

The Experiences of Ageing in Africa: A Risk of “Ageing Badly”?

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Abstract

The scientific literature on ageing in Africa remains sparse, as in most developing countries. But what are the explanatory factors for this lack of interest? This mini review research comes from my doctoral thesis [1]. It provides some explanation on the lack of interest on this phenomenon and brings main elements of knowledge on a subject that will pose, in the short term, a major preoccupation to policy makers and partners of social development. African countries are still young from a demographic point of view. But this youth bulge must not conceal the problems of ageing populations and individuals that are looming on the horizon. The number of elderly people is increasing in African countries according to demographers. As this review of the literature reveals, currently the problems of ageing arise in a context of disintegration of the social fabric, dismantling of the traditional networks of solidarity and poverty that affects much of the elderly people. The diversity of social change calls for overcoming the dominant social representations associated with older people in African societies.

Keywords: Ageing; Older people; Social change; Social policy; Sub-Saharan Africa

Introduction

In Africa, the problems of ageing were not considered an urgent matter until the 1980s, when, according to Kouamé A [2], demographers began raising awareness of the risks of poor living conditions among the elderly. Several studies also note that the lack of interest in knowing the lifestyles of elderly people and seeking solutions for their social support has been further explained by “demographic, socio-health, economic” arguments [3]. These are still used by some financial partners. We will very quickly give the contextual background to the emergence of work on ageing in Africa. Before the 1960s, the issue of ageing was generally included in broader population studies. The earliest studies of old age in Africa were first conducted by Western anthropologists before the 1960s. In 1960, with support from general policies by the United Nations (UN), the first surveys (global fertility surveys EMF-WFS) on demographic trends in Africa appeared, to “better guide health programs and family planning “[4]. As we have already mentioned, it was only from the 1980s that reflections began to emerge with different approaches focusing on the links between social change and the place and status of the elderly, intergenerational relations, health and the role of the welfare state [2]. But from the late 1990s and throughout the 2000s thanks in particular to the work of African researchers in collaboration with Western researchers, the literature has been somewhat enriched. Nevertheless, the conditions of ageing and the experiences of the elderly remained poorly documented in terms of the social changes affecting traditional modalities of solidarity towards the old people. At present, several phenomena remain unexplored, such as the issue of loneliness or abuse, which are, however, the social realities that contradict the thesis of the benevolence of elderly “parents”.

The Current Social Context of Ageing

In Africa, the “elders” are traditionally valued, and the strength of family solidarity is supposed to allow for the care of family members in need. However, this has not been assessed in the past. The context of gerontological growth and the economic difficulties faced by many households today non longer guarantee dignified living conditions for all the elderly people. As recent studies show [1,5] the various social changes (challenges) in Africa (urbanization, demographic growth, schooling, youth employment, poverty, migration, etc.) affect traditional modalities of solidarity towards the elderly. This weakening of traditional networks would increase the vulnerability of older people within families. It should be recalled that older

persons, with or without pension, assume their duty to manage the domestic economy under the status of head of household [6,7]. However, numerous studies carried out in sub-Saharan Africa indicate that most older people experience difficulties in fulfilling such roles in situations of poverty aggravated by the effects of recurrent economic crises [8].

In addition to these difficulties, there are also those caused by the AIDS epidemic in the most affected countries where elderly people have to “support the burden” of affected family members or orphaned children [9]. All these difficulties are compounded by the weak social protection system. As in most countries, social policies for older people are limited to a pension system that concerns only a minority [10]. In 2012, the older people over 60 years were estimated at less than 10% to benefit from a retirement pension in sub-Saharan Africa with significant variations depending on the country [11]. More generally, this indicates how much for the majority, in the absence of a social protection system, in both urban and rural areas poverty lead older people to work longer and to assume the role of head of the family consumption unit [12]. In 2008, HelpAge International reported about 80% of older people in Africa engaged in small economic activities “in the informal sector” [13]. It is estimated that the informal sector provides 60 to 70% of jobs depending on the country [14]. According to some analysts, the informal sector jobs is a factor that hinders the establishment of a generalized system of social protection for ageing people [15].

Future Challenge

In Africa, if demographic ageing is currently less quantitative than qualitative, yet, although still a marginal phenomenon, the increase in life expectancy is symptomatic of the demographic challenges affecting the young continent. According to demographic projections, “the absolute share of older persons (only 5.5% of Africans are 60 years old in 2010:UN, 2010) would increase from 56 to 215 million between 2010 and 2050, almost as much as in Europe (241 million) [11], with a large proportion of over 80s expected to be 22.5 million, “five times more than today”. These different projections are photographs that must be taken with “a lot of precaution” since other factors such as disasters or epidemics [16], including malaria, which is still one of the primary causes of mortality in Africa and even the persistence of AIDS [17], may constitute “a source of uncertainty in their elaboration” [12].

These challenges also concern health issues. In Africa, the elderly is generally “poly-pathological” [18] as in “developed” countries. In 2010, according to the study conducted by Duthé G et al. [19], most of the elderly were still “victims of infectious diseases (tuberculosis, AIDS, and chronic digestive infections) as well as nutritional disorders. In addition, in a context of modernization and urban changes, eating habits are changing. Some studies highlight the emergence of new pathologies linked to a process of nutritional transition [20-22]. Add to this, neurodegenerative diseases such as Alzheimer’s which are still less known in Africa [23]. In most countries, ignorance of these diseases exposes older people to discrimination and exclusion. As various studies show, the ageing

process and the increase in the number of elderly people in African countries may be also linked to the inactivation of anti-ageing genes that are critical for cell survival in many tissues [24]. The global chronic disease epidemic [25-27] indicate that the inactivation of the anti-ageing gene is linked to NAFLD (non-alcoholic fatty liver disease), diabetes and neurodegenerative diseases such as Alzheimer’s disease. The food and water in many developing countries contain xenobiotics that may inactivate the anti-ageing genes linked to mitophagy and accelerated aging in Africa. Food contamination in the developing world is one of the major concerns that may be linked to accelerated aging and neurodegenerative diseases [28]. Lastly, in terms of the health situation, as highlighted in recent studies, the major problem in many countries is the lack of specialized health facilities and under-equipment. Health facilities generally lack “adequate diagnostic facilities”, particularly in the case of “management of complications related to degenerative or cerebrovascular conditions” [18].

Conclusion

This review highlights the worrisome conditions of ageing in sub-Saharan Africa. We have briefly indicated that family solidarity will still be confronted with demographic ageing announced by demographers. Contrary to the dominant paradigm of “inexhaustible” family solidarities, all the studies including those we have conducted [1] underline the importance of the issue of caring for the elderly and that it is impossible to underestimate the social changes that are changing the family’s way of exercising solidarities towards the elderly. The future of older people is still full of uncertainties. However, there is no single way to look at the process of ageing and old age in Africa, but a variety of experiences that depend among other things on forms taken by family support systems.

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