiday weekend, or even for the day, than

in the past because paved roads and regular transport are a great improvement on the long walk which was formerly required. Successful Nigerians now have their own cars, so they can bring their wives and children with them when they visit and take their parents out for rides. Visitors usually bring gifts, and those who visit frequently are more aware of what is needed than the visitor who goes home once a year or less often. Frequent visitors can also provide services, such as helping on the farm, doing the laundry and repairing the house.

Table 2 shows that a majority of children, with the exception of Sierra Leonean daughters, visit their parents more than once a month, whereas about a fifth of children visit less than twice a year. (The proportion visiting 2-11 times a year – 12 % in the case of Ghanaian sons – is not shown because of a lack of space.) These are elderly parents' reports, which are likely to understate the frequency of visits somewhat, whereas the adult children concerned may overstate the frequency of visits (Kaufert, 1976). It appears that frequent visiting is common, especially by children who live relatively nearby, and is an important aspect of many elderly people's lives.³ The proportion visiting rarely or never is higher for daughters than for sons, especially in Sierra Leone and rural Zimbabwe, but on average at least two out of three daughters see their mothers quite often. Women have fewer resources and less time for travel, and are less likely than men to be settled in the same village or town as their parents, so they must make an effort to maintain contact. Some visits are to collect goods for sale as well as to visit kin.

Overall, visits to parents are largely a function of distance. Children can easily visit parents who live in the same village or urban neighbourhood; visits which involve less than an hour of travel may occur about once a week. Travel requiring several hours is more likely to take place two to four times a year, or perhaps only once a year for those with looser ties or fewer resources; children who live abroad usually come home less than once a year (Peil, 1995a: 361). Thus, parents whose children were educated and are widely dispersed may receive fewer visits than (often poorer) parents whose children live fairly near to home. While the latter group of parents frequently receive considerable physical help from their children, especially from daughters, better-off parents probably get

more financial help from their better-educated and more affluent offspring (Peil, 1991).

Urban parents have generally been able to provide more education for their children and migration for job opportunities is less necessary for them than for village children. Urban residents are also more likely than rural parents to have unmarried children or married sons living in their households (see Table 1). Thus, the somewhat greater frequency of visits of sons to rural parents than to urban parents in both Nigeria and Zimbabwe can be explained by their greater perceived need: if your parents already have children in the household, you can leave services to them; if your parents lack young adults in the household, they should get more frequent visits.

Assistance

Caldwell (1965, 1969, 1976) found substantial commitment to the norm of helping parents and extended families in Ghana of the 1960s and actual support for helping parents among students in Imo State, Nigeria in the late 1980s. Though most of the students acknowledged that this was likely to be a burden in both time and resources, over 90 % thought that the system had not broken down. Among the survey respondents, food and clothing were the most common gifts to grandparents and parents-in-law. Many also paid their parents' medical expenses. (This practice appears to be less common in Zimbabwe, perhaps because state medical care costs less than in Nigeria; see Adamchak *et al.*, 1991.) Somewhat more help is given by children of rural than urban dwellers (see Table 2), but the differences are often small and the urban elderly in these households may be somewhat younger than the rural elderly and thus less in need of help. Aunts and uncles are about half as likely to receive each form of help as grandparents but still get support from younger kin.

Caldwell (1976) reported that potential income from their children was an important reason for high fertility in southwestern Nigeria. More recently, Apt and Katila (1994) found that 72 % of elderly urban women and 79 % of elderly rural women in Ghana received income from children. Spouses and kin were other significant sources of income, though for fewer women. Adamchak *et al.* (1991: 510) report that 52 % of urban and 43 % of rural elderly Zimbabweans in their small sample received cash from children but 67 % received non-

Table 2
Sources of support, by location and gender

Location	Gender	Children ^a who visit			Help from ^b				No living children		
		monthly or more often %	less than twice a year %	N	children %	N	siblings %	N	%	N	
Ghana	U	M	84	4	45	n.a.		n.a.		0	57
		F	67	22	27	n.a.		n.a.		6	36
Nigeria	U	M	68	16	750	97	337	74	243	2	353
		F	71	14	574	96	72	71	112	6	180
	R	M	74	17	572	89	306	66	284	3	315
		F	70	20	538	99	137	72	92	12	156
Sierra Leone	U	M	50	28	68	77	52	68	25	8	60
		F	38	38	52	91	22	100	15	12	26
Zimbabwe	U	M	68	20	450	94	236	93	140	9	259
		F	67	23	535	96	138	92	79	9	141
	R	M	73	16	672	91	258	98	173	8	281
		F	63	30	709	91	127	99	69	3	131

^a Not living in the same house, by gender of child.

^b Respondents with siblings and children <15 years, living in the household or elsewhere.

U = urban; R = rural.

cash support. The samples in Table 2 are larger, and provide evidence of even higher levels of support when services are included as well as cash and gifts, taking each child separately.

The data on help in Table 2 refer to goods or services from any child, in the household or elsewhere. With the exception of Sierra Leonean males, over 90 % of elderly parents with living children received some help, from at least one child, at least once a year. There were some children in each sample who provided no help; they had usually disappeared years ago, or were unemployed sons who according to the fathers did not contribute to farm labour. A few mothers seemed to have alienated all their children. Fathers were more able to start a later family if the first set of children died or proved unsatisfactory. Many Igbo fathers did so after the Nigerian civil war, and had young children to provide for even though they were well into their sixties.

The nature of help varies, as one would expect, with the resources of the offspring. Daughters are most likely to provide services, though sons in the household or who live nearby usually help out on the farm. More successful and distant children send money and/or gifts. The less affluent tend to give small amounts of money fairly often; the better-off may send or bring a substantial sum, but only once or twice a year (Peil, 1991: 88). If the money arrives when there are taxes or school fees to pay, this may be a satisfactory arrangement, but gifts or small sums throughout the year help to pay for the many items that now cost money. For example, some Nigerian villagers now buy water and most villagers buy food at least occasionally. Blankets and clothing are welcome gifts, especially for Zimbabwean villagers, as the weather turns cold in winter. These purchases are important business for urban shops.

The worst-off elderly people are those with no living children. The proportions are usually small, except for Sierra Leonean and rural Nigerian women, but add up to a large number of elderly people who cannot rely on family support, through no fault of the value system.⁴ Only in Zimbabwe, where polygyny is uncommon, are women relatively equal to men, though unmarried and childless aliens are likely to be male. In West Africa, men find it relatively easy to stay married. Younger wives look after elderly husbands, who usually have some living children (see also Adamchak *et al.*, 1991: 510).

Isolation is the greatest cause of destitution among the African elderly, especially if it is accompanied by ill health (Hampson, 1982; Bamisaiye & DiDomenico, 1983; Iliffe, 1987; Rosenberg, 1990). Elderly women who can no longer care for their husbands may rejoin their own kin and leave their husband's family to care for him. Old people with no spouse or living children (mainly women) are sometimes looked after by siblings. Few Sierra Leonean women had living siblings. Table 2 shows a high level of gift exchange with siblings; many also share housing. Others get help from co-religionists or more distant kin. For example, one woman was given a room by her uncle, who owned the house. Neighbours sometimes keep an eye on a woman who lives on her own, helping as they can (Bamisaiye & DiDomenico, 1983). These sources of charity need to be encouraged, since they are in many ways more satisfactory to the people concerned than living in a home for the aged.

Conclusion

Relatively few Africans who are now over 70 had to support their parents in old age; a large proportion of today's 30-year olds will be called on to do so. Like the rest of their countrymen and women, a majority of the African elderly are

poor. A few crown a successful career as a large-scale farmer, a businessman or a professional with a financially secure retirement; the rest must make do with small-scale farming or trading to supplement what is provided by their children and/or grandchildren. Some never get that support – the proportion varies between men and women and from place to place, but regardless of number these persons are a major cause for concern. The problem may be worse in southern Africa, where contract labour in South Africa has drawn many young people to the cities, than in coastal West African countries, where migrants tend to go shorter distances to places of their own choice.

Sons and daughters have to cope with multiple demands from children, parents, kin and government taxes and charges, and the allure of consumer goods which would improve their standard of living. Transfers of money and goods, visits and the services provided for the elderly by their children indicate that the value of family ties is still strong; maintaining ties is, in the long run, more important than the quantity of what is provided. The support is seldom "enough" but overall it adds up to a considerable sum and is highly valued by the recipients. The elderly gain prestige for having brought up their children properly and the children gain status by doing their duty. Potential inheritance of land or goods, however limited, increases the attraction of expected behaviour.

Government policy ought to recognize the reality both of the help given and its limitations, and encourage such support, since there is little money to spare to supplement it. For example, since many of the supporting children are in formal-sector employment, tax remission could be allowed for parental support. There could also be remission of some taxes on export crops for farmers. Even small pensions mean that elderly people bring some cash into the household, making them more welcome than if they are completely dependent. When state pensions become possible in various African countries, these should first be paid to women over 80 years of age.

Health services for the elderly also need development; making treatment for the over-sixties less expensive than for other adults would help the elderly to maintain their health and to make payment for health care less burdensome for children. So far, state health care in Africa has mainly focussed on women and children; elderly people are beginning to demand that they also get the help that they need. Most accept the infirmities of old age with only muted complaint, but timely treatment often prolongs an elderly person's autonomy, which smoothes their relationships with children on whom they may eventually become dependent.

Nowhere are elderly people's expectations of their children fully carried out. It is unlikely that they can be. Changing times bring changing needs and demands on both sides; it is gratifying that many young people still uphold the norm of looking after needy parents. The elderly who fall through this family network, either because they have no living children or siblings, or because their needs are greater than the resources of these children, should be a major concern of social welfare departments.

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Notes

1. An early Ghanaian study (Caldwell, 1967) found that 71 % of elderly people had received back as much or more than they had spent on educating their children. Rural households were less likely than urban ones to get a good return on their educational investment, partly because some children disappeared without trace. It is probably easier today to keep track of children unless they emigrate.
2. Bamisaiye, Akinware and DiDomenico (1984) found that three-quarters of the elderly women in five Ogun State villages had grandchildren in their households. Half of elderly women in Shomolu, Lagos saw grandchildren daily, compared to only a fifth of men (Bamisaiye & DiDomenico, 1983: 35). A more recent study in Ghana (Apt & Katila, 1994) found that 67 % of elderly rural women and 74 % of elderly urban women were caring for children. Grandmothers are an important source of child care for Ghanaian working women; alternatives are expensive and often unreliable (Date-Bah, 1986).
3. In the late 1960s, only 31 % of migrants from Tsito (a village in Ghana's Volta Region within three hours of Accra, where most migrants lived) visited home at least once a month; 40 % never sent gifts, though a majority sent messages at least monthly (Kaufert, 1976: 156). Caldwell (1967: 159) reports that 59 % of surviving children were helping their elderly parents, often substantially. Elderly residents of Madina seem to be doing at least as well in the 1990s. A Nigerian study (Anyakoha, 1992) found that at least half of sons and daughters visited both rural and urban elderly at least six times a year.
4. Sierra Leone has the world's lowest life expectancy: 42 years in 1990. In Nigeria, the rural-urban disparities for health and child nutrition are among the greatest recorded. Caldwell's early study (1967: 159) found that only 63 % of children survived; infant mortality has dropped 36 % and life expectancy increased ten years in Ghana since 1960. Hence, the average elderly survivor in Ghana has more children to support him/her than was previously the case (UNDP, 1992, Tables 4 and 10).

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