

Population ageing: gender, family support and the economic condition of older Africans

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Abstract

This paper addresses demographic changes occurring in developing countries and in Africa that are resulting in population ageing, i.e. an increasing proportion and number of older persons. The paper focusses on gender differentials in intergenerational relationships, income and cash generation, and family support. Older women are in a far more vulnerable position than older men in most categories of the descriptive analysis. The impact of a structural impact on the elderly, AIDS, especially for women, is discussed in the context of support and intergenerational transfer. Finally, a brief research agenda and policy implications are offered.

Demographic trends and regional variations

During the 75-year-period from 1950 to 2025, the proportion of the world population aged 60 and over will increase from 8 to 14,2 %. More dramatic than this percentage change will be the growth in the number of older persons, which will increase sixfold, from approximately 200 million to 1,2 billion. Figure 1 shows the increase in the number of older persons by developing and developed regions. Most of the increase in developing regions will occur after the year 2000, when the number of older people in developing regions will increase much more rapidly than in developed regions.

Figure 1
Population aged 60 years and over in developed and developing countries

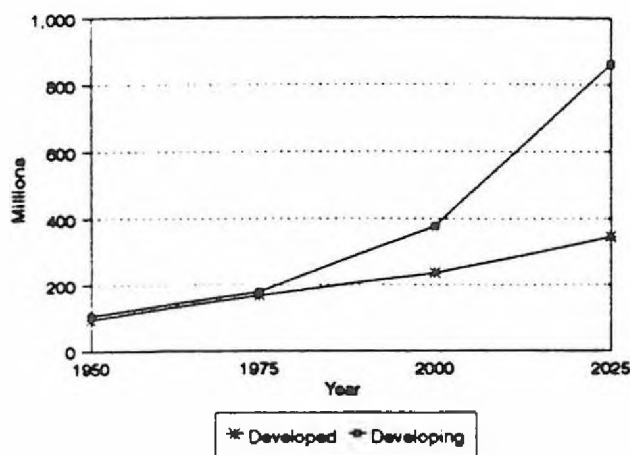


Table 1 shows the percentage change in the 60 years and over population between time periods by world region. The low

percentage of persons aged 60 and over in regions of the Third World belies the impact of this segment of the population. For example, Africa's proportions of older people in 1975, 2000 and 2025 are the lowest globally at 4,9, 4,8 and 6,4 %, respectively. However, the percentage change for Africa between the years 2000 and 2025 is the greatest increase of any region as shown in Table 1. Between 2000 and 2025 Africa's older population will grow from approximately 41 to 102 million, an increase of 145,7 %. Taking the year 2000 as a starting point, Africa's older population will double in only 17 years.

Table 1

Percentage change in population aged 60 years and over, world and regions, 1950-1975, 1975-2000 and 2000-2025

Region	1950-1975	1975-2000	2000-2025
World	72,2	77,0	96,8
Developed	76,6	41,1	46,1
Developing	68,3	110,5	128,6
Africa	75,4	105,4	145,7
Latin America	127,5	108,7	127,9
Asia	65,8	117,6	109,5
China	53,8	107,1	118,0
North America	73,5	42,0	79,0
Europe	62,8	25,0	35,0
Oceania	64,4	66,8	87,2
Former USSR	115,1	49,5	39,2

Source: United Nations, 1991.

Regarding the demographic aspects of ageing we know the following about Africa: The older population will double in population size in approximately 17 years starting in the year 2000. High past and current fertility will increase the number of older people as larger, younger cohorts eventually move into the 60 years and over age group. Declining fertility will increase the proportion of older people. Improved health and living conditions decrease mortality and increase life expectancy which will eventually increase the number and proportion of old people. In addition, older women will outnumber men, as 55 % of the 60 years and over population in 2025 will be women. Further, the proportion of women increases with age as 58 % of the 70 years and over population will be women in 2025. The differences between men and women

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become more apparent as shown in Table 2. Selected African countries and industrialized countries are compared on male-female gaps, i.e. the figures in Table 2 represent females as a percentage of males on literacy, years of schooling and labour-force participation for the African countries, and for years of schooling and labour-force participation for industrialized countries. Literacy is not included for industrialized countries as literacy is nearly universal for both men and women. Table 2 clearly shows how women (all age groups) in the African countries are far behind their male counterparts. For example, in Mali women are only 59 % of the male average in literacy, 20 % of the male average in years of schooling, and 19 % of the male average in labour-force participation. These gaps are much narrower in industrialized countries. As women in Africa experience low literacy, fewer years of schooling, and lower labour-force participation rates compared to men, they are gradually being structurally conditioned throughout the life course to be placed in a vulnerable position, particularly when they reach old age and will likely be widowed.

Table 2
Male-female gaps in literacy, years of schooling and labour-force participation for selected African and industrialized countries, 1992: females as a percentage of males

Country	Literacy	Years of schooling	Labour-force participation
Selected African countries			
Congo	63	35	64
Cameroon	64	32	43
Ghana	73	46	67
Cote d'Ivoire	60	31	47
Zambia	80	46	41
Nigeria	65	28	49
Zaire	73	33	56
Senegal	48	31	35
Sudan	28	45	41
Uganda	56	38	69
Angola	52	50	64
Mali	59	20	19
Selected industrialized countries			
Canada		97	81
Switzerland		93	62
Japan		98	69
Sweden		100	92
France		102	76
Australia		98	71
USA		102	82
Germany		91	70
Italy		99	58

Note: All figures are expressed in relation to the male average, which is indexed to equal 100. The smaller the figure the greater the gap; the closer the figure to 100 the smaller the gap; and a figure above 100 indicates that the female average is higher than the male average.

Source: United Nations, 1994.

However, this demographic scenario is only half the equation. Demographic change results and also affects the processes of social change and development. The other half of the equation

is to relate this new demographic context to a changing social and economic context.

Intergenerational relationships in societal context

Social security and pensions are systemic transfer payments. In other words, they are part of the formal economic, political and social system of a country that people depend on in old age. Most social security and pension programmes are considered to be transfer payments as people contribute to them while they are in the labour force, and simultaneously, retired workers receive payment. It was estimated that about 40 % of the world's labour force participates in formal retirement income programmes (World Bank, 1994). In developed countries a high proportion of the labour force participates in retirement programmes. In developing countries, the proportion is much smaller, and usually covers only government workers and the military who are mostly men (Manton, Dowd & Woodbury, 1986; Manton, Myers & Andrews, 1987). According to a recent World Bank report, approximately half of the labour force participates in formal retirement programmes in middle-income countries such as Argentina, Brazil, Costa Rica, Malaysia and Tunisia; about 20 % in lower-income countries such as the Philippines, Morocco, Sri Lanka and Indonesia; and less than 10 % in sub-Saharan Africa (World Bank, 1994).

Developing countries represent a continuum of systemic support, from those approaching the level of support of developed countries, to those who provide virtually no support. In sub-Saharan Africa only South Africa and Namibia currently have a national pension where persons aged 60 and over are entitled to a monthly pension. African countries in general are disadvantaged regarding systemic support. Several factors account for this. First, as described earlier, demographic change is increasing the number and proportion of older persons, and thus the demand for social support. Second, and at the same time, development factors are changing societal institutions. The nature and structure of the family is changing as more young people leave agricultural employment, obtain an education, enter the wage economy and migrate to urban areas. This also separates the young and middle aged from the old as the majority of older Africans live in rural areas. Agricultural workers, either on their own subsistence plots or as workers in commercial agriculture, usually do not receive pension benefits or social security. As in most countries in the world, the family or the extended family is the most important support mechanism for older people. As the development process changes traditional institutional structures, old people may receive less familial support than did prior generations. Tout (1989) and others have documented the breakdown of the family in this context, as informal systems of old-age support are beginning to deteriorate.

Third, unemployment in African countries usually ranges from 20 to 50 %. Even if there were some systemic support mechanisms, many of the working-age population would be unable to contribute because of chronic unemployment. Conversely, those working in the informal sector by definition do not contribute to systemic support systems. Fourth, the sheer expense and organization of social security and pension programmes make them a costly luxury for African countries. African countries are desperately trying to compete in the international economic system and to enhance their development process. Transfer programmes for older citizens are expensive, and governments may view them as not giving a suitable return on their investment. Investing in capital improvements is seen to yield a favourable return, but investing in the older people is often not. As Treas and Logue (1986) have indicated, the status of older individuals declines with

development. Old people may be considered as a low priority in development, or as impediments to development, and thus can be viewed as victims of the development process. The challenge will be to simultaneously move toward formal support systems of income maintenance and to maintain family support as the major informal support system. This will gradually, and hopefully without great burden, move governments and the private sector into the formal support system, while the family maintains its support role. Systemic support mainly comes in the form of economic support, while family support comes in various forms, e.g. financial, in-kind and emotional. Therefore, it is very important to maintain family support.

Of course, formal support systems and informal support systems have been and are being challenged as African nations experience poverty, slow development, political instabilities, war and genocide. Obviously, a prerequisite for building formal support systems and maintaining informal support systems is to eliminate the mechanisms that disrupt normal family life.

Familial support in the context of change

There is growing evidence that changes are taking place in the conditions of older Africans. The changes can be positive as a country develops to the point where a larger proportion of its population contributes to a pension scheme, and thus their wellbeing is relatively assured in old age. On the other hand older persons in countries that are still a long way from having larger proportions of their populations contributing to a pension or social-security system are in increasingly vulnerable positions as extended family systems and intergenerational obligations weaken. The following are some brief examples from the literature of changing situations for older Africans.

In Mali, family support for older people is still strong, and there are no intermediary public or private structures to support them. In a situation of the family defaulting, the rural community provides the necessary support. However, there is now evidence of poverty and homelessness among old people in the capital city, Bamako. This may be an early indication of differential rural and urban support structures, or evidence that in cases in which the rural support structure fails, the urban centre offers the best opportunity for survival (Dixon, 1987).

In Ghana, social-security benefits are provided for some categories of workers in wage employment, and the family, the traditional support unit, is gradually shifting from a production to a consumption unit. Further, Ghana seems to be similar to other sub-Saharan African countries that are experiencing growing industrialization, higher education, and increased rural to urban migration of the young and middle aged. This leaves older rural dwellers in a vulnerable position, particularly if the trend toward more conjugal family patterns continues (Dixon, 1987).

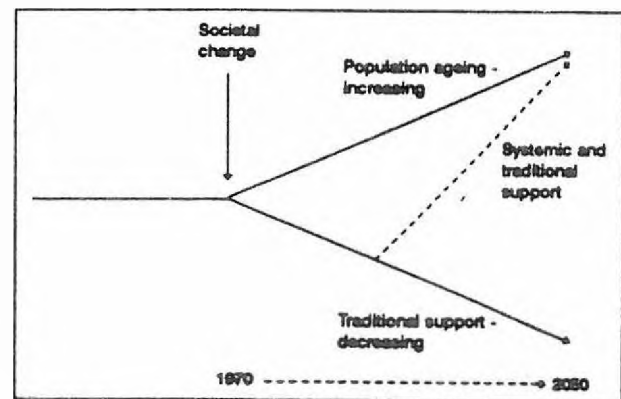
In Cote d'Ivoire, a breakdown in traditional values, and a continued rise of the nuclear family and deteriorating economic circumstances have all resulted in declining family support for the old. Older persons, particularly in rural areas, do not have formal support systems to substitute for the withdrawal of family support (Dixon, 1987). The situation in Zambia prompted the following comment: "We live in a world that discards the old like broken bottles. By denying old people a place in society we make rubbish of a valuable resource. And we don't realize what we are throwing away" (Dixon, 1987: 93).

Increasing evidence from researchers and other observers documents that the position of older Africans is slowly begin-

ning to change. They are being placed in situations of less security than in generations past.

As the number and proportion of older people increase simultaneously with institutional changes in education, economics and the family, and in the absence of comprehensive systemic support, a delicate balance must be maintained in order to accommodate old people during the seemingly very long transition from familial to systemic support. Figure 2 shows a general model of what needs to be accomplished. Starting from the left, a straight line represents a balance between population ageing and traditional support; then societal change, altering long-standing demographic and social relationships begins to accelerate population ageing and decrease traditional support. Before the ageing-support gap becomes too wide, an intervention is needed represented by the dotted line, where a combination of systemic support and traditional support must be maintained. For African countries, a combination of family support and formal transfers will be needed, as fully comprehensive systemic support systems are probably not affordable or forthcoming in the near future.

Figure 2
Model of changing population and support relationships



Family support and gender: a Zimbabwe case study

Income is probably the most difficult characteristic to obtain for older Africans for several reasons. Systemic support may be lacking so income is not regular and is not recorded like pensions or social security. There may not be regular and complete census information. Many old people are participating in the informal economy, as agriculturalists or in other sales or service activities. One way to obtain income information is through the sample survey. Here, information is provided from a sample of 150 older Zimbabweans in 1988 selected in direct proportion to the three main ecological residence units in the country: communal farms, commercial farms and urban areas.

Tables 3, 4 and 5 show income characteristics by gender for the Zimbabwean sample. Table 3 depicts the percentage of total income by source and gender. Males received more income than females from the following sources: salary, children, rent, pension and savings – especially salary. Females received more than males for agricultural production, informal economic activities and from the spouse. This is consistent with other research, as women are the primary agriculturalists and perform various production and sales activities in the informal economy such as producing and selling peanut butter, beer, vegetables, etc. This table also points out the disadvantages that women face financially in

old age as they are earning a living in a fluctuating and perhaps marginal sphere as in agriculture and the informal sector.

Table 3

Sources of income or cash received by older Zimbabwean sample, 1988, by gender: percentages

Source	Males %	Females %
Salary	28	2
Children	48	43
Agriculture	26	37
Informal sector	26	37
Rent	20	9
Spouse	8	12
Pension	7	3
Savings/Interest	7	3
Public assistance	2	2
N	61	89

Note: Columns total more than 100 % since several subjects received income from multiple sources.

Source: Adamchak, Wilson, Nyanguru & Hampson, 1991.

Table 4 shows the distribution of total cash generated by source and gender. Males generated 42 % of their collective total cash generation from salary. The next most prevalent source for men is rent which was 15 %. For women, agricultural production and the informal economy generated 45 % of total income. Spouse and children add 18 % each. Males obtain income from more formal mechanisms such as salary, rent, pensions, and savings and interest. Females depend on informal mechanisms such as agricultural production and the informal sector, and from family such as children and spouse.

Table 4

Total cash generated by source, older Zimbabwean sample, 1988, by gender: percentage distribution

Source	Males %	Females %
Total	100	100
Salary	42	4
Children	8	18
Agriculture	8	23
Informal sector	8	22
Rent	15	8
Spouse	7	18
Pension	6	4
Savings/Interest	5	3
Public assistance	1	0
N	61	89

Source: Adamchak, Wilson, Nyanguru & Hampson, 1991.

Table 5 shows the mean annual income of older Zimbabweans by source and gender. There is a significant difference in the mean total annual income by gender. Men earned Z\$923 compared to Z\$354 for women. Women received only 38 % of what men received.

Table 5

Mean annual income (in Zimbabwean dollars) in the year prior to the survey, by source and gender, Zimbabwean sample, 1988

Source	Males Z\$	Females Z\$
Salary	1 398	1 200
Children	153	151
Agriculture	289	222
Informal sector	278	174
Rent	688	336
Spouse	760	515
Pension	900	1 200
Savings/Interest	700	900
Public assistance	480	39
Mean total annual income	923	354

Source: Adamchak, Wilson, Nyanguru & Hampson, 1991.

Although money received from children represents the modal category for both older men and women, 48 and 43 %, respectively, it is the lowest mean amount received by men (Z\$153) and second lowest by women (Z\$151).

Since two-thirds of the women were not married (most were widowed) and 12 % of widowed women had no living children, older women are placed in an extremely vulnerable position.

In addition, 61 % of the older individuals received non-cash support from their children, including food, clothing, medical care, general maintenance and chores. It is important that older persons received cash from a number of sources as a survival strategy, since their cash generation during the year prior to the survey was only about a third of the formal sector minimum wage and/or about 60 % of a commercial farm worker or a domestic worker.

Further, nearly 23 % of the older subjects provided financial support to others. Most of this support was to their children, nieces, nephews, and younger brothers and sisters, and mainly included school fees and general maintenance. The findings of this study show a strong intergenerational transfer from children to elderly parents. Although the average amount of cash transfer was small, Z\$152 during the prior year, the fact that 45 % of older people received this transfer and that 61 % received in-kind support from their children indicates that the family is still a major support mechanism. The question for Zimbabwean policy makers is what will happen to older individuals if this support deteriorates in the future?

Structural impacts on older Africans

There are what I call "structural impacts" on older Africans, which are seldom mentioned in the demography of ageing or gerontology. Structural impacts result from processes and events that are beyond the control of individuals and yet affect their lives. Structural impacts further exacerbate, often severely and unexpectedly, the overall wellbeing of older people. They interrupt, or in many cases terminate intergenerational relations and exchanges. The processes of development and modernization in Africa involve major structural changes that are at the very core of population ageing and the relationship of ageing to support. However, there are other related factors that older Africans face in Africa that most people do not recognize, such as political instability causing refugee movements. A factor with increasing impact is the

epidemic of Acquired Immune Deficiency Syndrome (AIDS), which will continue to have tremendous negative impact on older Africans.

AIDS: the grandmother's disease

In mid-1993 the World Health Organization estimated that there were more than 13 million adults worldwide who were infected with the Human Immunodeficiency Virus (HIV) (US Bureau of the Census, 1994). Nearly 85 % of these cases were in the developing regions of the world. Of the world total, about 61,5 % of all HIV cases were in Africa, while Latin America, South Asia and Southeast Asia each had about 11,5 %. In addition, a significant number of cases go unreported. The actual number of AIDS cases could be four times that reported. It was also estimated that the 13 million adult HIV cases worldwide in 1993 will grow to 30 to 40 million by the year 2000 (US Bureau of the Census, 1994).

In Africa, the majority of HIV infections occur through heterosexual contact, unlike Europe or the United States where the majority of infections occur through homosexual contact, or by sharing needles among intravenous drug users. This difference in routes of transmission causes a different HIV sex ratio. In developed countries, the ratio of infected men to women usually ranges from five to ten men per woman. In Africa the ratio is very close to one man to one woman, and the majority of adult AIDS deaths occur among relatively young adults in the age group 30-45 years. This is what causes AIDS orphans. This age group usually represents relatively high income potential and is also the age group that has responsibility to support elderly parents as well as their own children. As far as older Africans are concerned, two ways in which HIV/AIDS affects their lives is by potentially reducing or eliminating their support if their children die, and second, by causing them to support their orphaned grandchildren. A likely scenario is that older Africans will increasingly lose some or all of their children's support and will have to rely more and more on their own resources to support orphaned grandchildren and others in the extended family network. As Africa has the greatest proportion of HIV and AIDS cases, and in general a cultural context that is highly supportive of family and relatives, older people are probably most affected there.

Reports of the impact of HIV/AIDS on older people mainly come from the popular press and much of this literature focusses on Africa where HIV/AIDS is reported to be high and where the numbers of orphans are growing. This situation seems to be affecting older women more than older men.

A *New York Times* article (Perlez, 1990) titled "In AIDS-stricken Uganda area, the orphans struggle to survive" shows a photograph of an elderly woman caring for her grandchildren orphaned by AIDS. The 69-year-old woman's three sons and three daughters-in-law died of AIDS within one year and left the woman with their 12 children to support. In a nearby village an elderly man cares for his 12 grandchildren as six graves next to his house stand as a reminder to the children that their parents died of AIDS. The article goes on to say that "in many villages of Rakai, rows of houses stand silent, shuttered and abandoned, the parents dead and the children taken to usually less prosperous and aging grandparents." Rakai County runs along Lake Victoria where it was estimated that some 40 000 children had lost one or both parents through AIDS. If it is accurate that the doubling time for AIDS cases worldwide is four to five years, then from the time that this estimate was made in 1990 to this moment could very well see a doubling of the number of AIDS orphans and their attendant burdens for elderly grandparents, especially grand-

mothers, who traditionally care for grandchildren in African societies.

An article published in *Africa Report* titled "Orphans of the storm" (Kelso 1994), points out that by the end of 1993 there were 67 770 AIDS orphans in Zimbabwe, and the number of orphans is expected to rise to 620 000 by the turn of the century, given the 1993 prevalence of more than 800 000 HIV-positive among the nation's 10,4 million people. "Elderly women so regularly assume the role of caregivers – tending their dying son or daughter, possibly his or her spouse, and then the children left behind – that AIDS is now known as 'The grandmother's disease' in many southern African countries" (Kelso, 1994: 17). In the year 2000, there will be approximately 15 % more women than men in the older age groups, which makes elderly women especially vulnerable to the burdens of reduced support from their children and the caring of grandchildren (Adamchak, 1989).

The literature, scientific or popular, does not address the dynamics of the older person's plight with AIDS orphans. For example, how do older women support their grandchildren? Are others in the community stepping in to meet family needs? Do these children and their caregivers suffer more frequent and more severe health problems, and greater mortality? Are educational achievements of the past decades being eroded, if grandparents cannot afford to send children to school? Are the older individuals forced to resume active employment, be it formal or informal, in order to support their dependents? Not only is ageing research in African countries in the broadest sense sorely needed, but specific types of research are needed to address such questions as these, all of which have direct policy implications.

The future of the elderly in Africa

Problems and issues of population ageing in African countries may well be a major social challenge in the 21st century. It is imperative that we continue and greatly expand our work in population ageing in African countries in order to understand the changes and the needs of this population, of institutions such as the family, of population composition such as gender, and of the public and private sectors.

In addition, there are a range of areas that need to be addressed both at the macro and micro level. It is essential that micro-level and qualitative research be undertaken in a substantial way since population ageing and institutional structures are culturally specific. In addition to cross-national studies, studies of individual nations and groups within nations are needed. Various themes need to be addressed in future research, including support of older women, empowerment of women, family support and intergenerational exchanges, health-care needs, rural-urban differentials, and the national consequences of population ageing.

Further, African countries need programmes that support research, training, education and awareness of population ageing issues. This is where the role of donor organizations becomes extremely important in engaging bilateral partners in policy dialogues, in promoting and funding research, and in developing pilot projects and programmes. African countries for the most part have not set population ageing issues as a high priority. As mentioned earlier, there is little return on a monetary investment in old people. This is why private pension schemes are necessary but only affect a small minority of a country's population. As evidence of this, in a state address, President Robert Mugabe of Zimbabwe spoke of the importance of the family in supporting elderly parents and grandparents. Without systemic support, the family and the community are the only alternatives. As the family and the community change with development and modernization,

both types of support could decline, and older people, especially women, will be in a state of marginal support or absent of any support. With emerging and continued dialogue and support in the scientific, policy, governmental and donor communities, the challenge of population ageing in African countries can be successfully overcome.

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