

# **RAPID URBANIZATION AND LIVING ARRANGEMENTS OF OLDER PERSONS IN AFRICA**

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## INTRODUCTION: AGEING AND LONGEVITY

The world's population is ageing and this presents a major policy issue in the developing world (United Nations, 1991). In Asia, the crisis is an immediate one (World Bank, 1994); China stands out as the most rapidly ageing society, and its population structure will be closer to that of the developed regions by 2025 (United Nations, 1999a, 1999b). In Africa, ageing is a crisis that is just beginning to reveal its shape; at present, it is a family crisis (Apt, 1995; Apt and Greico, 1994). In demographic terms, the proportion of Africa's population aged 65 and over stands at 3.1 per cent (United Nations, 1999a, 1999b). Although sub-Saharan Africa's older population is not as large in size as in other regions of the world, it must still be considered as a potential cause for concern since Africa is ageing at a time when its resources are being depleted. Tables 1 and 2 show the growth in the population aged 60+ and 65+ in the regional areas of Africa from 1950 to 1995 and the projected growth in the 60+ and 65+ populations to 2050.

### **(TABLES 1 AND 2 HERE)**

The most rapid growth in the older population is expected in Western and Northern Africa, whose older populations are projected to increase by a factor of nearly five between 1980 and 2050. Of relative importance is the fact that the number of the very old in Africa is also expected to grow at a very fast rate. Between 1980 and 2025, the population aged 75 and over will increase by 434 per cent in Eastern Africa, 385 per cent in Middle Africa, 427 per cent in Northern Africa and 526 per cent in Western Africa. In Western Africa, Nigeria will be among the countries in Africa that will experience large increases in this age group. Another unique feature of Africa's ageing situation is that by 2020, rural segregation of the old will manifest itself and the older segment of the African population will be concentrated primarily in rural areas.

Ageing and longevity have together occupied the world's platform of popular concerns in the past century. Besides the demographic factors, there are economic and social factors that are bound to impact adversely on older persons during the current process of urbanization and industrialization occurring in the developing regions of the world, including Africa. That process gradually weakens traditional family patterns that provide

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centrality and social roles for older persons. There is no simple panacea for addressing the problem of meeting the social and economic needs of an ageing world. The orthodoxy of the industrialized world—the welfare state, old-style public pension schemes and public-financed medical provision - are all experiencing major difficulties. The crucial question is whether the cultural norms of African countries will remain strong enough for families to maintain their ties to older members as the dependency burden increases in the twenty-first century.

While ageing has drawn considerable attention in developed societies for a very long time, in many African countries it has thus far barely been perceived as a potential demographic change whose occurrence is only a matter of time. It goes beyond the small proportion of the older population currently projected in the population structure of African countries. Many sub-Saharan African countries have other urgent demographic problems, namely, rapid population growth, high infant and child mortality, excessive rural-urban migration and, most recently, high levels of HIV/AIDS infection.

The present paper looks at a major trend in Africa's modern development—rapid urbanization—and reviews the living arrangements of older persons. This gargantuan task has been attempted in the firm conviction that there are wide regional and even national variations in the living situation of older persons across the African continent. There are, indeed, considerable differences in African living conditions depending on the level of development and the degree of urbanization, modernization and other developmental processes that impact on living conditions. Nevertheless, within the context of urbanization, tradition and cultural change, we can argue that there are some common grounds for discussion, if not in actual individual country details.

The paper is composed of six parts. The first part is devoted to a theoretical discussion of urbanization within the context of migrational trends in Africa and its observed impact on older persons. The second part looks at ageing and the African family in a historical and cultural perspective. The third part reviews the stresses of African families within the constraints of contemporary urbanizational life. The fourth part specifically addresses the issue of urbanization and the living arrangements of older persons in one African country, my own country, Ghana. The fifth part, the conclusion, reviews future options, and the sixth and final part makes recommendations aimed at improving the living standards of older persons in Ghana.

In the present paper, older persons, the elderly and ageing persons are used synonymously.

## URBANIZATION TRENDS IN AFRICA: IMPACT ON OLDER PERSONS

It is generally accepted that all countries of the world are passing through two fundamental demographic changes, namely, the urbanization of most cities and towns and the rapid ageing of the population. In reviewing the effects of urbanization on older persons, the writer was constrained by the lack of literature in the area of population ageing in the context of urbanization. Urbanization and population ageing have separately received their share of research. They have been severally addressed at the national level as two separate problems but not as a combined area for investigation. The lack of research in these two related areas—urbanization and ageing—has been acknowledged by the Department of Economic and Social Affairs of the United Nations Secretariat (United Nations, 1991).

Migration and urbanization have both separately and jointly been pinpointed as contributing to the destabilization of the value that in the past sustained older persons in a closely knit, age-integrated African society. Concern about the well-being of the elderly left behind in rural Africa while the young and able-bodied seek greener pastures in urban centres was first emphasized by African delegations at the World Assembly on Ageing, which was held in Vienna from 26 July to 6 August 1982, in almost all the national reports.<sup>1</sup>

It was repeatedly reported that some older Africans find themselves deprived of their formal family-based resources of support as they become increasingly isolated in rural areas. Zambia, which had experienced a large-scale rural shift in population, (according to the 1963 and 1969 population censuses), identified the elderly as those most affected by the shift. According to its national report, the elderly are left behind in rural areas to eke out a living from the land with very limited tools. The situation of the elderly left on their own in villages in Botswana is said to be worsened by periodic droughts that make subsistence farming even more difficult. The delegation of Kenya summed it up as follows:

The shift from the agrarian economy, which by its very production activities maintained the cohesion and stability of the family, to plantations, mines and factories is now causing physical separation of family members, often by great distance, thus weakening the traditional family ties. The concentration of industry, trade and educational opportunities in cities spurs the migration of young people from their villages.

Should the elderly follow their children to the cities, United Nations studies (1975) indicate that they live in slums and uncontrolled settlements. Africa has a long history of migration within countries and across borders

within the continent. What is of consequence with regard to migration in contemporary Africa is the rapidity with which populations, mostly young people, are moving from rural areas to towns and cities. Although sub-Saharan African countries are even now overwhelmingly rural, the continuous depletion in the size of the young population in rural areas surpasses all else in the history of the advanced world and requires serious policy decisions. Between 1970 and 1982, African urban populations, on average, grew by almost 6 per cent a year, more than twice the overall rate of population growth (Goliber, 1985). In 1960, about 11 per cent of the African population lived in urban areas; 22 years later, in 1982, that population had nearly doubled, to about 21 per cent. In 1960, only seven cities in the African region had more than half a million residents; by 1980, the number was 35, of which nine were in Nigeria alone. Along with the rapid growth of towns and cities, the development of single, dominant metropolitan areas is another characteristic feature of the region's urbanization. Thus, as far back as 1980, in Western Africa, 50 per cent of Togo's urban population was concentrated in the capital, Lomé. In Eastern Africa, 57 per cent of Kenya's urban population could be found in Nairobi, and in Southern Africa, 50 per cent of Zimbabwe's urban population was in Harare, the capital. Africa's cities continue to grow and swell with rural migrants. The city of Accra grew from 16,267 in 1891 to 61,558 in 1931 and reached 964,879 in 1984 (Ahuno, 1992). The city is unplanned and is characterized by shanty suburbs created by the migrant influx into the city. At present, it is estimated to have 2 million inhabitants.

Young people with some education move in numbers from rural areas to towns and cities. Opportunities for earning a good income are greater if one has an education and the facilities for acquiring good education or for earning a better income are definitely not available in the rural areas. In the African context, migration does not necessarily mean a permanent separation of migrants from rural kin left behind. On the contrary, much interaction takes place between urban and rural relations. Remittances from and to immediate kin are a regular feature of African urbanization and, as such, emotional and family ties are maintained with those left behind.

Nevertheless, according to many observers, the ability of modern families in Africa to care for their elderly relatives in the urban context is seriously impaired by crowded housing, limited financial resources and increasing education and employment of women, who are the main caregivers of the elderly. It is further observed that elderly parents have generally become economic appendages to their children's families, instead of, as in the past, integrated members with economic activities revolving around them (Apt, 1995, p.156). One reason suggested is that the African family structure is increasingly becoming nuclear rather than extended. Especially in urban areas, it is the nuclear rather than the extended family that is common. Western African studies (Little, 1974; Caldwell, 1967; Oppong, 1981; Azu, 1967) support this trend. Almost everywhere, the pattern of marriage has become more footloose than before. The attachment to each other's family house that was found in being married is

giving way to the Western style of marriage. The family, which was sanctified by the traditional culture, has virtually degenerated into a profane association of partners who believe more in trial than in permanent marriage.

Consequently, it is argued, traditional family patterns are disintegrating owing to reasons of modernization, industrialization, and urbanization and the resultant complex factors such as education, the introduction of convertible monetary systems, easy travelling, and the establishment of social and economic values and political patterns. These, then, conclusively make up a modern society, with stratifying factors like being rich or poor, being educated or not and having this or that other thing or not. It is important now, in present African society, to be a member of this social stratum or of a professional group or a partner in politics or other interest groups. The current trend is to be recognized, and the values now being accepted by the young, educated, ambitious and urbanized population are a pertinent and also a detrimental factor to the old family pattern, where cash is a scarce commodity.

It is against this background of rapid change that we examine the elderly generation's existence and traditional pattern of support.

#### THE HISTORICAL AND CULTURAL CONTEXT: AGEING AND THE AFRICAN FAMILY

##### *African values*

Historically, African communities had a well-articulated caring structure that preserved the quality of life of older persons, but this was linked to the low probability of survival of large numbers of older persons. The situation is changing, albeit, gradually; early mortality no longer limits the number of surviving elderly persons and traditional respect and caring structures are now facing substantial social challenge (Habte-Gabr, Blum and Smith, 1987; El-Badry, 1988; Adamchak, 1995; AGES, 1995; Vatuk, 1996). The literature on informal support systems characteristic of the African model frequently forewarns of the weakening of African traditional family structures. Much of the literature cites the modern nuclear family's inability to continue its caregiving roles in the context of the current monetized urbanizational life, as women increasingly join the labour force. The impact of world economic trends on family living standards is likewise projected as paving the way for extended family exclusivity (Mosamba, 1984; Shuman, 1991; Apt, 1992, 1996). The family's capacity to cushion older members depends essentially on three variables: its social and economic situation; whether it falls within the ambit of a social security system and the actual nature and structure of the family (Chawla, 1996).

When elderly Nigerians were asked “what sort of things give the most status today” (Ekpenong, Oyeneeye and Pell, 1987, pp. 16-17), the general agreement was that money, character and education (in that order) were most important. Only a few respondents mentioned the traditionally accepted norm, namely, children and family. The majority of Nigerian elders are said to be pessimistic about modern circumstances in Nigeria and about the present and future situation of older persons. In the final analysis, the conclusion drawn by the authors was that even though elderly Nigerians continue their traditional roles, those roles are now less important in an increasingly materialistic society. Elderly Temne of Sierra Leone, also in Western Africa, summarize the situation in their reflective assessment of themselves as “a short-changed generation” (Dorjahn, 1989, pp. 272-275). In this reflection, they meant that they had “paid their dues” when they were young but their turn for a pay-off was begrudged by social change. As to the Samia of Kenya, in Eastern Africa, Cattell (1989, p. 233) observes that the influence of elderly Samians has been “devalued, displaced, replaced and a significant basis of their respect has been eroded”. Many elderly Samians identified education as the crucial element in this change and emphasized that it had reduced respect for them, the support and care given them and the seeking of advice from them. Now, one needs new knowledge, which old people, especially women lack (ibid, p. 236).

The writing is already on the wall. In many African countries, neglect and isolation of older persons is increasingly surfacing at two levels: at the family level and at the societal level. A 74-year old widow, in a Ghanaian urban setting, stated, with deep sorrow, “I did not know life would be so bad” (Apt, 1996, p. 128). Increasingly, the indicators are of a trend away from the traditional perception of an obligation to the elderly and the practice of caring for them:

When your elders take care of you while you cut your teeth, you must in turn take care of them while they are loosing theirs (a Ghanaian proverb).

Similar value orientations operate in other African countries. In South Africa, *ubuntu* stands for human respect, dignity, trust, equality, togetherness, mutual responsibilities and mutual assistance. A Ubuntu community is built on strong and caring families and neighbourhood. In Kenya, *harambee* stands for togetherness, mutual responsibilities and mutual assistance, pulling resources together to build family and community. In Rwanda, *urukwavu rukaze rwonka abana*, literally meaning “an old hare suckles from the young”, expresses the cultural concept of intergenerational support (Marzi, 1994, pp. 3-7).

### *Traditional inclusivity*

By tradition, older people in Africa are not excluded from the process of productive and social participation. In a typical African household, each person has a role to play, whether young or old. The elder plays an important role in the social upbringing of the young and thereby becomes the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role. As one entrusted with family land, property and family wealth, the elder is consulted in administrative matters and is always consulted when important decisions are to be made, a role that is linked to their closeness to ancestors. Consequently, the Shona of Zimbabwe refer to the old as “ancestral spirits”. In this role, the elders officiate in marriage, birth and death ceremonies, and act as adjudicators to ensure that peace and harmony prevails within the greater family.

This social arrangement enables the young and the old to engage in productive intercourse, and intergenerational experiences are shared; the young have something to learn from the old and the old person is given a helping hand. Daily encounters between generations place the elderly person in a strong position that is useful, challenging and ego-building. This domain of kinship network, within which the older person resides under traditional circumstances, acts as a protective environment, an economic and psychological social security system.

Jomo Kenyatta, in his book *Facing Mount Kenya* (1965, p. 297), stresses the African seniority principle and societal inclusivity of elders:

As a man grows old, his prestige increases according to the number of age grades he has passed.

It is his seniority that makes an elder almost indispensable in the general life of the community. His presence or advice is sought in all functions. In religious ceremonies, the elders hold supreme authorities. The custom of the people demands that the elder should be given his due respect and honour.

On the isolation of older persons, Kenyatta (ibid.) makes the following observation, reflecting African moral and political thinking:

Nobody is an isolated person. First and foremost, he is several people’s relative and several people’s contemporary.

The seniority principle, however, needs to be qualified. In the African ideology, old age is accompanied by certain roles and responsibilities that are bound to the elder's life experience and accumulated wisdom. Thus, the respect and honour attached to being old continues as long as the elder is responsive to traditional expectations. Accordingly, old age in the Kikuyu society of Kenya is defined functionally as the ability to contribute actively to the labour and leadership obligations of "adulthood" (Cox and Mberia, 1977). In other words, the individual who has learned nothing from his life experience to enhance the life of others younger than himself forfeits the respect and honour reserved for elders. The Akans of Ghana and the Yorubas of Nigeria have many proverbial images describing this type of culturally deficient elderly who has nothing of his past to enhance the life of future generations.

#### URBANIZATION: AFRICAN FAMILIES UNDER STRESS

Support of the elderly in kind was the traditional practice in rural Africa; support of the elderly in cash is increasingly becoming a requirement of urban life in Africa. However, low wages and employment insecurity work against the ability of urban African offspring to meet the income requirements of their parents, as compared to their rural counterparts' ability to meet the need requirements of the rural elderly (Korboe, 1992). Clearly, the domestic separation of the urban elderly from the traditional structure tells us something about the changing image of the traditional family. Conflict of loyalties is evident between the newer urbanized conjugal family and the extended traditional family (Fortes, 1971; Opong, 1981; Korboe, 1992).

In a study of the views of Ghanaian youth on ageing (Apt, 1991), it was evident that young families would not be living with their elders much longer, as 81 per cent of the respondents were of the opinion that this arrangement was not feasible at the present time. It would, however, be a mistake to think that such separation is simply the outcome of the adoption of modern values and attitudes, as there are obvious infrastructural and structural factors involved in this change of practice. Urban housing conditions provide a good part of the explanation for these changes.

In the rural Ghanaian context, the provision of accommodation for all social categories is unproblematic; shortage of land is not a factor and simple additional dwellings are constructed of local materials as the need arises. Urban accommodation typically requires cash payment and is frequently subject to the landowner's limitation on the number of persons entitled to inhabit a property. These factors, taken together, place pressures on families, especially where family size is large, to subdivide into component units (rural/urban). Such subdivision, in turn, adversely affects the internal budgeting arrangements of the conjugal family in respect of its ability to meet traditional welfare obligations.

It is not only the budgeting capabilities of the conjugal family that are affected by subdivision. Such subdivision also has consequences for the arrangement of various personal service and care arrangements within the extended family. For example, the traditional functions performed by older persons in respect of child care are negatively affected by domestic separation. Similarly, the caring services extended to the elderly within the traditional household become more problematic, sporadic and, on occasion, even impossible, when elderly people become geographically separated from kin, even within the same area of a city (Apt, 1993) or are forced to live with caregivers in an unfriendly urban environment. The Kenya case study below illustrates the latter example (Tout, 1989).

***Uprooted from a rural area, Mrs. S tells her story:***

*When I was at home, I had a field and managed to do all I wanted, but here in town, I am hardly able to take a walk because I am old and, besides, in town there is a danger of cars. I always tell my son that I want to go home to live the life I am used to. I am, however, too old and sick and no one is prepared to come with me. I have no future but to wait for death.*

The reciprocity that existed between generations in the traditional extended family has thus been disrupted by urban life; in the process, the elderly, who were previously valued for their services, increasingly occupy the unenviable position of being viewed as useless consumers of scarce resources and uncooperative. When old people living in rural areas have no option but to migrate to the city to live with relatives there, it is not an easy situation for either side. It can be quite traumatic for the old person (HAG, 1999) and stressful for the relative.

Nevertheless, although signs of an imminent crisis concerning the social welfare of the old in Africa are already visible, currently, in most sub-Saharan African countries, owing to the lack of a comprehensive social security system for all, the family continues to be the dominant source of care and support for older persons.

THE GHANAIAN EXAMPLE: URBANIZATION AND LIVING ARRANGEMENTS OF OLDER PERSONS

*Demographic profile*

The demographic profile of Ghana shows that people are living longer and will continue to live longer in the years ahead. The population of Ghana, which is relatively young, is currently estimated to be over 18 million. The population at the last census, in 1984, was 11 million. The next census, to confirm the 18 million estimate,

will begin in 2000. The Ghanaian population is not only youthful but is so in every subsection. The median age of a worker is only 30 years and one out of nine members of the labour force is over 50 years of age. Table 3 shows the population of Ghana, projected to 2000, for selected age groups.

**(TABLE 3 HERE)**

The post-independence population censuses carried out in Ghana in 1960, 1970 and 1984 gave total population figures of 6.7 million, 8.5 million and 12.5 million, respectively. The 1970 census shows an increase of 2.4 per cent per year over the population of the first census, while the 1984 census recorded an annual growth rate of 2.6 per cent during the period from 1970 to 1984. Between 1960 and 1970, the population aged 60 and above had increased by 3.2 per cent, the same increase observed for the period from 1970 to 1984 (see table 4). This suggests that Ghana's population is growing older. Table 5 shows the life expectancy of Ghanaians in 1990 at age 60, 65, 70 and 75. Table 6 shows the geographical distribution of the population aged 60 and over and it indicates, for all the computed years, that more older persons live in rural areas. The link between rural-urban migration in Ghana and the ageing of rural areas has been well documented by researchers (Engman, 1986; Caldwell, 1967; Addo, 1972; Nabilla, 1986). The movement from rural areas to towns, is dominated primarily by the youth (15 to 34 years).

**(TABLES 4, 5, 6 HERE)**

*Urbanization and migration*

Like most of tropical Africa, the growth of Ghana's towns has accelerated over the years and rural-urban migration has increased alarmingly. According to the Central Bureau of Statistics, urban population increased from 23.0 per cent of the total national population in 1960 to 28.6 per cent in 1970 and further to 31.3 per cent in 1984. During the period from 1960 to 1984, the urban population within the greater Accra region, in which Ghana's capital is located, rose from 78.8 per cent to 83.5 per cent. In the northern region, where rural poverty is at its highest, the urban population rose from 13.0 per cent to 24.7 per cent in the same period. The drift away from rural areas to urban centres is not only causing a high rate of unemployment and overcrowding in towns, among other social and economic problems, but it is also contributing to the isolation of the aged in rural areas and the deprivation of their usual sources of social and economic support.

In reviewing the findings of the 1970 and 1984 censuses, the following facts emerge: it is the young age group that is migrating from rural to urban areas and, consequently, rural areas are increasingly inhabited by

older people.

It is estimated that at least 50 per cent of the children of the elderly in Ghana migrate to distant places (Apt van Ham, 1989) and personal contact between children and the parents left behind is rather sporadic (Apt, 1971, 1972, 1980, 1986). The question of visits from children to their old parents is of crucial importance in the context of psychological or emotional support. Data collected in Ghana since the 1970s indicate that migrant children's visits to family members left behind average once or twice a year and that older people in rural areas are visited less often by their children than are their counterparts in urban areas (Apt, 1996, pp. 72-76).

*Changing family structure: crowding out older persons*

In Ghana, as in all Africa in general, the family is undergoing basic structural and functional modifications. It is, however, the type of changes occurring that remains debatable. The introduction of Western-type education, with its built-in ideologies on living, and wage and income-earning jobs, often channels young people's efforts away from their kith and kin and from their home areas; at the same time, it diminishes the value of the authority, knowledge and skills of the senior generation. The strain on traditional family structure that is introduced by distance is compounded by economic stagnation, individualization of the legal contract in the market economy and an increasing emphasis on romantic love as the basis for marriage. These reinforcing elements tend to create for individuals and couples a direction of independence from the larger family. This direction is further reinforced by the imposition of law courts in matters of property rights and so on, and in the nuclear family housing units provided by employers and public authorities for urban residents.

Migration, urbanization, education and wage labour are the main factors within a broad range of socio-economic changes that are affecting the living arrangements and support system of the family. They affect the care and well-being of the elderly at three levels. First, the departure of resourceful persons within the family and household, that is, the able-bodied and the young, whose services are needed in the processing of daily needs. Secondly, the departure of caregivers, mostly women, through modern education and employment, as providers of services within the household and, finally, the inability of the able-bodied to earn needed income as providers owing to increasing unemployment, underemployment and low salary levels even for the fully employed. Added to the above is income security of the elderly themselves, which diminishes with age as a result of the absence of pension and social security schemes for Ghanaian informal sector workers. The majority of older Ghanaians are small-scale farmers and artisans and have no benefits to rely on when they retire from active work.

### *Family support*

Social indicators show an alarming decline in the living standards of Ghanaians in the past two decades. Although the responsibility for old parents is not resented by the young, the ability of families to care for their elderly in the urban context is seriously impaired by limited financial resources. Empirical studies over the years have placed the burden of care of the old on spouses and children (Brown, 1984; Okraku, 1985). Further indications are that children's monetary support to elderly parents are meagre and infrequent. Food, clothing, medical care and housing are part of children's support to elderly parents. The extent of overall economic and social support to older persons in Ghana from their children can be seen in table 7.

**(TABLE 7 HERE)**

### *Demographic characteristics of older persons*

Old persons in Ghana tend to remain where they have spent most of their adult lives (Apt van Ham, 1989). In spite of increasing urbanization, Ghana is still a rural country, with an economy that relies heavily on agriculture. The heavy out-migration of the young from rural areas to urban areas has contributed to a large proportion of older persons in rural areas being engaged in agricultural work. Older persons in urban areas have greater opportunities for formal employment if they have some education. Most of the elderly persons left behind in rural areas have existing ties to family members who have moved to urban areas. A small but increasing minority have no ties and no support.

Marital status and living arrangements of older persons vary tremendously by locality (urban/rural) and by gender (see tables 8 and 9). Many older men remain married and in family settings as heads of households, whereas many women spend their later years as widows, separated or divorced. Widowhood status among older women is very prominent, as indicated in table 8a. Compared to men, the rate of widowhood is twice as high for urban woman and even higher for rural woman. The proportion of older women in rural areas who are head of household is 51 per cent; in urban areas, the proportion is 29 per cent (Apt, 1994).

**(TABLES 8 AND 9 HERE)**

### *Role and social status within households*

While the majority of older persons in Ghana live in their own houses or ancestral family homes (see table 9), they are most likely to live in older homes of lower value. Although age of housing is not necessarily an index of physical condition, it does bear a relationship to functional obsolescence and ease of maintenance. A fair number of older persons, particularly in rural areas, live in dilapidated houses which, at first impression, require maintenance work. Very few older persons live in rented accommodations; those who do are usually in urban areas (Apt, 1994) and the rent is usually paid by children as part of their welfare contribution. Other common living arrangements are in houses belonging to children and, to a lesser extent, in houses belonging to other family members.

In general, it is unusual in Ghana to find older persons living alone. However, living alone, is becoming more manifest in both urban and rural areas. The common living arrangement is to live in households with relations. These are most often children not in gainful employment and grandchildren. Other relations likely to be found in the household of older persons, in ranking order, are sisters and brothers, nieces and nephews and, occasionally, cousins (Apt, 1996, p. 74). On average, two children and four grandchildren live in the household of older persons in urban areas and, in rural areas, the average is two children and seven grandchildren (ibid., p. 74). Grandparents, especially grandmothers with diminished resources, are actively involved in the care and nurturing of grandchildren. They provide food, pay school fees and provide health care (Apt, 1985). In return, grandchildren and children assist in daily household activities such as cleaning, washing and laundering (ibid.).

The important role that older persons continue to play in their family and community and their usefulness to the family has been documented by Brown (1984), Okraku (1985), Apt van Ham (1989) and HAG (1999). We can draw three basic conclusions here: first, that older Ghanaians are socially active and contribute to the development of their family and community; secondly, that older Ghanaians feel needed by their family, although the difference between the present urbanized family life and the earlier traditional life lies in the extent and depth of the older person's social interactions with the now mainly nuclear family; and thirdly, that with financial and emotional support, as well as confidence in the older person's ability to be useful to the family and community, the social health of older Ghanaians will be adequately managed.

## CONCLUSION: FUTURE POLICY ACTIONS

The structural dependency within the African family has already changed profoundly. The authority and dominance of the elders have been weakened as they have become appendages of nuclear families. Rapid urbanization and migration for reasons of work have significantly altered family relations, especially where changing living conditions and lack of income stretch family capacities to provide for the elderly. An increase in life expectancy in the coming decades will broaden the age spectrum in Africa. At the same time, the family will increasingly lose its protective function (Kilson, 1966; Kinsella, 1996). As we move into the twenty-first century, the care of older, dependent parents will fall on fewer children, and the impact will be greatest on those who have the least material resources.

Africa belongs to the young and this will remain so in the coming decade. Actual increases of older persons, especially the 80+ group, will overtake those in the developed world. Politically and economically, the elderly as an entity have a low priority rating in Africa. If the traditional norm of security in old age cannot be effectively complemented by extra family assistance, a particularly difficult situation for Africa's elderly will occur. This predicament could be offset by a general improvement in the economic situation of the continent as a whole, in consonance with political stability, but above all, indigenous long-term solutions should be the way forward to the future.

What long-term policy options need to be considered to ensure viable and affordable solutions? Africa is striving towards the modern world, where the cornerstones of quality and successful living are considered to be financial security, good living conditions, health care and social integration.

Africa is unlikely, at least in the foreseeable future, to have at its disposal sufficient resources to build a comprehensive welfare state to meet the needs of its newly enfranchised poor. It must therefore find a new approach to social welfare policy, an approach that encourages traditional welfare arrangements rather than dismantles or erodes indigenous self-help forms of support.

Thus far, national Governments in Africa have not tackled head on the issue of how to develop an appropriate social welfare policy for Africa. Social welfare has typically had a low priority and the contribution of the family to welfare has largely been neglected. As a consequence, policy-making on how better to harness the energies and resources of the family and the community to resolve the social needs of individuals and groups has barely commenced.

Traditional domestic arrangements had intergenerational support built into them; modern arrangements are in the process of destroying this key social welfare feature. Recognizing that this is the case raises the question of how to design intergenerational support back into mainstream social relations so that the elderly are not marginalized and put at risk by the urbanization process.

The impoverishment of Africa means a deterioration of living conditions, particularly of women who bear the triple responsibility of raising a family, working to bring home wages and upholding community structures. Africa has the largest number of old people who are forced by economic and family circumstances to work well beyond the age of 65 (International Labour Organization, 1993; Brown, 1984; Okraku, 1985). The problems of survival that they face leave them little opportunity or energy to develop measures of their own for qualitative living. In this respect, tax breaks for those taking care of older relatives, housing designs that permit multigenerational living, and social facilities, for example, day centres that can be used as meeting places or clubs by older persons, are worth considering. Each of these simple measures can play a part in sustaining an environment conducive to inter-generational solidarity.

Most importantly, the resource constraints experienced in Africa make it imperative that networks of policy makers and researchers be formed to develop continental policies on ageing. Networks are key to reducing research costs and to ensuring the efficient and inexpensive transmission of new policy approaches and developments.

#### RECOMMENDATIONS FOR GHANA

The following recommendations are specially aimed at improving the living standards of older persons in Ghana.

##### 1. *Strengthening the capability of older farmers*

Since older people constitute an increasing portion of the rural agriculture labour force, economic policies should aim at enhancing their farming performance. Equitable access to financial resources and services should be provided. They will need credit and extension services and assistance in adopting improved farming practices and technologies that are suited to their capabilities. Such technologies should be simple, operationally safe, labour saving, without requiring expert skills, inexpensive and capable of enhancing the profitability of farming. Training will be a necessary precondition for technological innovation.

### *Increasing opportunities for employment*

There should be an increase of opportunities for continued participation of both urban and rural elderly persons in productive work. Efforts should be made to encourage older persons to engage in self-employment, which would not only enable them to do things at their own pace but would also encourage them to introduce innovations for productivity and profit. In addition, the provision of opportunities for job training and continued education would enhance their self-employability. Retraining programmes should therefore be initiated to re-educate the elderly and update their knowledge of modern techniques and skills so that they can continue in their present occupation or take up a new one.

### *Promoting rural development*

Integrated rural development is seen as the key for alleviating the impact of the ageing population on the rural economy. Its main aims are:

- (a) To improve productivity;
- (b) To stem the flow of youth migration to urban areas;
- (c) To strengthen the capabilities of the rural labour force, including older workers.

In order to achieve these objectives, policy programmes should include: availability of farm loans; revision of price policies for agricultural products; provision of special training in new agricultural techniques and marketing procedures; better utilization of cooperative systems; and higher levels of investment in rural areas.

### *Reactivating village industries and enterprises*

In connection with increasing the job prospects and improving the sources of income of older persons, there is a need to reactivate small-scale village industries and enterprises in which the ageing can be more involved. For example, production centres for traditional handicrafts could be set up to be run and self-managed by the ageing to provide for the manufacture of basket work, pottery and various leather articles. These activities, often involving production at home on a piece-rate basis, could be promoted by improving women's access to simple tools that they can own or rent.

### *Providing financial assistance for income generating projects*

The establishment of income-generating projects targeted at older persons should be an important element in the employment strategy. The financing of such small economic undertakings can take several forms: (a) a no-interest and no-collateral assistance programme administered by the Government to help older workers; (b) the allocation of a lump sum from social security funds to workers upon retirement to provide the capital necessary for self-employment ventures; and (c) special government-subsidized community funds to finance development projects and assist destitute and disabled older persons to become self-supporting.

### *Encouraging participation in rural cooperatives*

Cooperative ventures can play a key role in strengthening the capacity of the ageing to contribute to rural development by providing equipment, technical assistance, marketing access, and managerial and other inputs for farming and small non-farm activities. However, the successful participation of poor, ageing farmers in cooperative ventures will depend very much on the concurrent implementation of education and training programmes, input of managerial expertise, access to modern production tools and, in some cases, land reform.

### *Providing education and training*

A continuous and progressive education and training programme, aimed at developing older person's awareness, favourable attitudes, leadership skills and management abilities, vocational competence and business management, should receive support from both local and external institutions. The well-being of older people, particularly women, is directly related to social and environmental circumstances and their ability to cope with those circumstances. Older women in general in sub-Saharan Africa face hardships that are directly linked to their economic condition. The main reasons for economic hardship are partly cultural and partly owing to the fact that existing pensions and social security schemes cover a small proportion of the female population. With inadequate and decreasing family support attributable to migration patterns in the region, the vulnerability of older women should become an important matter for technical assistance programmes in the future.

## NOTES

<sup>1</sup>The statements cited are representative of those of other African delegations. Statements are on file in the Centre for Social Development and Humanitarian Affairs of the Department of Economic and Social Affairs of the United Nations Secretariat.

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TABLE 1. GROWTH OF 60+ POPULATION, 1950-1995: AFRICAN REGION

Region	Indicator (percentage)	Year									
		1950	1955	1960	1965	1970	1975	1980	1985	1990	1995
Africa	60+	5.1	5.0	4.9	4.9	5.0	4.9	5.0	4.9	4.9	4.9
	65+	3.2	3.0	3.0	3.0	3.1	3.1	3.1	3.1	3.1	3.1
East Africa	60+	4.8	4.6	4.5	4.5	4.5	4.5	4.6	4.6	4.5	4.4
	65+	2.9	2.8	2.8	2.7	2.8	2.8	2.9	2.9	2.8	2.8
Middle Africa	60+	5.9	5.4	5.2	5.2	5.1	5.1	5.1	5.1	5.0	4.9
	65+	3.8	3.4	3.2	3.1	3.1	3.1	3.2	3.2	3.2	3.1
North Africa	60+	5.6	5.4	5.3	5.7	6.1	5.7	5.7	5.6	5.7	5.9
	65+	3.5	3.3	3.3	3.6	3.9	3.8	3.7	3.6	3.6	3.8
West Africa	60+	4.6	4.5	4.5	4.4	4.4	4.4	4.5	4.5	4.6	4.7
	65+	2.8	2.7	2.7	2.7	2.7	2.7	2.7	2.8	2.8	2.9
Southern Africa	60+	6.0	6.0	6.0	5.9	5.9	5.5	5.4	5.3	5.3	5.5
	65+	3.6	3.8	3.8	3.8	3.7	3.5	3.4	3.3	3.3	3.4

Source: United Nations (1999a, 1999b).

TABLE 2. MEDIUM VARIANT PROJECTIONS: POPULATION 60+ FOR TWO REGIONS

<i>Region</i>	<i>Indicator (percentage)</i>	<i>Year</i>									
		<i>1995</i>	<i>2000</i>	<i>2005</i>	<i>2010</i>	<i>2015</i>	<i>2020</i>	<i>2025</i>	<i>2030</i>	<i>2040</i>	<i>2050</i>
Southern Africa	60+	5.5	5.7	5.8	5.9	6.2	6.6	7.3	7.9	10.1	13.5
	65+	3.4	3.6	3.6	3.7	3.9	4.3	4.7	5.3	6.6	9.0
Western Region	60+	4.7	4.8	4.8	4.9	4.9	5.1	5.6	6.2	8.2	11.2
	65+	2.9	3.0	3.1	3.2	3.3	3.3	3.5	4.0	5.3	7.4

*Source:* United Nations (1999a, 1999b).

TABLE 3. PROJECTED POPULATION OF GHANA BY SELECTED AGE GROUPS, 1985-2000

Year	Age group		
	0-14	15-59	60+
1960 <sup>a</sup>	2 996 506 (44.5%)	3 398 795 (50.6%)	331 516 (4.9%)
1970 <sup>a</sup>	4 015 956 (46.9%)	4 085 475 (47.8%)	457 873 (5.3%)
1984 <sup>a</sup>	5 535 116 (45.0%)	6 041 830 (49.2%)	719 135 (5.8%)
1985	5 722 605 (45.0%)	6 296 185 (49.5%)	698 913 (5.5%)
1990	6 750 385 (45.8%)	7 249 841 (49.2%)	743 760 (5.0%)
1995	7 973 658 (46.4%)	8 410 459 (48.9%)	813 761 (4.7%)
1998	8 830 414 (46.7%)	9 194 404 (48.7%)	868 966 (4.6%)
2000	9 395 228 (46.7%)	9 782 500 (48.7%)	924 547 (4.6%)

<sup>a</sup>Data from the population censuses for 1960, 1970 and 1984.

Source: *Analysis of Demographic Data*, vol. 1, (Accra, Ghana Statistical Service).

TABLE 4. POPULATION OF GHANA AGED 60 AND ABOVE

<i>Year</i>	<i>Absolute number</i>	<i>As a percentage of total population</i>	<i>Period</i>	<i>Increase</i>
1960	331 516	4.6	1960-1970	3.2
1970	457 873	5.3	1970-1984	3.2
1984	719 135	5.8	1960-1984	3.2

*Source:* Ghana population census es 1960, 1970 and 1984.

TABLE 5. LIFE EXPECTANCY FOR AGES 60-75, 1990 FIGURES

<i>Age</i>	<i>Life expectancy</i>		<i>Expected age at death</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
60	16.05	17.69	76.05	77.69
65	13.67	14.97	78.67	79.97
70	11.69	12.81	81.69	82.81
75	10.77	11.82	85.77	86.82

TABLE 6. PROJECTED GEOGRAPHICAL DISTRIBUTION OF 60+ POPULATION

	<i>Age groups</i>					<i>Total</i>
	<i>60-64</i>	<i>65-69</i>	<i>70-74</i>	<i>75-79</i>	<i>80+</i>	
<u>1984</u>						
Urban	58 327	38 658	32 807	18 072	32 062	179 922
Rural	167 449	106 655	96 056	53 741	115 309	539 213
<u>1991</u>						
Urban	82 357	52 412	44 484	24 504	43 474	243 964
Rural	200 874	126 695	115 233	64 468	138 326	646 847
<u>2000</u>						
Urban	120 789	80 048	67 940	37 425	66 397	372 600
Rural	236 957	150 927	135 933	76 048	163 173	763 040
<u>2025</u>						
Urban	262 184	173 752	96 556	81 235	144 121	808 796
Rural	247 240	157 477	141 832	79 348	170 254	796 155

*Sources:* Computed from the *1984 Population Census of Ghana, Demographic and Economic Characteristics, Total Country*, table 1A, p. 1 (Accra: Ghana, Statistical Service, 1987); projections are based on 1984 census data.

TABLE 7. CHILDREN'S SUPPORT TO ELDERLY PARENTS

<i>Type of assistance</i>	<i>Percentage receiving assistance</i>	<i>Percentage not receiving assistance</i>	<i>Number</i>
Pay rent/provide housing	3.4	96.6	1 003
Provide money for food	91.5	8.5	957
Pay medical bills	52.2	47.8	956
Provide clothing	27.2	72.8	957
Provide other things	5.0	95.0	802

*Source:* Apt (1996), p. 84.

TABLE 8a. MARITAL STATUS, ELDERLY FEMALES

<i>Status</i>	<i>Urban</i>		<i>Rural</i>	
	<i>(Percentage)</i>			
Married	28.1		39.6	
Widowed	51.0		51.7	
Separated/divorced	14.6		8.2	
Never married	6.3		0.5	
Total	100		100	

*Source:* Apt (1994).

TABLE 8b. MARITAL STATUS, ELDERLY MALES

<i>Status</i>	<i>Urban</i>		<i>Rural</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>
Married	66	65.3	166	75.1
Widowed	22	21.8	38	17.2
Separated/divorced	9	8.9	16	7.2
Never married	3	3.0	1	.5
No answer	1	1.0	-	-
Total	101	100	221	100

*Source:* Apt (1994).

TABLE 9. HOUSING ARRANGEMENTS OF THE ELDERLY, BY RESIDENCE TYPE

<i>In whose house are you living?</i>	<i>Urban</i>	<i>Rural</i>	<i>Valid responses</i>	
	<i>(Percentage)</i>		<i>Number</i>	<i>Percentage</i>
Own house	29.5	8.0	305	28.9
Family house	42.0	40.3	436	41.4
Child's house	10.6	19.0	145	13.8
Renting	12.4	1.5	87	8.3
Spouse's house	1.4	1.3	14	1.3
Father's/mother's house	1.1	.3	8	.8
Uncle's house	-	3.5	14	1.3
Brother's house	-	3.3	13	1.2
Other	3.1	3.0	32	3.0
Valid responses	100	100	1054	100

*Source:* Apt (1996), p. 68.