



CODESRIA

13

ème

Assemblée générale
General Assembly
Assembleia Geral
الجمع العام الثالث عشر

L'Afrique et les défis du XXIème siècle
Africa and the Challenges of the Twenty First Century
A África e os desafios do Século XXI
إفريقيا وتحديات القرن الواحد والعشرين

DRAFT VERSION
NOT TO BE CITED

**The demographics of ageing in Africa: policy responses to
increased demands for the protection of the elderly**

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5 - 9 / 12 / 2011

Rabat Maroc / Morocco

Introduction

The paper examines the socio-demographic conditions of the elderly and their implications for social protection in Africa. The concept of population ageing is central to the arguments to follow because of its increased instrumentation in recent policy debates around the needs for better support for the elderly welfare and also for their continued contribution to economic activity (World Health Organisation 2002 cited in Kinsella and Phillips 2005, Stloukal 2007, Timonen 2008). Viewed from the perspective on demographic change, ageing is now a global process as it affects invariably industrialized and less developed nations (Ferreira 1992, Kinsella and Phillips 2005). This process comes with new forms of consumerism and economic production within this category of persons.

First it is important to provide a succinct account on the stage reached world wide in the importance of issues around ageing and social protection for the elderly. A starting point would be the recognition that the policy debates on ageing have gone a long way from the *Draft Declaration on Rights of the Elderly* in 1948 proposed by Argentina to the *Madrid Plan of Action on Ageing* (known as MIPAA) adopted in 2002. The Madrid Declaration on the aged persons placed the social issues related to ageing amongst the most pressing challenges in the near future. The Plan calls upon governments to morally and politically commit themselves to the incorporation of ageing in all social and economic development policies, including poverty reduction strategies (Timonen 2008; Stloukal 2007). World wide, it has been recorded not only a substantial increase in the number of older people in relation to younger people within the population but also persistent needs of income among the elderly due to the erosion of traditional forms of solidarity (Timonen 2008). Most African countries are failing to put in place the required social protection measures to cope with the ageing process. It is however observed at the continental level and in line with the social policy focus that comes with the MIPAA, a move in that direction by the African Union Heads of States and Governments with the adoption in 2002 of the African Union Policy Framework and Plan of Action on Ageing. Among other innovative recommendations, MIPAA emphasizes the right and potential of older people to participate actively in economic and social development. Specifically, the African Union Plan of Action provides recommendations on how to improve the quality of life and conditions of the elderly in the area of employment and income security (Stloukal 2007). Consumption in old age is financed, among other sources, through own labour income and retirement benefits. Possible interventions may include the promotion of labour force participation through adequate work force policies, access to production inputs, credit, etc (Timonen 2008; Stloukal

2007). Thus, the so-often classification of old people as exclusively consumers and socially dependent group on pension funds or other public transfers may not be relevant to social policy in sustaining this family role in the context of South Africa. Interestingly, some recent research works on the ageing population in developing countries suggest that support from children does not substitute for elderly parents' need to work (Cameron and Cobb-Clark 2005). In South Africa, for example, the government is increasingly looking at ways of linking old age pension to self-employment (Presidential State of the Nation, 2011). While several other similar actions have been initiated since the Madrid Assembly, research and policy responses are lagging behind the need to strengthen economic security in old age. Referring specifically to the context of Africa, one must admit that limited information is available on the patterns of vulnerability among the elderly in the household context. Very little is also known about the circumstances under which the labour and housing market provides employment and house ownership opportunities to old people. Hence it is important to examine the forms of participation amongst the aged persons.

Methods and Data

The socio-demographic analyses in the sections to follow are derived from various studies on household living conditions, statistical data documentary sources with reference to the Africa context and elsewhere. The statistical data sources include population censuses, national household Surveys, demographic health surveys, labour force surveys which are used to carry out an assessment of the patterns of living conditions among the elderly. All together, these data sets provide means of extracting the primary information on persons aged 60 years and above living in various national settings on the continent. The definition of what constitutes a household is framed along the lines of the recommendations made by the United Nations regarding the methodology of population censuses and surveys in Africa. In definitional terms, in all the household surveys conducted under such recommendations, the concept of household is based on the arrangements made by persons, individually or in groups, for providing themselves with food or other essentials for living. The persons in the group may pool their incomes and may, to a greater or lesser extent, have a common budget; they may be related or unrelated persons or constitute a combination of persons both related and unrelated. A head of the household is a person recognized as such by the other members of the household. A household may comprise of one person only. This definition excludes such accommodating institutions as workers hostel, student hostels, prison, hospital and alike, which are treated separately in this paper.

In demographic terms, as mentioned above, old people refer to individuals aged 60 years old and over. Because of some considerations related to retirement from the labour market, the age of 60 serves as an appropriate threshold. This age limit is somewhat restrictive as age as low as 50 or 55 may be considered to classify one person in that age group (Kakwani *et al* 2006). The threshold of 60 years is however universally regarded in most countries as the start of retirement from labour force, thus marking a demarcating line with the production system of goods and services (Antoine 2010, Timonen 2008). This is likely true in the urban based economy of Africa. Moreover, since age at retirement differs according to the sex of the individual, the lower limit of 60 is taken to include as well women who have reached the legislated age of retirement. Dwelling on this age limit, population ageing is therefore measured in reference to the number of individuals aged 60 years and over in the population. As old age living conditions are not likely to be determined in isolation from other individual attributes related to the individual's position in the labour, housing and services markets, the analytical framework makes extensive use of such variables as sex of the person (female and male), place or residence, intra-household relations, work status, occupation type, industrial sector, housing tenure, housing quality, access to drinkable water, vulnerability and functional capacity. To broaden the empirical evidence from official statistics, it has been deemed necessary to supplement the discussion with insights compiled from previous works reported in the academic literature and public policy records. Finally, it is important to indicate that South Africa provides a great deal of examples brought about in support of the arguments developed in this paper. This is so in reference to the original works done by this author on this country.

Ageing in social context

Participation in labour force, vulnerability to poverty and housing outcomes among the elderly are not exempt of the demographic changes affecting the overall population dynamics. Although the proportion of old people remains at lower levels on the continent than it is in the rest of the world, it is an established fact that Africa is at varying degree going through a demographic transition and, along with it, its population is experiencing a steady ageing trend (Kinsella and Ferreira 1997, Noubissi and Zuberi 2001, Madhavan and Schatz 2007). For a long time seen as a feature of more developed countries, ageing is one of the major metamorphoses affecting the populations on the continent of Africa. Over the past years, countries have at varying degree recorded a substantial growth of population aged 60 years and over. Contrasting with the situation developed countries, demographic ageing

will take place within a shorter period of time on the continent. Well before 1990, the population statistics derived from censuses conducted in nearly all the countries show proportions of elderly ranging from 5 to 13 percent for both sexes, with marked variations between rural and urban areas. A predominance of women is observed in this age group (CePeD, 1994). Recent population census rounds display increases in the proportions of people aged 60 or older. The projected trends to 2025 suggest a doubling of the population over 60 in the next two or three decades to come (United Nations 2009). The demographic factors that contribute to the ageing have to do with falling fertility rates, increase in life expectancy (in some countries), rural-urban migration, and drastic reduction of individuals in the adult age groups due to the middle generation wiping-out effect of HIV/AIDS. The ageing of the population comes at a time when most countries have gone through an urban transition, reflecting in more people living in urban areas than in rural areas. In a large proportion, the elderly have become urban dwellers confronted to service-dependent lifestyles. Combined with the effects of malfunctioning pensions systems and the weakening of traditional forms of solidarities, old people are increasingly exposed to social exclusion, poverty and deprivation.

Fertility, a major driver of the transition, is currently declining in all racial groups in South Africa though the levels and pace are not identical. This demographic trend must be however nuanced. As such, South Africa has not yet reached the threshold at which the Total Fertility Rate (TFR) is below 2.1, regarded by demographers as the level for which a population cannot ensure replacement. Overall fertility remains above that threshold due to some uneven developmental changes. At present, the fertility rate is estimated between three and six children for each woman in Sub-Saharan Africa (including South Africa) and around 2.3 per woman in the northern parts of Africa. However mortality has followed a reverse pattern. After a substantial decline up to the mid of 1990s, the levels and trends in mortality started to increase from that date. Naturally, there are wide disparities within the regional groupings and across the countries North Africa showing the lowest rates and sub-Saharan Africa displaying the highest rates. Increased levels of youth and adult mortality due to AIDS is somewhat halting this transition. The estimates established by the United Nations Development Programme (UNDP) indicated that many countries life expectancy would have been close to 70 in the year 2010 in the absence of AIDS (UNAIDS 2002 cited in Legido-Quigley, 2003). HIV/AIDS has significantly contributed to the increase in levels of mortality over the past years especially in the young and adult life years. The long term consequence of the HIV/AIDS epidemic on population ageing remains highly uncertain

(Kinsella and Ferreira 1997) but indications at hand suggest that in more recent time ageing has in a certain way to do with some of the HIV/AIDS related structural changes affecting the age pyramid of the Africa populations in its lower and upper middle parts. The importance of aged persons has increased due to the fact the generations 70 and over and 80 and over have escaped the HIV/AIDS epidemic (Legido-Quigley 2003). This view is shared by Antoine (2010) who argued that the pandemic has eroded the age group 25-49 on the continent. People are not living longer and at the same time the old population is getting more relatively represented. Logido-Quigley cautions that one must not overlook the fact that, globally viewed, the continent contains some countries, such as South Africa and Swaziland, which are the epicenters of HIV/AIDS infection killing every year thousands of adults in their prime wage earning years. The AIDS pandemic has considerably eroded the principal sources of financial and material support for older people. Over the past years, the impact of the epidemic has certainly become more widely distributed across age; there are fewer children because of pediatric AIDS mortality and reductions in numbers of potential mothers, and there are fewer adults overall because of reduced infant survival and adult AIDS mortality (Kinsella and Ferreira 1997). All these structural changes certainly reflect in the age pyramid through the increases in the number of old people.

Overall, the percentage of old persons relative to the total population shows an upward trend. For example in Southern Africa, the 1996 population census of South Africa enumerated a proportion of 6.4 per cent (all ethnic groups included) for the population aged 60 years or more. The elderly distribute across men and women as 5.7 per cent and 8.3 per cent, respectively, in that age group (Noumbissi 2001). Five years later, the population census conducted in 2001 put the percentage to 7.3 per cent to the elderly in the total population. Again, old women come in greater proportion as compared to that of males, 8.7 against 5.8 respectively. This is so because women tend to outlive men especially from the age of 70. The overall percentage of 7.3 is quite similar to the demographic pattern observed in most developing countries but lower to that of Asian or Latin American countries. Within the region of Southern Africa, South Africa has the highest proportions of older population followed by Namibia.

Population ageing in most parts of Africa has been accompanied by declining sex ratios, whereby a larger proportion of females are reaching old age than males. This has caused a higher proportion of elderly households to be headed by women, who have not traditionally had to shoulder such a responsibility (Makiwana and Kwazeri 2007). Put aside the uncertainty over the long term associated with such measures, the projections

established by the United Nations population division suggest that, in absolute numbers, old people will likely double in importance. Looking at these trends, altogether, it is without doubt that ageing, measured with the proportion of persons older than 60, will increase at a faster rate in the years to come due to the changes of all sorts affecting the societies of Africa. Spatially, the magnitude of ageing varies across the sub-national levels, with some accentuation in more economically endowed and urbanized regions where the major cities are located. Gaiman and Libali (2011) in their study on Congo, a country with 62% of its population living in cities based on the 2006 census, mostly in the two major cities of Brazzaville and Pointe-Noire, show that although the elderly population (60 and over) represents only 5% of the total population, there are however spatial disparities in the redistribution of the elderly across the regions. In rural areas they represent 8%, according to the last census conducted in 2006. The authors argue that the rural depopulation leaves behind older people. In other parts of Africa, conflicts tend to accelerate this process as thousands of rural settlements are deserted by dwellers looking for safety in cities. The spatial distribution is quite different in most parts of the continent. The elderly tend to settle more in cities than in rural areas. It is the case for example for South Africa which has its majority of the elderly living in urban areas (Kinsella and Ferreira 1997). The gap between cities and rural areas, in terms of percentage of old people, is not really in some countries. The study done by Gaiman and Libali (2011) show for example that 44% against 42% of the old people in Congo are settled in urban and rural areas, respectively. The rest is found in semi-urbanised areas.

Structurally speaking, the demographic characteristics of the elderly are also changing due to an unevenly ageing process. The age composition shows a steady decline from the age group 60-64 with an excess of women in all age groups. The female surplus increases as people get older. The study by Gaimard and Libali (2011) shows a share percent moving from 57% to 64% as one move from age group 60 and above to age 80 and above. As indicated in table1, of the three groups the most rapidly growing age group is that aged 60 and over (United Nations 2006). Thus one can caution against any temptation to aggregate all the old into a single homogenous group.

Table 1: Percentage in older age (1950-2050)

Sex	Age	1950	1975	2000	2025	2050
Total	60+	6.0	5.2	5.7	10.6	13.7
	65+	3.6	3.2	3.6	7.2	9.9
	80+	0.3	0.4	0.4	1.3	2.6
Female	60+	6.7	6.1	6.7	13.1	15.3
	65+	4.1	3.9	4.4	9.3	11.7
	80+	0.3	0.5	0.6	1.9	3.9
Male	60+	5.2	4.3	4.6	8.1	12.1
	65+	3.1	2.5	2.7	5.1	8.2
	80+	0.2	0.2	0.2	0.6	1.5

Source: compiled from Population Division, Department of Economics and Social Affairs, United Nations (2006)

Africa is not unique in experiencing the temporal variations observed above. Ubiquity put aside, they are however determined by the specific social context in combination with the peculiar sequencing of events in the course of the demographic transition vary from one country to another (United Nations 2006). Similar variations are also observed across countries. Policies and old age programmes designed to decrease vulnerability to poverty may not reach the intended social outcomes because of the differing needs and problems specifically related to the age groups. Within the old persons, the oldest group, 80 or older, possesses most of the characteristics that make them radically different from the rest of the old. The oldest old are economically inactive, have very few social contacts, bodily instable and prone to chronic diseases. By contrast, the old in the age group 60 and over or 65 and over may still be economically productive and physically healthy. Either group has demands which require specific policies and interventions.

Setting the social protection debate beyond the old age concern

It is important to observe that in the context of Africa, the concerns around the present and projected living conditions of old people force find significance in the debates around the imperative for inclusiveness in social policy for the protection of vulnerable groups. The elderly represent an important segment within the vulnerable social groups as their numbers are increasing rapidly. In countries where it exists, the welfare system is getting hard to cope efficiently with such a rapid growth, as old age pension is only one of the interventions sponsored by the state. The massive unemployment in the country also

exercises heavy strains on the system because of the increasing difficulty for pension schemes to mobilise funds for out payments to members. Some countries are contemplating the option of pushing up the legislated age of retirement which is in most cases around the age group of 55-60 for active women and 60-65 for active men, respectively, in order to finance old age benefits with pension schemes. To some extent, these debates reflect the steps being taken globally around the extension of the retirement age in those countries with increasing demographic deficits in the working ages (Timonen, 2008). Africa, as a continent, is not facing a demographic deficit. Thus, such an extension would be more related with the precarious conditions under which most of the older people live, especially among women. The majority of people have no income to live a decent live when they reach old age and can no longer look for work. It is admitted that most Africans, across all the income groups, are financially ill prepared when it comes to retirement. Even in economically wealthy countries, retiring with a substantial income is difficult to achieve for the majority. A survey conducted in South Africa by the *Mail & Guardian* in 2009 indicated less than 6 percent of South Africans retire with enough income to support themselves. A related research conducted in the same country by two financial services Sanlam and Momentum, found only 60% of people in formal employment are covered by a pension arrangement of any sort, whilst the number drops to 10% in the informal sector (cited in *Mail & Guardian* 2009). Studies have also established that most workers' savings or contributions to pension schemes at retirement age fall below the minimum required for a decent life style. The situation is rendered acute with the adding negative effects of the HIV/AIDS pandemic to poverty. The pandemic has motivated people in old age to work longer as they take on more responsibility to care for under aged family members left behind by the deceased ones (Noumbissi 2001, Legido-Quigley 2003, Madhavan and Schatz 2007). Although some of these older persons might receive pension, they still need to work in order to earn enough and live out of deep poverty. Other reasons that incite aged persons to maintain their participation in the labour force are found in the deficiencies or insufficiencies of all types which affect the labour market.

Despite strong trade unions in place, Africa has a huge number of its labour force in non-protected work as most of the workers are found in the self-employment sector, which is dominantly informal. The remuneration of employment is rarely aligned with decent work, especially when it comes to pension after retirement. Such deficiencies in the social security systems provide some impetus to older people to work on their own account or for salaried work to provide for other means of livelihoods or support in the households where

they live (Madhavan and Schatz 2007). In Nigeria, for example, retirement is feared by many civil service employees as such a point that tactics of reducing age through sworn affidavits are widespread in that country (Uche 2007).

Analysts concur with the view that older people in more developed countries are less likely to work than those in less developed countries. In the former, financial incentives for early retirement enable many older workers to leave the labour force making room for younger workers. In developing nations, the situation is quite different. Participation in old age in the labour force is often out of necessity even for those with retirement benefits (Kinsella and Phillips 2005). In Turkey for example, most of the persons in old age considerably delay their retirement age from the labour market due to the shortfalls in transfers from their children (Cameron and Cobb-Clark 2005). In the context of South Africa, inequalities of all types affect particularly household-headed by old people despite a well established state-sponsored welfare system (Legido-Quigley 2003). The old age pension allocated by the state does certainly reduce the vulnerability of elderly household to income poverty, but it has a very limited effect. It is often argued that this pension cannot be qualified as the sole means of eradicating poverty in old age since its value is inadequate to meet other needs (Lam et al 2006).

Full withdrawal from the labour market is not common when people reach the legislated ages of retirement. This is particularly the case of those old persons in the self-employment sector who cannot afford to retire entirely because of lack of pension or other forms of savings. Those working for wage or salary may also opt for delayed retirement because of the relatively small income they get from pension. It is in recognition of that complex dilemma faced by old workers that Lam et al (2006), analyzing the situation of South Africa, argue that decisions of the elderly about work and retirement are made in the complex set of circumstances-high unemployment and need for multiple sources of income-resulting from the levels of inequality imposed under the system of apartheid and paradoxically unaddressed under the post-1994 dispensation. The authors also concurred with the view that an important feature of the South African old pension system is that receiving the pension is not necessarily incompatible with working. One of the explanations to this duality is that the mean test-based pension for old age does not preclude work and because the rules of the system are often flexibly applied. Under such circumstances where pension does not compete with work, it may sound reasonable for some people to continue working beyond the pensionable age. Thus it is not surprising to observe individuals working and receiving a pension at the same time. Naturally, employment rates are much

lower among contributory pension recipients than among non-recipients (lam et al, 2006). Some old persons are impelled to work because they head households and do not have any other forms of social support either within the family or from the state. It is therefore important to conceive of household as a space where the old age labour supply fulfills certain inter-generational transfers or family functions. Having presented this social context for the old age labour force, it is now necessary to bring in a more critical discussion of the impact of contributory pension in the section to follow.

The impact of contributory pension and other forms of social security systems on the living conditions of the elderly

In spite of the general recognition that it is a very crucial question, the impact of contributory pension systems in Africa remains an under researched area. The few studies conducted so far show a varied picture in terms of welfare. While in countries such as those in the northern parts of Africa their positive impact on the income and the reduction of poverty among old people is reported (Dupuis et al 2011), others point to opposite views. It is difficult however to avoid elucidating this question because of the demographic implications of ageing. The informal mechanisms of social protection are under the risk of being demised because not only of this demographic trend but also of other economic and social changes. A question arising from these multiple changes is the uncertainty around the capacity of family model in providing care for old people. Moreover, the formal social protection systems built on contributory pensions schemes are now facing numerous problems: the expansion of coverage, the demographic ageing, the financial viability in the medium and long terms, the problematic governance and poverty among the elderly. Most analysts concur with the view that the potential of contributory pension schemes to provide the elderly with incomes is constrained by the low coverage rates. This view is based on a number of studies that have come out over the recent years (see, for example, Dupuis 2011). The limited potential results from several factors which can be grouped into three categories. First is the recognition that the pensions received by old people rarely attain high levels. Second, the impact depends on the number of people covered by these schemes. Only a small fraction of the old persons is covered, and thousands are outside of these schemes. Women are predominantly represented among outsiders.

The level of pension received sensibly reflects the method used in the calculation. In most African countries the pension systems are fundamentally inspired from the models applied in the western countries, some dating back from the time of colonization. There are

been periodically some reforms in the functioning of these pension systems but their intent remains fundamentally the same. Rather than establishing a genuine pension regime built upon national circumstances, the retirement benefits models are aligned with those in place in the former colonizers countries. Invariable, countries have adopted what is logically known as the “logic of commutative justice” in place of pursuing that of “universal non-contributory pension”. This was based on the idea that social security can only exist for workers in the absence of a consented salary sacrifice on their side. The levels of pension are therefore derived from the commutative logic as far as the amount and impact are concerned. It is determined by the time of retirement. The pension thus calculated is different from the one determined in reference to the last salary at the end of career. There is also the problem imposed by the considerable delay before getting the first payment after the retirement.

In Cameroon for example, the social security system only covers 10% of the total population (Nkoma 2011) with a proportion of the elderly around 6%. A study conducted in the same country by Eyinga Dimi (2011) indicates that even if the number of pensioners affiliated to the public service is indeed very considerable because of the position of the state as the biggest employer, the contributory pension system remains qualitatively and quantitatively insufficient. The medical insurance is still not covered. Despite the substantial increase in the number of pensioners, the pension system remains under funded because of the weaknesses in its management. Many pension schemes are in dire need of funds to pay out the beneficiaries . On the other side, the pension paid out to beneficiaries is insufficient to cover the basic needs. Eyingi Dimi’s study also indicates that on average, for the last semester of 2005, pensioners were paid out 122683 FCFA, an amount which is in the borderline of the basic salary received by a civil servant at the scale of career (A2). From the study, the author concludes that the pension paid to old people is derisory, taking consideration of the relatively living costs. Very few women are represented among the pensioners.

Economically vulnerable old persons not covered by the contributory pension schemes can benefit upon request from some forms of income to assist them. Income granted as social assistance falls in the category of minimal income as it is a first- aid assistance. In the same vein, the assistance may be of legal nature for the elderly. However, very few old people are informed about all the arrangements around the non-contributory pension. Even when informed, access to it is procedural, time consuming and cumbersome. Their ignorance is also the result of the high level of illiteracy among the elderly. The content

of information in these documents, usually written in the official languages inherited from the colonial times, are inaccessible to old people who cannot read them.

The case of South Africa, generally presented as an exceptional country because of its generous old age grant, may serve as an illustration to substantiate furthermore the evidence on poverty alleviation. The old age pension is a social pension that has nationwide an estimated coverage of 80 percent of the elderly. Together with the child support grant (70 per cent of coverage), the combined effects of these two programmes have reduced poverty incidence by 6 percentage point and a larger effect on poverty depth. Old age pension is based on a targeting methodology making use of a proxy means testing. Certain characteristics of the potential beneficiary are quantitatively assessed against criteria of wellbeing or deprivation. Almost every person of eligible old age can access to this pension. The assessment makes room for flexibility. The programme has been frequently affected by inefficiencies and insufficiencies of all types. However with time it functioning has been improved. All qualified elderly can apply, and the policy has still a place for costs reduction and fewer disincentives. The benefits of this policy are said to have positive impacts on younger generations and the primary recipients themselves (Woolard et al 2010). The programme reduces poverty, improves nutrition outcomes for children living with pensioners. Eligibility is based on age, citizenship and non-access to any other form of pension benefit. The amount of grant is one of the most generous in Southern Africa. The pensions are entirely financed out of domestic resources, and the cost of the programme is not as such a heavy burden, as tax remains high in the country. Although this age-based distinction is not strictly taken into consideration in South Africa, the social security system in place has been quite responsive in providing support to old people. Some of the instruments of the social policy date back in the early 1900s. Sagner (2000), writing on ageing and social policy in South Africa from a historical perspective, cautions that the support provided through the formal system of social security is not in many circumstances as comprehensive as one would expect it to be. It may be the reason why so many old persons resort to transfers operated through other mechanisms, direct and indirect, such as family or community or even the labour market.

Intra-household transactions have in the past, as is still certainly the case today in most African countries, played a major role in protecting old peoples against extreme poverty in this country. They are built around family cohesion and inter-generational solidarity. The decision to participate in the labour force may be the result of a self-evaluation of the gap between what is required for meeting one's life basic needs and the

basket of resources actually available to protect oneself against such a level of poverty. In most cases, this self-evaluation is determined by the position one has in the household examined now. Before looking at the involvement in the labour force, it is important to examine the extent to which the intra-household relations provide support to old people.

Intra-household relations and support to and from the elderly

Household structure is generally related to the economic status of the elderly as it determines the extent of support old persons may provide or receive from the rest of household members (Timonen, 2008). With the deepening of the family transition process comes the question of how long the protective role played by relational networks will remain functional. The lack of universal retirement suggests that very few old people can afford to live a decent life on their own, with no support from the traditional family solidarity. Data from diverse countries show a relatively high proportion of old people living with their children of varied ages. In some household settings, it is difficult to establish clearly the head of the household. A survey conducted in Morocco shows an increase in the number of old people accommodated by their children (Dialmy, 2011). This may be an indication of the difficulty they faced in the past to own a house, especially among women. Traditional family solidarity manifests itself in various forms: accommodation, financial and material aid, assistance at home for the daily activities, or assistance in accomplishing activities outside the house. The question rests around the timing of aid to older persons. Because most of them are out of work permanently, economic aid is the most important one. This can be done in cash or in kind. Pension falls in the cash nature of aid while food is a part of the second type. The magnitude of aid depends on the gender of the beneficiary. Studies concur with the need to target mostly old women. Dialmy (2011) in her study on the elderly in Morocco found that 81% of old women rely on aid in their lives against 61% for males. Aid in cash may act as substitute to accommodation. If provided through old age pension, it supports old persons in taking care of the household they head. The second form of aid, the domestic one, is less current as it often requires residential proximity with the other members of the household. Domestic aid is however important, especially it is provided in the form of improvements to housing conditions (for example provision of drinkable water). While family is important, external aid is expected to come from such institutions as the state. Receiving pension is an important source of such institutional aid. However, very few persons have access to this form of aid because of the non-universality of retirement benefits and pensions in most countries. The feeling of being

neglected by the state is widespread among the elderly in many parts of the continent, as reported in Uchu (2007) for the case of Nigeria. The presence of the state is weak in the wellbeing of the elderly at a time when their contacts with the family and their social networks tend to decrease significantly. The decline of social networks is more frequent in urban area where the risk of being isolated and living anonymously is high. The city is prone to anonymity and individualization. Paradoxically, education among younger generations is seen by some scholars the factor that has contributed to their loss of influence in the society. In the past, old people were regarded as advisors or persons of reference in their family. This has drastically changed as in many African societies the opinions of the elderly are no longer given high esteem by younger generations. This loss of authority is to a certain degree associated with the fact of being pensioners or having retired, which certainly suggests a diminished income or role in the decision-making within the family (Bougzou 2006). The social space of the elderly has considerably narrowed as they are no more consulted for advice. This has some consequences on the devalorisation of their functional entity (Dialmy 2011). Although residential isolation does not automatically result in loneliness, socio-economic deprivation in conjunction with residential isolation accelerates or creates the conditions for loneliness. In turn this latter can lead to psychological suffering. Dialmy (2011), above cited, found an astonishing percentage of 63% of old people affected by this form of suffering in Morocco. Among these ones, women are the most affected by loneliness.

Isolation is relatively widespread among the elderly. However, it is less represented than matrimony or co-habitation with other family members. Differences are observed according to the sex of the person. Most men at the age of 60 are married compared to women, because of the higher rate of widowhood among the latter. In either sex, the importance of married persons decreases proportionally with age, whereas that of the widows increases. In the case of Congo, for example, Gaimard and Libali (2011) found a percentage of 80% of men still married at 60 and over, against 30% of women of same age. With respect to the population as a whole, isolation seems to be prevalent among old people, especially among women. The situation varies from one country to the other. Gaimard and Libali (2011) found that in Congo, 14% of old people live in isolation against only 4% for the whole Congolese population. Surprisingly living alone is more widespread in rural areas than in urban areas. Living alone comes with some problems as they have to make end meet from their own efforts in those countries not providing social welfare to old people.

Put aside the situation of those people living alone or with their partner, the situation of those co-habiting with their children or other unrelated persons brings in a different picture. In proportional terms, the importance of cohabitation declines as the size of the household gets bigger. Findings from some studies suggest a higher propensity of cohabitation in household of big size for those old people living in urban areas. Situations where old people head households are found along side those where they are accommodated by other persons mostly their children. Intergenerational households and, in some cases, skipped generational households are in the increase on the continent. This phenomenon finds explanation in the persistence of high level of unemployment among young people. Some of the affected young people are forced to stay longer than usual with their old parents as they cannot afford the costs of having household on their own. This form of co-cohabitation usually results in a situation where the old person carries the responsibility of head of household with grow up children around. This is so because he or she is the one providing financial support to other members in the household. Evidence abounds of households headed by old persons, especially among old men. In Congo, for example, the study done by Gaimard and Libali (2011) reveal that 14% of households are headed by old persons. Elsewhere I have made use of data on household composition from the 2007 community survey to confirm a relatively strong representation of old people with the status of head of household across the country. Women are predominantly represented with 52 percent (against 48 per cent to males). This female predominance also reflects in seven urban settings across the nine provinces as displayed in the table below.

In comparison to the situation in developed countries, the elderly in most parts of Africa often live in large extended household either as head or as a related person to the head (Lam *et al* 2006). Living in a household is therefore the result of a complex combination of circumstances. Some of these are related to the individual, others are of societal nature. The least one can say is that not all old age individuals opt for institutionalised care in their old ages even if they can afford it. Community and institutional long term care for the elderly is a reflection of socio cultural contexts. The African context is a mix of care practices in terms of living arrangements. Some marked differences are displayed across the regional groupings. The northern African populations display a propensity to accommodate older people in institutions such as hospices, nursing homes and gated villages. In contrast, countries in sub-Saharan Africa (including South Africa to some extent) predominantly accommodate old people in extended-family households. In either regional grouping, a mix of living arrangements may be present. As is the case in most industrialized countries, it is

also common to find that older people desire and have the ability to live independently. Households of only one person are very common (especially for unmarried old women). Such an occurrence is not always an indication that the person has been socially isolated or abandoned by the family. It may be motivated by an individual preference to live alone. Very often older people prefer to reside in their own homes within the communities they have always been with after the children have left the parental home to settle elsewhere. Part of the explanation to this lies in the attachment developed toward the place over time. The sense of identity embedded in the ownership of a house adds to it as well, even if the dwelling unit is a rudimentary shack.

While some old people may desire to live alone, co-residence is quite common among African households. Most of them are households in which the elderly co-habit with younger grand children. In South Africa, survey data for the 1990s show that, except among whites, more than half of all elderly among the blacks live in households with three or more co-resident generations. Some live in two-generation households, while fewer than 5 percent live alone. In those household units, the contribution of old people to family income is often substantial ((Timonem 2008; Madhavan and Schatz 2007). The erosion of traditional care systems, arising from factors related to modernization, motivate the elderly to provide significant levels of income, which is pooled at the household level, as well as less monetary contributions, such as the provision of accommodation (Makiwane and Kwizera, 2007). Most of the elderly live in multi-generational households. In their study on the elderly in Mpumalanga (Kwazulu-Natal province), Makiwane and Kwizera (2007) found that the old persons were, in most of these households, breadwinners and sources of income (generated mainly from pension) for the entire household. They also report that in a large number, older persons are responsible for the care of children below age 12 even children less than 6 years. Co-residence of old heads with children normally referred to as skipped-generation households could reflect the high incidence of mortality in the middle age groups due to HIV/AIDS (Madhavan and Schatz, 2007). Older persons heading households, either living alone or with other members, are at greater risk of experiencing social and economic deprivation than younger household heads, and may therefore require special support. From the 1996 population census data, Noubissi (2003) found that 40 per cent of the elderly in South Africa reside in the poorest conditions characterized by no access to electricity, clean water, garbage disposal and flush toilets. In this category of households, those headed by women are likely more vulnerable than the men-headed households. One way for these old persons to sustain their livelihoods is by delaying their retirement from

economic activity. A matter of policy concern is the situation of households headed by very old persons with children of under age 17 to take of. While some of these children live in households where the head is married, others stay with unmarried heads. The scourge of HIV/AIDS has largely contributed to the increase of skipped generation households on the continent. The sections to follow provide a detailed account of the vulnerability of elderly in the household context, irrespective of the headship status.

Vulnerability and functional capacity of the elderly in the household context

Whether they are co-residing with relatives or not, the question of economic vulnerability or that of income poverty comes to bear. It is not entirely guaranteed that the presence of co-residents automatically ensures protection against the risk of deprivation for the elderly. What really matters is the capability of the elderly household to generate income for a decent living. To a large extent, this capability depends on the quality of labour units the household has. It is well established that labour is an indispensable asset which cushions households against vulnerability to poverty (Moser 1997). The elderly household may not be in possession of such an asset. Valerie and Philippe (2011) observed that in both Uganda and Senegal 15% of the households where old people aged 60 and older live not active person. This is the case for those households leaving with children of which orphans represent a big proportion. What emerges from various studies on this aspect is that the older the person is, the less active he or she will be. The involvement in economic activity depends on the social and geographical context. The data at hand, mainly from censuses, tend to exhibit a higher level of economical vulnerability among men than females. This is probably explained by the relatively of men co-habiting with other adults in households they are heading. For such households, the withdrawal from the labour market by the old person results in a loss of active members and at the same time of income. In most of the situations, there is no one else to take over to provide income to the household. The smaller the size of the household, the higher is the exposure to economical vulnerability. Hence the importance of traditional family values in reproducing the intra-household relations required for reaching the critical size. There are strong indications that many countries in the Western Africa display low levels of economical vulnerability because of the relatively big size of household that actually characterize the social organization in those countries. In such households, the old person may either receive care from other members, or head other members, active, in the housing unit. Morocco for example has 8% of it population classified as old. The functional capacity among the old people changes as they get older. It is generally measured by the

degree of autonomy for such things as dressing, getting up in the morning, getting in bed, bathing, walking a distance of 200 to 300 metres and eating without being assisted. Along these lines, a composite index is elaborated to group old people in three categories of functional capacity: full capacity, lightly (moderate) incapacitated and heavily incapacitated. The percentage in importance varies according to the country. Fassi Firhi (2011) found for example that among the elderly in Morocco (60 and above), 80% are in the first category (full category), the second group represents 13% and the third group represents 7%. Among those with light and heavy incapacity, the most represented forms of incapacity is that of walking beyond a distance of 200 metres followed by the capacity to eat without assistance. Thus the loss of physical autonomy is an essential component of the ageing process around the age of 75 years old. Women are the most affected by the loss of autonomy, partly because of their longer expectancy life. With ageing gaining momentum, African countries will face a rise in the proportion of persons affected by this loss of autonomy. In her study on Morocco, Fassi Firhi (2011) also found that the factors predicting the risk of incapacity are age, marital status and loneliness. Family support either from the partner (in case of married people) or the relatives plays a positive role in reducing the incapacity. The author claims that family remains the main provider of assistance to old people in their daily activities, especially when they are inflicted with physical handicap. In the case of Morocco, the same study reports that the family structure is the nuclei from which 90% of the assistance is generated. The rapid urbanization of African societies, with its social changes, however poses serious challenges to this role played by the family. Fewer persons will be available to provide assistance to old people in urban areas as compared to rural areas. The degree of incapacity is as well mediated by such variables as gender, socio-economic status and the level of education. Evidence has produced to show the extent of vulnerability among old people with no or little education (Gaimard and Libali 2011; Noubbissi 2003). The level of education is low with a concentration in the schooling levels of primary. Proportionally, there are more old people with no education than any other level. The overall level of education is lower for females than for older males. The lack of education reveals the extent to which old people may be inadequately prepared for the health challenges which come with advanced age.

Interestingly studies also show that participation in economic activity tends to reduce the risk of incapacity. In the same way, a chronic disease, likely to occur in old age, increases that risk, thereby making way for incapacity. The burden of incapacity is felt at both individual and household levels. Very few people benefit from adequate medical aid or

medical insurance. Thus they are not fully prepared to incapacity, even though no strong relationship seems to emerge from the very small studies conducted on this issue. From a responsive social policy point of view, findings on incapacity in old age point to the need to improve the physical environment in such a manner to integrate the preservation of successful life in old age. This latter (successful ageing) has multidimensional requirements which include personal security and social life, physical exercise, appropriate diet, adequate medical aid and accessibility to health centres. In rural areas, the accessibility to these health centres remains a real problem for the elderly. They have to work long distances to reach the nearest health centre. Very few centres have put in place mobile structures to reach out old people in need of assistance. In South Africa for example there is a train moving from place to place in order to provide medical assistance to old persons in underserved communities. In this regard, the establishment of structures voluntarily assisting old people has to be encouraged because they address the vulnerability they face within or outside the household.

The context of household is to a large extent appropriate in apprehending certain dimensions of vulnerability. Population census data, because they refer to a fixed date, reveal certain aspects of the vulnerability under which old people live. Vulnerability can be apprehended from three angles-structural, relational and economical)-which are interrelated. Valerie and Philippe 2011) produced a very interesting study on vulnerability in two countries where the proportion of the elderly is quite similar to show the extent to which the degree of vulnerability is relatively variable. The strength of social networks plays a critical role in the acuity of vulnerability. In the absence of any form of formal social protection, the absence of this social network creates the conditions of vulnerability. First, one must admit that living alone for example may create a situation of vulnerability. Second, the type of intra-household relations is too a source of vulnerability. An old person may experience some forms of vulnerability when he or she is not strongly related to the head household of membership. In the same way, a household which is lacking resources may be a site of vulnerability for the old person. Thus the degree of vulnerability is a function of the position of the old person within the household (Valerie and Philippe 2011). Considering the first type of vulnerability -structural-which is linked to the composition of the household (membership), it occurs when the aged person is on his/her own. Over the past years, there has been an increase in the numbers of old people living alone. If in some countries, it is not a common situation that an old person will make a household of one person, living alone, in others this situation is strongly visible. The Western and Central parts of Africa are

notoriously known as areas where old people are generally accommodated in households of large size. In Senegal, for example, Valerie and Philippe (2011) report that 98 to 99% of old people live in household units which membership includes at least one adult. This universality of co-habitation is present in both rural and urban areas. In contrast, the same authors observe that in Uganda, the proportion of aged persons living alone is relatively around 12 %, reaching higher levels in urban areas for men. Suggesting that this is possibly an indication of the increase in nuclear type (one-person) household, the authors however caution about establishing any association between living alone and being out of reach of relatives. Most of these aged persons may live alone while being close to their relatives; paying or receiving frequent visits or taking part in many other family activities. Need also to point out that co-habitation bring with it a physical and emotional support which in most cases exceeds the mere proximity. The alarming observation emerging from a few studies is that in some African countries the older the person is in the broad age group 60- 80 and above, the higher the risk of living alone. The age of 70 seems to be the starting point of increased structural vulnerability. This one is at highest among women living in rural areas. Widowhood and migration to cities are the factors contributing to this female predominance. Shrinking household size adds as well on this trend. Countries of West Africa display a lower level of structural vulnerability because they have a tradition of systematically accommodating their aged persons in households, no matter how big they already are.

Being alone is not however the only factor of structural vulnerability. Even in situation of co-habitation, the aged person may as well face what Valerie and Antoine (2011) called relational vulnerability. The relationship to the head of the household or to the other members in the household plays a critical role in mitigating the effect of such a relational vulnerability. The closer the aged person is to the head, the greater is the access to the resources available to the household. Thus relational vulnerability results from the strength of relatedness between the aged person and the head of the household. Naturally being the head of the household increases that strength. Because of them likely to be in headship position, men are inevitably placed in a lower position of relational vulnerability as compared to women. The status of household by gender depends on the geographical area; while a male dominance is observed in urban area, females tend to be over represented in rural areas. Culture and religion influence in one way or the other the gender representation. For both sexes, living with a son or a daughter considerably reduces the vulnerability.

Besides the relationship to the head of household, the relational vulnerability may also operate through the position of the aged person relative to the other members of the household. As age increases, one observes an increase in the number of old persons accommodated in households in which they are loosely related to the other members. Albeit less spread in Western and Central Africa, the situation is quite frequent in Southern and Eastern parts of Africa. As they get closer to 80 and over, women are more exposed to it as compared to men. In proportional terms, the gap could reach 10% according to the study conducted by Valerie and Philippe (2011). The study shows that in Uganda and Senegal, relational mobility affects men by 9.4 % and 6.6% respectively, whilst for women it takes value of 20.3% and 16.7% respectively. These authors also demonstrated that in both countries the urban context is particularly the area with the highest proportion of old people exposed to relational vulnerability.

In sum, when the three types of vulnerability are brought together in a comparative framework, with age as a control variable, it appears that in general the vulnerability increases with age, this is particularly true with the relational vulnerability. Widowhood increases the relational vulnerability, mostly among men when they reach an age around 80 years old. In some cases, economic vulnerability decreases with age, in some others it increases. In either case of economic vulnerability, the presence of other active persons in the household provides some safety nets. Hence these varying situations of vulnerability incite to look at the links between household poverty and resources distribution within the household, with a focus on the plight of the elderly. When one brings into picture the access to adequate health care in old age, the issue of incapacity finds all its significance. Generally speaking, old people are faced with more physical handicaps than the rest of the population. Even for those health problems necessitating minimal intervention, when equipment is available, assistance is hardly available. This is the case of eye defections such as cataract if not timely and properly treated, causes a great deal of physical incapacity and suffering. Studies on old age health emphasise the extent to which physical incapacity increases the structural vulnerability previously mentioned, more than the size of the household suggests. Besides, the studies also suggest that the severity of functional incapacity increases with age people reach 60 years. Support is needed either from the state or the family to alleviate this vulnerability. Valerie and Philippe (2011) found that in Senegal and Uganda, the proportion of old persons physically challenged is higher than for those who are not. The functional incapacity is also predominant among the most exposed to structural vulnerability. These old people lack family support. Thus while the role of state is inexistent in most countries,

the most affordable source of support, the family, may too be difficult to secure for them. Evidence has been piling up on the demise of family solidarity and a quasi absence of efficient public and associational action to support this vulnerable group. Institutional care providers are inexistent in most countries. In the few countries where they exist, such institutions require considerable financial resources for their running costs. The public sector gives low priority or no attention to the establishment of hospices. There are many instances where old people would not like to be placed there, and rather stay with their children. Therefore family remains the central framework in which support can be offered to the elderly. Models through which home-based care can be provided through public funding can be provided. These considerations on intra-household relations above suggest that household headship represents a major factor that predisposes the elderly to stay in the labour force to minimize vulnerability.

Continued participation in the labour force

Although ageing implies the reduction of the involvement in the economic activities, continuing to work beyond 60 years remains the only option in order to generate income. In many countries, data show that more than 50% of the elderly are involved in economic activities of some sort. There are no clear-cut patterns in the distribution of the elderly labour force across the economic sectors. While in some countries, there is a predominance of self-employed persons, mostly in rural area, in others the salaried employment is the most represented. Old persons employed in the formal and informal sectors do so by delaying their retirement in order to secure sufficient incomes and leave decently. Contrary to the situation observed in Western Countries, the elderly tend to stay longer in the economic activity.

The labour force structures of many countries on the continent exhibit a sizeable proportion of old people working or in search for job. Data reveal that a large fraction of people aged 60 and above is still counted in the labour force for those countries lacking efficient social security systems. In some countries, the level of participation in the labour force exceeds 50% among the elderly. As observed for younger ages, the female participation is much lower than that of males. Marked variations in the rates of activity are observed as people get older. These are higher in the age group 60-69. They sharply decrease from the age of 70 years old.

Old people mostly work as self-employed. The jobs they have may be precarious, increasing the degree of vulnerability. Gaimard and Libali (2011) indicate that 90% of the

active elderly in Congo are self-employed workers. The lack of education and age discrimination seriously constrains their access to waged employment or other occupations with higher return on labour in the formal sector of the economy. The case of South Africa is illustrative in this regard with an unemployment rate of 10% among persons aged 60 and over. Searching job at these ages is a demonstration of the economic vulnerability which affects the elderly. Women are by far the most affected. In Cameroon, for example, the study done by Nkoma (2011) indicates that 72% of old women struggle with economic vulnerability against 44% of men of the same age. As a consequence of this, they heavily rely on casual gestures of solidarity from relatives, friends, charities and local associations. For most of them, joining these associations provides a means of getting assistance. For those lacking it, street begging is the only recourse to get daily subsistence. This often comes with homelessness. Cities in sub-Saharan Africa are now the scenes of street beggars in their sixties and over who literally live on streets. These beggars often use children to gain sympathy of the public, which is an alarming situation. As indicated in the methods section, labour force data for comparison are hard to find in Africa due to the statistical deficiency affecting most countries. One must therefore resort to alternative sources to get a glimpse into the structural changes on the continent.

Looking into the trends elaborated by the United Nations Population Division (2006), it appears that the participation of the older population in the labour force has declined over the last decades in Africa. The decline in the level of participation was the most marked in the formal labour market (Kinsella and Ferreira 1997), and older men were the most affected between the mid 1980s and early 1990s which coincided with the implementation of structural adjustment programmes. Put aside the uncertainty around the data, one of the explanations to this decline is believed to be in the impact of old age pension. In those countries with efficient retirement benefits, the decline may be the result of effective withdrawal. In South Africa, for example, Lam et al (2006) evoked the deterring effect of the old age pension in terms of income, though little, it gives to those who otherwise would be obliged to work and earn less. While the trend may suggest that older people are less likely to participate in the labour force than they were in the past, it could also indicate that the labour market is providing fewer opportunities or becoming somewhat exclusionary to this group of individuals. As was indicated in an earlier section, older workers face an increasingly competitive labour market characterized by high unemployment and age discrimination, with limited opportunities for those with poor education and training of which blacks predominate (Lam et al 2006). The case of South Africa I reported elsewhere

shows some interesting results. Looking at rates calculated from the 1996 and 2001 population censuses, a moderate proportion of the elderly, although receiving pension, reported being employed at these two dates, with a higher proportion observed for men for the formal employment. The dominance of the formal employment is likely to do with the inexistence of the informal sector until the advent of the end of Apartheid. Using the 1996 census, Noubissi (2001) found that 10 per cent of the elderly in South Africa continue to work in their very old ages. This percentage is not significantly different from that of 11 per cent I obtained using the 2001 population census. The second population census also indicated that the elderly were involved either in formal, informal or farming work in the respective proportions of 73 per cent, 13 per cent and 14 per cent among active old persons. Others had employment but were temporarily absent. From either source of data, it emerges a level of participation in the labour force which is not negligible, the least one can say. Hence they inform on the continued involvement of the elderly in the labour force at later ages. Variations are observed along the gender lines but an increase in female share is observed within the older work force. Overall, the proportion of economically active older men however remains far above than that of older women despite the fact that the declining trend is relatively less marked in the second sub-population.

In the broader context of Africa, it is a ubiquitous fact that the ambient climate of poverty creates the condition for old persons to remain active in the labour market as they strive for decent living conditions in advanced age. This is not however unique to South Africa. The United Nations in its 2009 report documents that Africa has by far the highest proportion of economically active people among those 60 and older, among the world's major areas.

Turning now to job seekers who make as well the labour force, the patterns of unemployment among old people indicate that while some old persons successfully gain access to jobs, others remain actively searching for work. In the labour market, age tends to act against old people in search for job as employers prefer younger workers. It is one of the reasons why old people turn to self-employment in order to generate income from their own labour. Data however do not show a high rate of unemployment among old people as compared to that actually observed among persons in the age group 25-34. In South Africa, for example, the unemployment rate found from the 2007 LFS data is 6 per cent, which is relatively low by the standards of South Africa (the overall rate of unemployment is estimated at 27 per cent around the same date). Taking consideration of the fact that these job seekers are likely receiving old age pension, the importance of unemployed old persons is

an indication that indeed there is no competition between getting old age pension and working at the same time. Looking at the age distribution of the unemployed elderly, it is observed that the proportion of job seekers declines sharply with age beyond 68. It is likely that some of these old people decide to withdraw definitely from the labour force as they get physically incapacitated. For some, it is a decision that comes out of choice because of the difficulty of finding employment at that age.

In sum, it emerges from the foregoing review strong indications that old people have maintained a certain presence in the waged and salaried labour market. Inasmuch as this is a positive labour market outcome, it does not prevent one to think of the vulnerability of all types they face at their work places. In time of poor performance of business, they rank first among the employees to retrench.

Acquisition and physical conditions of housing

Employment is not the only social arena where old household heads may find it difficult to materialize their well-being. This may also be expressed through the ownership of a housing property, as this asset may cushion the vulnerability of the household against poverty. The type of household in which the household live may be used as a proxy of social deprivation in the city. Although population censuses and household surveys reveal an impressive house ownership among old people in most parts of Africa, the relative importance of renters is mothering to take note as well. Renting a house to stay in at such an advanced age increases the vulnerability to homelessness, unless the possibility of co-habitation is envisaged at a later sage. Even if they are involved in some income generating activities, accessing to home loan is really difficult for most of them. For those owning house, the quality of house owned is not always desirable even if urban dwellers tend to live in a house of relatively better quality than dwellers in rural areas. The general poor housing conditions which prevail on the continent are also observed among the elderly. There are variations along the gender lines, with a bigger proportion of female owners in houses of poor conditions.

In Cameroon, for example, 63% of old people are head of their household. Interestingly, most of them are house owners. The houses they own are mostly of lower standing in terms of quality (Fomekong 2011). A situation of concern is the increase in the numbers of old people living on the margins of family structures. They are accommodated in what is generally known as collective households such as hostels, prisons, religious institutions and or hospices. In many instances, the option of living in these institutions

comes out of choice. Family breakdown and abandonment, indigence, deteriorating health and unlawful behaviour are some of the reasons of being there. Some countries have put in place welfare agencies to improve the plight of old people who have found shelter in these institutions. In this regard, interventions are sometimes taken with the aim of reconciling the person affected by this marginalization with the concerned family, seen as a key social structure in tackling the marginalization. This later represents a threat to old persons as they health conditions are fragile.

While the rate of house ownership is relatively high among the elderly, one must not ignore the burden bore by those in the rental housing market. In South Africa, the study I conducted reveals 71 percent of old heads of household own the dwelling unit into which they live. Tenants only represent 16 percent of the total number of elderly household heads. The fragmented nature of housing in this country is manifested in the relatively important percentage, 13 percent, of elderly-headed households living in either a room, a shack in a backyard or in an informal dwelling. This type of dwelling is generally associated with precarious housing conditions. Such households can be regarded as those lacking any form of tenure security and are therefore highly vulnerable to poverty. Ownership may also be problematic for this type of housing structure. Generally speaking shacks erected in a backyard are on rental arrangements. This makes the access to ownership a difficult attainment for old head of households living in this type of dwelling. In addition, if rented, those old tenants have to find means of meeting the rental costs. Failing to pay the rent may result in eviction. Most of these rental arrangements are informal and they give little space to old tenants to resort to the legal system. The lives of older people in urban informal settlements may have implications for their well-being. For example, in Kenya, older women who are largely uneducated and unmarried may face more severe forms of poverty, isolation, and vulnerability than men, and they may be more likely to be excluded from formal employment in the past and social support system in the present (Ezeh, Kasiira and Woubalem, 2006).

Table2: Type of main dwelling and dwelling ownership among the elderly-headed household.

Type of main dwelling	Percentage of elderly-headed households
Dwelling/house/brick structure on a separated stand/yard or on farm	60.6
Traditional dwelling/hut/structure made of traditional materials	15.2
Flat or apartment in a block of flats	4.5
Town/Cluster/Semi-detached house	4.4
Unit in a retirement village	0.2
Dwelling/house/flat/room in a backyard	1.0
Informal dwelling/shack in backyard	2.1
Informal dwelling/shack in an informal settlement/squatter settlement or on farm	5.8
Room/Flat let	4.9
Caravan/tent/other	1.2
Dwelling ownership	Percentage of elderly-headed households
Owned and fully paid off	64.3
Owned, but not fully paid off (e.g. with a mortgage)	6.9
Rented	16.4
Occupied rent-free as part of employment contract, of family member or yourself	10.1
Occupied rent-free not as part of employment contract or of family member	2.3

Source: Tati (2009)

Access to potable water for household consumption

Having a shelter over the head is one thing, having basic facilities into it such as drinkable water is also difficult. In urban settings, as is also the case in rural areas, a considerable number of households are deprived of easy access to potable water, and most of the time, they have to find alternative options in order to meet their daily needs. Considering the case of South Africa as an illustration, table 6 displays the main sources of water to which households headed by old people have access. From this display, it emerges

that half of the elderly-headed households (55 per cent) have piped (tap) water in the dwelling. This category is followed by households that get their water from tap outside the dwelling. Public taps provides water to nearly 15 percent of the elderly-headed households. Although only mentioned by a relatively small number of these households, some sources of water are a matter of concern from a public health point of view. For instance, 7 percent of the households reported receiving their water from river, stream or other flowing water. There are also some indications that these households tend to rely on other unsafe sources of water such as dam, well, spring, in order to get their water. Overall 18 percent of the households received water from open sources that are prone to pollution and health hazards.

Not having water in the dwelling imposes a walk to the source where it is obtained. Long distance to the source of water can be a major problem because of the physical strain it may have on individuals, particularly for those old heads of households living alone. For those households that do not have piped water in the dwelling or on site, the data reveal that they obtain water within a range distance of 7 to 40 minutes. On average, the distance to water source is 21 minutes. This may not seem reasonable for older people taking into consideration the mobility problems some of them may face in the absence of assistance from other members in the households. Adding on these mobility problems is the volume of water used daily by the household, as this may require several trips to the point of collection to meet daily needs. The consumption of water is variable according to the size of the household. Based on the information at hand, the patterns in water consumption indicate a daily consumption varying between 1 and 12 containers, say 20 to 240 liters per day. On average, the daily consumption is 3.4 containers of 20 liters of water per day. The above raised concern finds additional support in this consumption pattern. Even if it is one container, carrying it for 40 minutes may be very exhausting for an old person (as it should for a younger one). A possible explanation why some households resort to fetching water from a source outside the house is the cost involved in having it in the dwelling. The payment of water usage deters many urban households to getting the service offered to them. In South Africa, for example, Less than 50 percent of the elderly headed households pay for their water.

Table 3: Water source, distance to water source, consumption and payment

Main source of water	Percentage
Piped (tap) water in dwelling	38.0
Piped (tap) water on site	27.6
Neighbor's tape	1.5
Borehole on site	0.5
Rain-water tank on site	1.7
Public tape	14.8
Water carrier/tanker	0.6
Borehole off site/communal	3.7
Flowing water/river/stream	6.6
Dam/pool/stagnant water	0.9
Well	1.5
Spring	2.1
Distance to water source	
0-14 minutes	43.8
15-29 minutes	25.3
30-44 minutes	16.6
45-59 minutes	5.9
60 minutes or more	8.4
Water consumption (container of 20 liters)	
1	16.6
2-3	38.9
4-5	25.9
6-7	10.2
8-9	5.2
11-20 or more	3.2
Payment for water	
R10 or less	4.6
R11-R20	7.9
R21-R50	19.9
R101-R200	20.6
R201-R300	16.3
R301 and above	6.1
A fixed, unknown, cost for water included in the rent	17.2
Don't know	2.4

Discussion and some concluding remarks

The foregoing empirical accounts provide an overview of some socio-demographic conditions under which the elderly live in most parts of Africa. The results lend support to the trends documented in some other studies on the elderly from a broader perspective. They point however to a contrasted picture for the elderly when one looks at, on the one hand, the position some of them have as persons in the advanced age groups and, on the other hand, the magnitude and quality of their access to different markets (labour, housing and services). The participation of the elderly in the labour force indicates a sizeable, though

relatively moderate, involvement in work for income likely used to supplement old age pension, if any, from the state. The data used in this paper do not support the view that old people in Africa have fewer consumption demands. Nor did they suggest that they have greater access to housing of good quality and adequate protection to all forms of vulnerability. The fact that they continue to work beyond the age of 60 is an indication of active ageing in one form or another to generate more income. This does not however rule out the possibility that they may suffer lower productivity in market activities due to impaired health. This is likely true in advanced old age for which it is observed a sharp decline in the activity rates.

These observations suggest an insightful examination of the implications of population ageing for responsive social protection instruments in Africa. Regardless of the percentage they represent within the population, most countries are ill prepared in accommodating the demands imposed by this demographic process. The majority of the elderly are not covered by the existing contributory pension schemes. Among the covered ones, access to the entitled monies is not guaranteed in many countries despite some substantial reforms in the schemes. The demands for protection against vulnerability to exclusion and social deprivation are gender and age group specific within the elderly. For example, women and old people in the age groups 70 years old and over require greater caring than others because they are the most exposed to income and health vulnerability. Looking into the conventional policy instruments in place across the countries, the data reviewed in the paper show three major regional groupings in terms of intervention. Some countries have pursued measures aimed at reforming the contributory pension systems and supporting a variety of institutions to ensure the welfare of old people. Other countries have privileged targeted forms of either non-contributory benefits in cash and kind, or a mix with contributory pension schemes. In between there are those countries which have no well-defined mechanisms in place to care for this growing population either because they lack resources or they do not prioritise in the social development agenda the challenges imposed by ageing .

In situations where some forms of interventions are in place, the evidence show that they are not sufficiently responsive to the current challenges. The differing experiences of countries have shortcomings in reducing the deteriorating conditions under which old people live. The proposed approach under the European Union to linking social protection into the international assistance instruments may not be effective as is not anchored in the realities of Africa. Following this analysis, it is proposed in the paper a perspective that incorporates three critical dimensions in the protection of the elderly. The first dimension

gives prominence to the traditional role of the family that has proven to be an efficient supportive institution. Data show that most old people either live with their partners in households headed by them or co-habit with other members inter-generational family units. They contribute through various forms to the wellness of younger generations. For example, their responsibility for raising orphans has increased with the AIDS effect mentioned above. The urban transition, with its changes in family structures, also raises the issue of access to housing and transportation to accommodate the elderly. The second dimension is that of income generation. Studies reveal an increasing number of old people delaying their withdrawal from the labour market, and continuing to work because of insufficient income to meet survival needs in old age. This necessitates the adaption of current labour market regimes in order to accommodate this prolonged involvement in labour. In countries where old age pension does not compete with continued work (like in South Africa), the option of linking old age benefits with self-employment or decent work is a viable route to go. In some countries, the rising up of official retirement has imposed itself as a way of delaying withdrawal. The third dimension is the support to come from the public, private and voluntary sector in regard to social protection for the elderly. While all have they have merits, the current forms of support from each of these sectors may also aggravate the inequalities that already exist between rich and poor social strata. Although the question of affordability is unavoidable, new forms of solidarities that extend welfare benefits, health and pension, to a larger elderly population are at the top of the most effective social protection ones. The few national experiences reviewed in the paper reveal some promising results in that direction. In a few countries, the role of associations and interests groups in old age welfare has been critical in voicing the rights of the elderly to better life. This is the case in most parts of Southern Africa.

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