International Perspectives on Aging

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Preface

Africa is a relatively youthful continent, but projections suggest that in the future older people will constitute a proportionally larger share of the total population. The shift towards an ageing population is largely a result of improvements in food production and distribution, water and sanitation, advances in medical technology, as well as changes in child spacing and family size. The book shows that the ageing of the population in Africa varies considerably by region. The vast majority of the older populations are concentrated in the most populated regions of the continent. However, the elderly constitute a significant share of the total population of the less populated regions of Africa which have the most rapidly ageing populations in the continent. The ageing of the population is likely to have major and far-reaching implications for a continent with widespread poverty, decades of instability and civil strife, changing household structures, a heavy burden of communicable diseases, inadequate health systems, and weak or poorly managed political institutions.

Despite the evident need to understand issues that affect the health situation of the population, the book shows that in many parts of Africa there has not been adequate focus on the older population. As people live longer in Africa, the health profile of the population is likely to change as many chronic illnesses increase with age. As health deteriorates with advancing age, frailty and disability become more frequent and there is an increased demand for health care. The shift in the health profile of the population will have considerable implications for health service provision and resource allocation. Traditionally, in Africa, older people were primarily supported by the family. However, increasing development and urbanization, together with socioeconomic and political changes, have resulted in the weakening of traditional social support networks. As a result, the social realities of ageing as well as the implications for national policies need to be better understood.

This book documents the realities facing the population as they grow old in Africa. In many parts of Africa, the older population live in poverty, which often exacerbates the degenerative effects of ageing. A major challenge is access to health care, especially for those who are poor and living in rural areas where distances to clinics are great and public transport scarce. The AIDS pandemic is also adding to the stress of the older population as they increasingly have to take responsibility
for sick and/or dying children and grandchildren. This book is timely—as the num-
ber of older people in the population steadily increases there is an obvious need to
explore their needs and contribution.

Information that is relevant and specific to the older population and their situa-
tion is a high priority area given the dearth of adequate data. Improving the quality
and availability of data will assist in improving our understanding of the ageing
process in Africa. In Africa the issue of population ageing has often been marginal-
ized. It is therefore of vital importance that ageing issues are given serious consid-
eration in national programmes and policies and governments in Africa take
measures to face the challenges posed by population ageing.

Durban, South Africa

Pranitha Maharaj
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<td>AGRAD</td>
<td>Ageing with Grace and Dignity</td>
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<td>AU-Plan</td>
<td>African Union Policy Framework and Plan of Action on Ageing</td>
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<td>CBR</td>
<td>Community based rehabilitation</td>
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<td>CDVTA</td>
<td>Community Development Volunteers for Technical Assistance</td>
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<td>CSG</td>
<td>Child Support Grand</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>FNR</td>
<td>National Retirement Fund</td>
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<td>GHS</td>
<td>Ghana Statistical Service</td>
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<td>GNP</td>
<td>Gross National Product</td>
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<td>GPRS</td>
<td>Growth and Poverty Reduction Strategy II</td>
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<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/Acquired immune deficiency syndrome</td>
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<td>HSNP</td>
<td>Hunger Safety Net Programme</td>
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<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>ID</td>
<td>Identification card</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ILO</td>
<td>International Labor Organization</td>
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<td>INDEPTH</td>
<td>International Network for the Demographic Evaluation of Populations and Their Health</td>
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<td>IPRES</td>
<td>Institute of Retirement of Senegal</td>
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<td>LEAP</td>
<td>Livelihood Employment Against Poverty</td>
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<td>MBOSCUDA</td>
<td>Mbororo Social and Cultural Development Association</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>MDG</td>
<td>Millennium development goals</td>
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<td>MIPAA</td>
<td>Madrid International Plan of Action on Ageing</td>
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<td>NCD</td>
<td>Non-communicable disease</td>
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<td>NGO</td>
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<td>NHIS</td>
<td>National Health Insurance Scheme</td>
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<td>National Income Dynamics Study</td>
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<td>OAP</td>
<td>Old age pension</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>SAGE</td>
<td>Study on Global AGEing and Adult Health</td>
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<td>TB</td>
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<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
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Chapter 1
Introduction

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This book explores the connection between ageing and health in Africa. Population ageing—the process by which older people increasingly constitute a proportionally larger share of the total population—is a matter of concern. Improvements in food production and distribution, water and sanitation, advances in medical technology, as well as a number of factors related to child spacing and family size have all led to more people living longer. As outlined in the Madrid International Plan of Action on Ageing in 2002, nations should take a holistic life course approach to ageing to enable older people to maintain their independence, productivity, and remain vital resources for their families, communities, and the economy; good health is crucial to achieve this. Advancing health includes confronting policy and programmatic issues such as health promotion, universal and equal access to health care services, HIV/AIDS, and training of health professionals and older persons. It is important to integrate these ageing issues into programmes and policies to achieve the Millennium Development Goals (MDGs) and to provide commitment to population ageing issues in Africa.

This book argues that the ageing of the population has major and far reaching consequences, not only for the elderly but also the wider society. Population ageing often occurs in tandem with changes in the health profile of the population. In Africa, many countries are already facing a high burden of infectious diseases. As people grow older they are also more likely to experience chronic health problems associated with the ageing process. Population ageing in Africa is occurring in the context of widespread poverty, instability and conflict, changing household structures, a high disease burden, inadequate health systems, and weak or poorly managed political institutions. However, most national governments in Africa have not begun to sufficiently address the issue of how to respond effectively to the
challenge of population ageing. This will require a better understanding of the situation of the older population in Africa. This book attempts to fill the gaps that exist by exploring the social realities of population ageing in Africa. It is intended for an interdisciplinary audience of sociologists, demographers, public health professionals, and advocacy groups. The intention is to target both academic and non-academic readers, including policy makers and civil society organisations working on ageing and health issues.

The introductory chapter is organised as follows. First, the chapter will provide an overview of population ageing and focus more specifically on some of the difficulties in studying the health situation of older people in Africa. It will also look at some of the challenges of ageing in the African continent. Finally, it will end by briefly describing the chapters and close with some reflections for future work on this area.

1.1 Overview of Population Ageing in Africa

Over the past few decades, the world has experienced a rapid growth in population. The world population increased from 2.5 billion in 1950 to 7 billion in 2011, and projections suggest that the increase is likely to continue for several more decades. Most of the growth has been occurring in developing countries. The population of Africa is one of the smallest in the world, but is expected to double by 2050 despite a devastating AIDS pandemic. The population of the world is not only growing faster, but it is also becoming considerably older.

According to the United Nations Population Division, during the next 5 decades, the number of persons in the world aged 60 years or older is expected to almost triple, increasing from 672 million people in 2005 to nearly 2 billion by 2050 (United Nations 2007). Although population ageing is more apparent in developed regions, it is increasingly gaining importance in less developed regions. In 2000, almost one-fifth of the population in the more developed regions was aged 60 and over, but only 8% in the less developed regions. By 2050, 1 in every 3 persons in the more developed regions and 1 in every 5 in less developed are projected to be 60 and over (United Nations 2007). By the middle of the century, the developing world is likely to reach the same level in the process of population ageing as the developed world (United Nations 2009). Although the percentage of older persons is higher in the more developed regions, the number of older persons is increasing at a more rapid pace in the less developed regions over a shorter period of time, including Africa.

In 1950, the population aged 60 and above was approximately 12 million in Africa. By 2007, this number had risen to about 50.5 million people (United Nations 2007). According to the World Population Prospects 2006 Revision, the population aged 60 and over in Africa will reach 64.5 million by 2015, which is also the target date for attaining the MDGs. By 2030 projections suggest that there will be 103 million older people, and this will increase to 205 million by 2050. In terms of
proportion of the total population, the percentage of the population aged 60 and above grew from 4.9 to 5.3% between 1950 and 2005. Projections suggest an increase from 5.6% in 2015, to 6.8% in 2030, and 10.4% in 2050. The reality is that older people will constitute an increasingly significant share of the population in Africa (United Nations 2007). Population ageing in Africa varies considerably by region. The vast majority of the older populations is concentrated in Northern, Eastern, and Western Africa—the most populated regions of the continent. In contrast, smaller fractions are concentrated in Central and Southern Africa. However, the elderly constitute a significant share of the total population of Northern and Southern Africa. Both these regions have the most rapidly ageing populations in the African continent (Apt 2000).

Most developed countries have had several decades to adjust to this change in the age structure of the population. For example, it took close to a century for the population of Sweden aged 65 and over to rise from 7 to 14% of the total population. In sharp contrast, developing countries are forced to adapt to a new age structure over a shorter period of time with a much larger population base. For example, in Tunisia it took only less than 3 decades for the population aged 65 and over to rise from 7 to 14% of the total population (Kinsella and Gist 1995). Many developing countries are likely to confront population ageing without the economic growth that accompanied the ageing process in many of the developed countries.

Until relatively recently, ageing in Africa has received limited attention. This is partly related to the lack of consensus on the definition of old age. The age of retirement in most developed countries is widely regarded as the beginning of old age. In developed countries, chronological age is given far greater prominence than in developing countries. However, in Africa, chronological age—which is sometimes not even known—has little or no relevance in making sense of the ageing process, apart from the fact that in some countries it is the age at which one begins to receive a pension. In the African context, some argue that this definition is not seen as particularly useful, given that the majority of older people work outside the formal sector, mainly in agriculture, and thus are unlikely to receive retirement benefits. Other social constructions of age are of greater importance in trying to understand the process of ageing in Africa. These social constructions arise from the roles that are assigned to older people or, perhaps more importantly, the loss of roles that accompany physical decline (Heslop and Gorman 2002). Old age is thus seen to begin at that point in life when people, because of physical decline, are no longer able to actively carry out their work and family roles. Functional rather than chronological age is seen as an important indicator of ageing in a rural subsistence context (Roebuck 1979). According to the functional definition, the aged refers to those who are infirm, frail, and suffering incapacities to the extent that they are no longer able to fully support or take care of themselves, and who also display the characteristics of being old (Roebuck 1979). However, functional ageing does not always correspond identically with chronological age. For example, it is rightly pointed out that two persons may share the same chronological age but they may differ vastly in their functional capabilities. Thus, people younger than 60 years may be widely regarded as old because they share similar physical characteristics and patterns of
morbidity as people over the age of 60 years. It is important to recognise that older people do not form a homogenous group. In addition to having widely varying abilities within the cohort, there is also likely to be considerable diversity by gender, class, ethnicity, and nationality.

Understanding the diversity of population ageing is heavily dependent on the availability of complete and reliable data. The current situation of the older population in many African countries is not well known. Very limited data is available for many countries in Africa because research efforts have been severely hampered by the lack of infrastructure due to decades of social upheaval, armed conflict, and political mismanagement. An important source of health data in many developing countries is the Demographic and Health Survey, but it usually excludes the older population. Over the past decade there have been concerted efforts in some parts of Africa to try to improve the data situation and profile the situation of the older population. The most notable is the WHO Study on Global Ageing (SAGE), conducted in six countries, two of which (Ghana and South Africa) are in Africa. While the paucity of data on ageing in Africa has been identified as one of many challenges, an additional problem is the quality of the data. The poor quality of data in many African countries is reflected in the incomplete recording of vital statistics, particularly with regard to causes of mortality. In addition, another problem includes data that is not always readily available in an easily accessible or user-friendly format, which makes analysis difficult. Moreover, there is often a long time lapse between the collection of the data and the release of the data. Sometimes data is released without sufficient attention to cleaning, and this impacts the quality of the data (Ferreira and Kowal 2006). In many African countries, there is a severe shortage of appropriately trained and skilled personnel to undertake quality research.

In the past decade there has been more emphasis on improving availability and quality of data in order to profile the situation of the older population. Interest in understanding the process of ageing within and across countries is steadily growing. There is increasing recognition that there is a need for more complete and reliable information on the physical, psychological, and socio-economic well-being of older Africans for the formulation and implementation of informed policies.

1.2 Challenges of Healthy Ageing in Africa

Increasingly, it is becoming evident that the health status of older people is changing not only because the population is growing older, but also as a result of shifts in the burden of disease. Africa faces a greater set of health challenges than any other major parts of the world and has a particularly heavy burden of diseases including malaria and tuberculosis; today it remains the epicentre of the AIDS pandemic. Malaria is a major cause of morbidity and mortality in Africa. According to the World Health Organization, estimates in 2006 show that there were 190–330 million malaria episodes, leading to nearly 1 million malaria-related deaths (World Bank 2011). Worldwide, tuberculosis (TB) is another major cause of morbidity
and mortality, accounting for nearly 2 million deaths every year. The prevalence of tuberculosis has levelled off but remains highest in Africa (World Bank 2011). Africa is also suffering from a devastating AIDS pandemic. Worldwide, more than 30 million people—two-thirds in sub-Saharan Africa—are living with HIV/AIDS, but the prevalence rate has not changed substantially since 2000. In six countries, life expectancy has fallen since 1970: Democratic Republic of the Congo (DRC), Lesotho, Swaziland, South Africa, Zambia, and Zimbabwe; there are all countries where AIDS prevalence rates still exceed 15% (UNDP 2010). Improved access to antiretroviral treatment has contributed to a decline in mortality since the beginning of the AIDS pandemic. The high disease burden of malaria, tuberculosis, and AIDS may make the older population increasingly vulnerable to illnesses and subsequently early death. It also places tremendous pressure on health systems that are already severely constrained by limited funding, inadequate health infrastructure, shortage of health personnel, and lack of consistent drug supplies.

As more and more people transition from adulthood to old age, they are also more likely to experience health ailments associated with increased longevity which may require medication and sometimes even specialised treatment. Studies suggest that the older populations are more likely to experience malnutrition, chronic physical and mental conditions, hearing and sight difficulties, depression, and dementia (Aboderin 2010). The movement of older people may also be severely diminished because of ill-health. Increasing health ailments may curtail their independence and ability to carry out their normal routine of daily activities. The longer the person lives, the greater the likelihood that he or she will require instrumental support (i.e. help with such tasks as cooking and shopping), as well as financial and emotional support. This is particularly true when he or she is no longer actively employed and begins to experience health ailments that curtail his or her dexterity and ability to carry out tasks necessary for daily survival (Zimmer and Dayton 2003). In this context, older people are also likely to find it difficult to maintain their social relationships and they may find themselves increasingly isolated and alone. As health deteriorates with advancing age, frailty and disability become more frequent and there is also greater dependence on external sources for support. The increasing prevalence and complexity of chronic diseases as the population grows older will increase pressure on health systems in Africa.

A distinct feature of ageing in Africa is that a large proportion of the older population lives in rural areas. In many rural areas in Africa, the elderly constitute the majority of the population. Most often, the number of women outnumbers the men in rural areas. It is projected that by the year 2020 approximately 64% of Africa’s elderly will live in areas defined as rural (HelpAge International 2004). In general, rural areas have a higher dependency burden than urban areas: a higher child dependency ratio and a higher old age dependency ratio (United Nations 2009). Increasing urbanisation and migration have led to the movement of young people out of rural areas, and this has meant fewer people to take care of the elderly. Moreover, rural areas are characterised by high levels of poverty, poor housing and transportation systems, and lack of a wide range of basic social services. Poverty and long distances to health facilities limit access to services for the older population.
Despite the associated need for greater health care in later life, older people in
developing countries are often faced with health care that is unaffordable. In many
instances, older people are required to pay user fees, which they often do not have,
in order to access health care. In addition, they have to spend money on transporta-
tion costs, walk long distances to get to a health facility, and leave home early in the
morning to spend most of the day sitting in a long queue so that they can been seen
by a health provider. Not surprisingly, many older people are deterred from seeking
the necessary and appropriate medical care. In Africa, poverty is widespread, and
often the older sector of the population constitutes the poorest of the poor.

The majority of African nations have made major gains in human development
in the past 40 years. Among African countries that have registered substantial prog-
ress in improving human development, Ethiopia ranks 11th in progress over time,
with Botswana, Benin, and Burkina Faso among the 25 “Top Movers” in the world
(UNDP 2010). Advancements in education have been widespread in Africa. The
average literacy rate nearly tripled in percentage terms over the past 4 decades,
growing from 23% in 1970 to 65% today. In addition, the average life expectancy in
sub-Saharan Africa is currently 52 years, up from 44 years in 1970 (UNDP 2010).
The proportion of Africans surviving on less than $1.25 a day also declined from
58% in 1990 to 51% in 2005 (World Bank and International Monetary Fund 2010).
Though parts of the continent have made substantial progress over the last few
years, the majority of the least developed countries are in Africa. The group of least
developed countries, according to the United Nations, comprises 49 countries, of
which 33 are in Africa, 10 in Asia, 1 in Latin America and the Caribbean, and 5 in
Oceania. These countries rank the lowest in terms of socio-economic development.
In addition, according to the most recent Human Development Report, the region is
home to three countries with a lower human development index today than in 1970:
Democratic Republic of the Congo, Zambia, and Zimbabwe (UNDP 2010).

The recent financial crisis is widely regarded as the worst economic downturn in
50 years and led to the global economic recession (World Bank 2011). A recent
report suggests that the economic crisis is likely to slow the pace of poverty reduc-
tion in Africa and hamper progress toward the MDGs (World Bank and International
Monetary Fund 2010). At present, sub-Saharan Africa also has the greatest inci-
dence of multi-dimensionally poor in the world. There are regional variations in
poverty levels, with a low of 3% multi-dimensionally poor (multi-dimensional
poverty identifies simultaneous deprivations in health, education, and living stan-
dards on the household level) in South Africa to a high of 93% in Niger (UNDP
2010). Recent projections suggest that the poverty rate for sub-Saharan Africa will
be 38% by 2015, rather than the 36% in the absence of the crisis (World Bank and
International Monetary Fund 2010). The continent remains one of the least devel-
oped and by far the poorest in the world. More than 50% of the population of Africa
is classified as poor, which contrasts sharply with other regions of the world that
have made great strides in combating poverty (UNDP 2010). In contrast to countries
in East Asia, the absolute number of poor people in sub-Saharan Africa grew from
296 million to 388 million (World Bank and International Monetary Fund 2010). In
many African countries, annual economic growth has been minimal or negative and
inequalities in living standards are particularly pronounced (UNDP 2010). Economic growth is a major driver in combating poverty and achieving other desired development outcomes (World Bank and International Monetary Fund 2010). A number of factors have contributed to Africa’s poor economic situation, including political strife and instability. Political conflict has had long-term effects, including the disintegration of the social fabric; loss of family; disruption of daily life; lack of access to food, shelter, and medical care; the breakdown of basic services; destruction of the local infrastructure; and increased vulnerability to disease (Pederson 2002). It also impacts negatively on an individuals’ sense of security and well-being, particularly the elderly. Many elderly find themselves severely restricted due to their limited mobility or physical strength, and without anyone to care for them in times of political instability. In the absence of social welfare systems, older people are particularly vulnerable to high levels of poverty. In most developed countries, old age support comes, to a greater extent, from public or private pensions. However, with a few notable exceptions, the majority of African countries do not offer formal social protection schemes. The elderly, therefore, often have to rely on their own current and accumulated earnings and financial support from family members (Gillian et al. 2000). However, it is also becoming increasingly evident that traditional family support is declining because of changes in family structures as a result of migration and urbanisation as well as other factors.

The challenges posed by rising numbers of older persons in Africa require urgent attention because of widespread poverty, the AIDS pandemic, political instability, and heavy disease burden facing the continent. Most countries in Africa will confront population ageing to some degree over the next few decades, and there is a great window of opportunity for new thinking and careful planning for the future.

1.3 Summary and Organisation of the Volume

The population of Africa is not only growing quickly, but it is also increasingly becoming older in the context of high levels of poverty, low levels of education, lack of social security, political conflict, as well as inadequate health and social services. The ageing of the population is closely linked to the health of the population. Africa is currently confronting a high burden of communicable and infectious diseases including malaria, tuberculosis, and HIV/AIDS. As people live longer, the pattern of diseases is likely to change, increasing medical costs as well as accelerating demand for health care. Health is intimately connected to ageing because good health often means the ability to continue participating in the labour force and achieving a reasonable standard of living, and is crucial for creating and maintaining a productive society (Randel et al. 1999). As people in Africa grow older they increasingly have to cope with widespread poverty without access to social security. With the exception of a few countries in Africa, social security systems are virtually non-existent. The family represents a vital source of support for the older population, but with increasing urbanisation and migration, traditional care systems are on
the decline. Population ageing has not been a priority area for national governments given the host of problems facing the continent. More emphasis should be placed on developing policies that mitigate the negative consequences of population ageing in Africa. It is important to recognise that not only is population ageing a challenge for developed regions, but it is also an issue for developing countries.

This volume is organised into three parts. The first part sets the scene for the volume, profiling the demographic and health situation of the elderly in Africa. Part two examines specific country case studies to better illuminate the social realities of ageing in the continent. The case studies use a combination of qualitative and quantitative data to capture the process of ageing and its impact on health in a range of countries. Some of these case studies draw on data collected in countries that have very limited data. The final part considers the policy and programmatic response to ageing in Africa. It looks more specifically at how the response has shifted and what programmes are being implemented to meet the health needs of older men and women in Africa. Together these chapters constitute a useful vantage point from which to undertake further research on the topic.

References


