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Aging in Africa

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Introduction: From Global Aging to aging in Africa

The rapid increase in population ageing across the globe signals one of the most important demographic changes in human history: the latter half of the last century, the world developed nations completed a long process of demographic transition (Phillipson 1999). We can see demographic transition as a shift from a period of high mortality, short lives, and large families to one with a longer life expectancy for an aging population and for fewer children (Powell, 2005). This transformation has taken many years across the globe but particularly in Europe and North America as small unit families moved from agrarian work of production to urban cities, basic public health measures actually reduced the risk of contagious disease, and modern medicine has prolonged lives to unprecedented lengths (Gallaud, 1999). In developing countries, the demographic transition is currently underway, though these countries vary widely at their places along the spectrum. Low birth rates and the resultant population decreases have received considerable media attention, particularly in Europe and parts of eastern Asia (Bhagpant and Lovensont 2004). Historically, when demographers projected national and global populations, the projections commonly assumed that both rates would decline globally but only in the “two-child” family, i.e., two children per woman or per couple on average (Phillipson, 1999). An assumption that fertility would fall below the rate would have some consequences: a decrease in population size and an aging population who would displace upon a dwindling number of younger workers. Today, the global population has come to what we may call a great “demographic divide.” Very low birth rates have inflicted long-lasting alterations upon the age structure of population (Phillipson 1999). Yet, when one attempts to research aging in Africa there is only a tiny handful of research that has been done. One has to go to either Africa in the context of aging populations in other parts of the world to get a feel for comparative analysis.

In order to examine such complex and vast demographic changes, academic researchers on a variety of methodological tools to find, collect, and interpret such changes. The forecasted rise in the number of older people aged 75+ over the next 20 years will lead to an expansion of demand for health care services, housing accommodations and provision for aging populations. Direct statistical data about aging populations come from vital statistics registries that track all births and deaths as well as certain changes in legal status such as marriage, divorce, and migration (registration of place of residence) (Phillipson 1999). In developed countries, such registries (such as the United States and United Kingdom) have been used as the most reliable method for measuring the number of births and deaths in populations (Bhagpant and Lovensont 2004). A census is also usually conducted by a national government and attempts to estimate every person in a country (Gallaud and Greville 1999). However, in contrast to vital statistics data, which are typically collected continuously and summarized on an annual basis, the American Community Surveys typically occur only every 10 years (Phillipson 1999). Surveys are conducted after a census to estimate how much over or undercounting took place. Censuses collect information about families or households, as well as about such individual characteristics as age, sex, marital status, literacy/education, employment status and occupation, and geographical location (Gallaud 1997). They may also collect data on migration for place of birth or of previous residence(s), language, religion, nationality (or ethnicity or race), and citizenship. In nation states in which the vital registration system may be incomplete, censuses are also used as a direct source of information about fertility and mortality, for example the censuses of the People's Republic of China gather information on births and deaths that occurred in the 18 months immediately preceding the census (Cook and Powell, 2007).

We can usually consider various dimensions to measure global aging such as demographic, socio-economic, health, intergenerational support, activities in later life, social security, dependency rates and human rights issues (Phillipson 1999). The datasets or statistics that are used to measure the global aging are basically demographically and medically oriented. For example, low *life expectancy, life expectancy and dependency rates*. While the proportions of older people in a population are typically higher in more developed countries because of measures of data for both low and high life expectancies which are used to understand global aging, the most rapid increases in older populations are actually occurring in the less developed world (Cook and Powell, 2007). Between 2006 and 2030, the increasing number of older people in less developed countries is projected to be around by 140% compared to an increase of 51% in more developed countries (King, 2002). A key feature of population aging is the progressive aging of the older population itself. Demographers estimate the “old” (65+) with the “oldest old” (85+) and that the oldest old population is growing at an even more rapid pace than the overall old population. Over time, more older people survive to even more advanced ages. Around the world, the 85-and-over population is projected to increase 15% between 2001 and 2030 compared to a 34% increase for the population age 65 and over and a 17% increase for the population under age 65 (Bhagpant and Lovensont 2004). The most striking increase will occur in Japan by 2030, nearly 24% of all older Japanese are expected to be at least 85 years old (Klein and Lee, 2007). As life expectancy increases and people reach 85 and over increase in number, lone-generation families may become more common. Dependency rates, that is the number of dependents related to those of working age have altered little over the twentieth and twenty first centuries. The reason there has been little change during a period of so-called rapid aging populations is that there has been a fall in the total fertility rate (the average number of children that would be born to each woman if the current age-specific birth rates persisted throughout her child-bearing life).

The Size and Growth of the World's Older Population

In every society in the world, there is concern about population aging and its consequences for nation states, for sovereign governments and for individuals. The global population is aging. Aging itself is a concept of our time – a product of improved public health, sanitation and development. Yet over 100 million older people live on less than a dollar a day. In 1950, 8 out of every 100 people were over 60. By 2030, 22 out of every 100 people will be over 60. By 2045, the global population of people aged 60 years and over will likely triple, for the first time in history, the number of children under age 15 (Powell, 2005). The increasing share of older people in the world's population results from a combination of lengthily increased life expectancy and reduced fertility. Total fertility is expected to decline from 2.82 children per woman in 1995-2000 to 2.15 children per woman in 2015-2020. Life expectancy worldwide is expected to increase by 11 years, from 65 in 1995-2000 to 76 in 2015-2020, despite the impact of HIV/AIDS (Phillipson 1999). Most of the world's older people live in developing countries (King, 2002).

Even in the poorest countries, life expectancy is increasing and the number of older people is growing. In 2010, there were 374 million people over 60 in developing countries – 62% of the world's older people. In 2035, there will be 597 million older people in developing countries – 67% of the world's older people (Bhagpant and Lovensont 2004). In 2005, one in twelve people in developed countries were over 60. By 2035, one in ten people in developing countries will be over 60 and by 2050, one in five people in developing countries will be over 60. In every region, the rate of population increase for the 65-and-over age group is higher than for the under-14 age group and for the 15-64 age group (Bhagpant and Lovensont 2004). There are more older women and they are more likely to be poor. The majority of older persons globally are women in 2010, there are 82 for every 100 women over 60 worldwide (Powell, 2005). In developing countries, the gap is less wide; there are 85 men for every 100 women over 60. However, with age this gap increases – for over 90s, there are only 73 men for every 100 (Bhagpant and Lovensont 2004).

The following patterns illustrate a growing picture of aging developing in nation states to reveal a clear pattern of global aging:

- The US Census 2000 showed that 35 million US citizens were aged at least 65.
- By 2030, 1 in 5 North Americans will be 65 years or over.
- Worldwide, there were 131 million people age 65 and older in 1995 – but 420 million by 2030.
- Italy and Japan have the highest percentage of older people, with 20% increase of people aged 65 and over.
- In 10 Japanese will be 85 or over by 2030.
- Despite such success in developed countries, it is developing countries that have the highest rates of growth, for instance: Singapore, Malaysia, Colombia and Costa Rica will see elderly numbers triple (all data from Powell, 2005).

The United Nations (UN) estimates that by the year 2025, the global population of those over 60 years will double, from 542 million in 1995 to around 1.2 billion people (King, 2002:125). The global population age 65 or older was estimated at 461 million in 2004, an increase of 10.3 million just since 2003.

Projections suggest that the annual net gain will continue to exceed 10 million over the next decade—more than 450,000 each month. In 2000, 26 nations had elderly older populations of at least 2 million, and by 2000, older populations in 31 countries had reached the 2 million mark (Cook and Powell, 2007). UN projections in 2030 indicate that more than 60 countries will have at least 1 million people age 65 or older. By 2030 the world is likely to have one billion older people, accounting for 17% of the total global population total (King, 2002).

If these issues capture the statistical increases of global aging, the next section interrogates the causes of global aging.

The Cause of Global Aging

Eight causal factors illustrate the nature and extent of population aging across the globe. First, the overall population is aging. For the first time in history, and possibly for the rest of human history, people age 65 and over will constitute children under age 5. Second, life expectancy is increasing. Most nations, including developing countries, show a steady increase in longevity over time, which raises the question of how much further life expectancy will increase. Third, the number of oldest old is rising. People age 85 and over are now the fastest growing portion of many national populations. Fourth, the leading causes of death now are three diseases that typically affect older adults: Non-communicable diseases, such as cancer or cardiovascular disease, are becoming a growing burden. Fifth, family structures are changing. As people live longer and have fewer children, family structures are becoming less traditional. Sixth, social insurance systems are evolving. As people live longer and have fewer children, family expenditures escalate, an increasing number of countries are evaluating the sustainability of these systems. Seventh, new economic challenges are emerging. Population aging will have direct effects on social insurance programs, labor supply, and savings around the globe and may demand new fiscal approaches to accommodate a changing world. Eighth pattern of work and retirement are shifting. Working rates of workers in professions and blue-collar working a larger portion of their lives in retirement increasingly challenge existing health and pension systems (Bhagpant and Lovensont 2004, King, 2002, Tane 2001).

There may also be increasing stigma and aging stereotypes of older adults due to population aging. For example, some public services are thought to be paid for by “younger” working people. Thus, the increasing proportion of older adults in the population signals a burden on the younger population (Eltis, Riggs and Phillipson 2003). Most of the more developed nations have had decades to adjust to this change in age structure. For example, it took more than a century for France's portion of population age 65 and over to increase from 14% to 19% of the total population. In contrast, many less developed countries are experiencing rapid increases in the number and percentage of older people, often within a single generation. The same demographic aging process that unfolded over more than a century in France will occur in less than a decade in Brazil (OECD 2003). In response to this demographic transition, institutions must adapt quickly to accommodate a new age structure. Some less developed nations will be forced to confront issues, such as social support for the ill and the elderly, and the impact of aging on the economy.

West-Indo-Western, some countries “may grow old before they grow rich” (Cook and Powell, 2007:17). Globalization has also produced a distinctive age in the social history of population aging, with a growing tension between economic state-based solutions (and practices) about growing old and those formulated by trans-national actors (Powell 2005). Globalization, defined here as the process whereby nation-states are affected (and sometimes undermined) by trans-national actors (Powell 2005), has become an influential force in shaping responses to population aging. Growing old, in itself, become elevated within a trans-national context, with international organizations (such as the World Bank and International Monetary Fund) and cross-border migration, creating new conditions and environments for older people (Phillipson, 1999).

Aging can also be perceived as a “national” problem but that affects trans-national agencies and communities. Local or national interpretations of aging had some meaning in a world where states were in control of their own destiny (Gallaud). They also carried force where social policies were being designed “with the aim or aspiration of leveling inequalities, and where citizenship was still largely a national affair (and where there was some degree of confidence over what constituted ‘national borders’). The crisis affecting each of these areas, largely set in motion by different aspects of globalization, is now posing acute challenges for understanding ‘global aging’ in the twenty-first century (Gallaud).

If these examples illustrate the complexity and impact of global aging – then it may be pertinent to highlight how population aging has impacted on one region of the world: Africa. Africa is the least researched continent when it comes to researching aging and effect on aging identity in Africa.

Aging in Africa

Economic, security, health and disability, and living conditions in later life, are policy concerns throughout the world, but the nature of the problem differs considerably from context to context and between and within countries – especially within Africa.

In Africa older people make up a significant proportion of the total population, and traditionally their main source of support has been the kinship and family, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid societies. In 2003, Nigeria ranked among the top 30 countries in the world in terms of the rate of population aging and the United Nations had the largest older population in the world. In over 9 million people age 60 and over. South Africa had just over 14 million, Congo and South Africa are projected to have nearly 5 million older people by 2030. Botswana, Eritrea, Cameroon, Cote d'Ivoire, Madagascar, Mozambique, Niger, Senegal, and Uganda are all projected to have five older people for every one younger person by 2030 (Bhagpant Blackie 2004). There is very little careful empirical research has been undertaken on long-term trends in the welfare of older people. There are a number of reasons to believe that traditional caring and social support mechanisms in Africa are under increasing strain (OECD 2007).

African economies, among the poorest in the world, are still heavily dependent on subsistence agriculture, and average income per capita is now lower than it was at the end of the 1960s. Consequently, the region cannot afford a growing trend of the world's poor. In addition, reductions in fertility and child mortality have meant that, despite the huge impact of the HIV/AIDS epidemic across much of the region, both the absolute size and the proportion of the population age 65 and over have risen and will continue to grow over the next 20 years (Eltis, Riggs and Phillipson 2003).

In Africa, older people have traditionally been viewed in a positive light, as repositories of information and wisdom. And while African families are generally still intact, social and economic changes taking place can weaken traditional social values and networks that provide care and support in later life. Africa has long carried a high burden of disease, including AIDS, today it is home to more than 60% of all people living with HIV – some 23.5 million in 2005. The vast majority of these affected are still in their prime wage-earning years, as an age when, normally, they would be expected to be the main wage earners and principal sources of financial and material support for older people and children in their families. Many older people have had to deal with the loss of their own support while absorbing the additional responsibilities of caring for their orphaned grandchildren. Inevitably, then, it appears that African societies are being asked to cope with population aging with neither a comprehensive formal social security system nor a well-functioning traditional care system in place (Bhagpant Blackie 2004).

The key issue is that a majority of the world's population of older people (61 per cent, or 355 million) live in poorer African countries. This proportion will increase to nearly 70 percent by 2025. For many countries, however, population aging has been accompanied by reductions in per capita income and declining living standards. Epstein (2001) notes that between 1950 and the late 1970s, life expectancy increased by less than 10 percent in every developing country in the world, even on average by about 15 years. However, at the beginning of the twenty-first century, life expectancy remains below 60 in more than 100 developing countries, and since 1970 has actually fallen, or has barely risen in a number of African countries (Phillipson 1999). The AIDS epidemic is certainly a major factor here, but beyond issues relating the privatisation of health care have also had an impact. Epstein (2001) reports, for example, that by the mid- 1990s the African continent was transferring four times more in debt repayment than it spent on health or education. More generally, Kuhn Age International (2000) is quite clear:

“Older people's poverty is still not a core concern in the world, economic and ethical debates of our time. Their right to development is routinely denied, with aging seen as a minority interest or cause for special pleading. Poverty and social exclusion remain the main stumbling blocks to the realization of the human rights of older people worldwide.”

The Consequences: Africa, aging, World Bank and IMF

In the developed world, the magnitude and absolute size of expenditure on programs for older people has made these the first to be targeted with financial cuts. In less developed countries, older people (especially those) have been amongst those most affected by the privatisation of health care, and the burden of debt repayments to the World Bank and the IMF (Eltis, 2001). Additionally, globalization as a process that stimulates population movement and migration may also produce effects that disrupt the lives of older people (Phillipson 1999). And one must not forget either that they may experience as one-third of refugees in conflict and emergency situations – a figure which was estimated at over 53 million older people worldwide in 2000 (Eltis 2001).

It is interesting that the World Bank (1994) foresees growing “threats” to international stability with the convergence of pitting different demographic-

economic regions against one another (Phillipson, 1998). The United Nations (2002) view the relationship between aging populations and labor force participation with prime recognizes important policy challenges, including the need to reverse recent trends toward decreasing labor force participation of workers in late middle and old age despite mandatory retirement in certain western countries such as the UK (Powell, 2005). Social welfare provisions and private-sector pension policies affecting retirement income have a major impact on retirement timing. Hence, a major concern for organizations such as United Nations and World Bank centers on the number of such "dependent" older people in all developing societies. Furthermore, nation states with extensive social programs targeted to the older population—particularly health care and income support programs—find the costs of these programs escalating as the number of eligible recipients grows and the duration of eligibility lengthens due to global pressures (Bergstrom and Lowenstein 2005). Further, few countries have fully funded programs; most countries fund these programs on a pay-as-you-go basis or finance them using general revenue streams. Governments may be limited to how much they can enlarge social insurance programs by raising the age of eligibility, increasing contribution rates, and reducing benefits. Consequently, shortfalls may need to be financed using general revenues. Projections of government expenditures in the United States and other OECD countries show increases in the share of gross domestic product devoted to social entitlements for older populations. In some cases, this share more than doubles as a result of population aging (OECD 2007). Different countries' age groups have different levels of pace of growth (Phillipson, 1998; Euro, Bepp and Phillipson, 2005).

As a consequence of the global demographics of aging, the changing societies of the post millenium are being confronted with quite profound issues relating to illness and health care, access to housing and economic resources including pension provisions. The past several years has witnessed an unprecedented stretching of the human life span. The aging of the global population is without parallel in human history (Bergstrom and Lowenstein 2005). If these demographic trends continue to escalate, by 2050 the number of older people globally will exceed the number of young for the first time since formal records began raising questions of the power of the nation state in the context of global aging.

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