

# INTERGENERATIONAL TRANSFERS AND POPULATION AGEING IN AFRICAN COUNTRIES

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## 1. Introduction

Intergenerational contract is essentially an inherent way of living in Africa where intergenerational transfers and family relationships are of paramount importance for the health and well-being of individuals. Parents and adult children play a pivotal role in supportive exchanges at older ages. There are three dominant theoretical explanations on why individuals give: social exchange theory, equity theory and exchange based on need. Social exchange theory is based upon economic principles of costs and rewards and the concept of reinforcement from behavioural psychology (Homas, 1958; Thibaut and Kelly, 1959). Equity theory suggests that relationships will be seen as most satisfying when they are perceived as “balanced”, in that, an individual feels that contributions to and receptions from a particular relationship are about equal (Walster et al., 1978). A third perspective suggests that intergenerational transfers are largely motivated by need (Deutsch, 1975), parents monitoring the well-being of their children and vice-versa and offering assistance when they perceive that there is a need. Studies to date have failed to provide consistent support for any of these theories.

This study critically reviews existing qualitative and quantitative studies regarding intergenerational transfers in relation to population ageing in Africa, focusing on sub-Saharan Africa. Published literature and unpublished manuscripts were abstracted through PubMed, Google Scholar, Popline, and ScienceDirect databases and several other search engines in social, behavioural and biomedical sciences, using the following keywords and search terms were used: intergenerational transfer, patterns of exchange in kinship systems, intergenerational family exchanges, family support networks, intergenerational help, relations between adult children and elderly parents, pension, social security, population ageing, sub-Saharan Africa, Africa. Notwithstanding efforts at implementing formal intergenerational programmes which mainly depend on the creativity and initiatives of individuals, informal and family-based intergenerational practices remain preponderant in much of Africa where formal social security systems continue to be the perquisite of the middle class and civil servants. This has many implications for the health and well-being of elderly in Africa.

## 2. Dynamics of Population Ageing in Africa

We use the United Nations estimates (UN, 2007) to portray the magnitude and speed of population ageing in Africa spanning a century (from 1950 to 2050). The older population (60 years or over) has grown faster than the total population in all regions of Africa, and the proportion of older persons relative to the rest of the population has increased considerably (from 5.3 per cent

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in 1950 to a projected 10.0 percent by 2050). In 2025, the median age of the African population (21.8 years) will still be below the median age of the world population in 1950 (23.9 years). By 2050, the median age in Europe is projected to rise to 47, a level 20 years higher than that projected for Africa (27.4 years). At the country level for instance, the median age for Cameroon was 20.3 years in 1950 and is projected at 29.5 years in 2050; for South Africa, it was 20.9 years in 1950 and is projected at 30.2 years in 2050. In most African regions and countries, persons under 25 years of age are expected to remain the majority of the population. Although the proportion of oldest groups (80 years or over) remains relatively small in Africa, this proportion is increasing steadily and more so for women than men. This will imply growing demand for long-term care, usually supported by family members. The implications of this gender imbalance for public and private support and planning can be significant because older women typically have less education, less work experience and less access to public assistance and other private income sources than older men. Older women are also more likely to be living alone, isolated and often at the margin of the society especially childless women and therefore, less likely to be helped or assisted by close relatives. Thus, a major concern is the provision of adequate and needy care and support to older women.

A decrease of the potential support ratio (i.e., the number of persons aged 15 to 64 per each older person aged 65 years or over) and a rise in the old-age dependency ratio (i.e., the number of persons aged 65 years or over per one hundred persons 15 to 64 years) as consistently found in all regions of Africa, indicates that an increasing number of elderly in need of support to preserve their well-being and health have to be supported by a relatively smaller number of contributors or persons of working age. The reduction of potential support ratios has important implications for social security schemes, particularly for pay-as-you-go pension systems under which taxes on current workers pay the pension of retirees. In most African countries, such support to older persons is rarely provided through public resource transfers, and family support remains their main source of support (Willmore, 2006). The family support is particularly important for very older persons and older persons living in remote and rural areas because their physical, economic and health needs are generally greater albeit neglected. Sub-Saharan Africa is the only region in the world where food insecurity has worsened instead of improved in recent decades, with major health policy and programme implications for ageing populations in general and those living in remote areas or those who are excluded from any benefits of development programs because of their poverty status. The continuing increase of the parent support ratio (i.e., the number of persons aged 85 years or over per one hundred persons aged 50 to 64 years) for Africa as a whole as well as for its regions and at the national level, implies that increasingly persons aged 50 to 64 will find themselves responsible for the care of one or more family members aged 85 years or more. With such increases in the proportion of older persons, the shifting weights of the various age groups tend to create social and political pressures that may result in changing patterns of resource allocation among generations, competition for scarce resources among family members that sometimes give

rise to intergenerational conflicts (Alber et al. 2008).

When fertility declines to low levels, sustained mortality reductions at older ages become the driving force behind population ageing, increases in the proportion of the older population being primarily caused by increasing survival to advanced ages. Since 1950, life expectancy at birth increased by 11.5 years in Africa, 26.4 years in Northern Africa, 10.2 years in Eastern Africa, 8.3 years in Middle Africa and 11 years in Western Africa; in contrast, it decreased by 1.7 years in Southern Africa mainly due to the HIV/AIDS epidemic. Life expectancy at birth is projected to increase in Africa by 15.5 years (by 31 per cent), from 49.9 years in 2005-2010 to reach 65.4 years in 2045-2050. Because mortality levels at young ages remain high in Africa, proportional improvements in life expectancy during the next four decades (2005-2010 to 2045-2050) are expected to be higher at birth than at older ages. This means that Africa will continue to face the complex challenges of an ageing population conjugated with structurally young age-sex composition which features distinct needs and requires implementable policies and programs apt to successfully accommodate life-cycle needs under changing conditions and opportunity structures at the local, national and international levels.

### 3. Intergenerational Transfers and the Elderly in Africa

The importance of intergenerational transfers for the well-being of the ageing population in Africa has been the concern of a growing body of research in recent years (Adamchak et al., 1991; Stecklov, 1997; Weinreb, 2002; Jensen, 2003; Oppong, 2006; Aboderin, 2006; Kazianga, 2006; Ferrara, 2007; Schatz and Ogunmefun, 2007; Onyebueke, 2008). Solidarity and mutual help are strong social protection values in traditional African societies and, have resisted to urbanization and changes in the nature of the family. Evidence of the resilience of these informal mechanisms of social protection comes from some of the household income and expenditure surveys carried out in several African countries since the 1980s. Urbanization may be eroding extended family obligations, but migration has resulted in rising remittances as well as other forms of transfers broadly defined to include the provision of different kinds of resources (material, emotional, practical support, staying in touch and sharing knowledge and skills) from family members living and working abroad (Akyeampong, 2000; Morrison, 2006). Even when blood relations are separated geographically, family ties generally remain intact emotionally and financially (Morrison, 2006; Aboderin, 2006; Alber et al., 2008).

In the vast majority of African countries, the 'modern' state-run systems consist almost entirely of contributory social security regimes for formal sector workers (and to some extent their families). These usually provide retirement pensions, maternity benefits, sick pay, disability allowances and in a few cases health insurance to their members. In some countries, the benefits are very low, irregularly paid or difficult to access. Moreover, since the vast majority of the population depends for livelihoods on farming or the urban informal sector, these systems usually exclude

this population, including almost all of the poorest and most vulnerable households. For example, in Cameroon, the civil service scheme covers approximately 10% of the population and benefits do not include health insurance (MSA, 2008). Social transfer schemes are also in their infancy in most African countries. These are limited to small pilot programmes, of which one of the most significant is the *Ghana's Livelihood Empowerment against Poverty (LEAP) Programme* (Sultan & Schrofer, 2008). There are continuing concerns however that this scheme will not reach the poor, due to the requirement to pay a premium of approximately USD8 a year. Overall, formal social protection systems remains extremely weak in Africa, leaving the vast majority of the population and most notably the poor populations, dependent on informal traditional solidarity mechanisms and on humanitarian relief in times of natural or man-made crises.

An overview of Social Security reform issues in Africa, based on the examination of a number of case studies for both Francophone and Anglophone Africa, revealed a number of findings drawn by the analysis of case studies (Barbone and Sanchez, 1999). With very few exceptions (Mauritius, Botswana, and to a certain extent South Africa), formal social security institutions have not been successful in providing broad-based coverage of the population. Moreover, it is unlikely that pensions and disability coverage will be extended to the informal sector, which represents the vast majority of the employed population in Africa within the next generation, as a more recent review in 15 African countries has shown (Kakwani and Subbarao, 2005). Many African countries are beginning to recognize the role of social protection in promoting food security among vulnerable groups. Vincent and Cull (2009) reviews the impacts of social cash transfers on social protection as a means of reducing poverty and vulnerability in southern Africa (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). They found that in addition to promoting food security and nutritional status which are important for maintaining good health by reducing the risks of nutrition-related infections, social cash transfers promote self-esteem, social status, empowerment and equity; they also provide the necessary capital to allow beneficiaries to participate in other social services, including healthcare and education. In most African societies for instance and rural areas in particular, the elderly typically rely on their children to provide for them. At the household level, there is ample evidence showing that cash transfers improve food security and nutrition. In Lesotho for instance, the number of old age pensioners reporting that they never went hungry increased from 19% before the pension to 48% after it was introduced (Vincent and Cull, 2009).

The elderly mental health is becoming a cause of concern in Africa, with the ageing of its population. A growing number of older people in Africa presage an increase in those affected by organic, age-related mental diseases such as dementia (Ineichen, 2000). The long-term importance of patterns of intergenerational exchange for elderly mental health and well-being remain understudied in Africa. A simultaneous rise in the burden of non-organic mental disorders in elderly populations is likely because stressors in many countries are affecting the mental health of the elderly directly and/or indirectly by altering the ability of families to provide care for them through

intergenerational support (Adamchak et al., 1991; Maruapula and Chapman-Novakofski, 2007). Health services are not provided equitably to people with mental disorders, and the quality of care for both mental and physical health conditions for these people could be improved.

### Policy Recommendations

The stunning growth of the elderly population in Africa demands special attention of policy and decision-makers. Most of the elderly populations, predominantly women, are bearing mainly the burden of the population ageing.

The elderly persons have increased risk for adverse health outcomes, a need for health services, unique social circumstances, elevated risks for common diseases as age progresses and other diseases linked specifically to old age. In addition to acute medical care, elderly persons need services for personal care and independent living.

Shrinking social networks, loss of income, changes in living arrangements and lifelong problems such as poverty have an impact on the well-being of elderly adults. Hence, social policy development and redistributive policies for the elderly in Africa need to take into account the role of intergenerational family transfers, the familial roles and social transformations in a changing society. Fiscal cost of providing a universal non-contributory social pension to all of the elderly is prohibitive and unaffordable in Africa, and there is a need for a targeted social pension to groups most in need.

Given the disease burden of mental health problems of the aged in Africa, there is an urgent need for research, policies and programs aimed at improving the conditions of elderly mentally ill. Health care systems should be strengthened to improve delivery of mental health care, by focusing on existing programmes and activities, such as those which address the prevention and treatment of HIV, tuberculosis, and malaria, and management of chronic disease.

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