

Familial Roles and Social Transformations

Older Men and Women in Sub-Saharan Africa

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By focusing on old people in sub-Saharan Africa, the author illustrates the need for comparative analyses of how culture, sociopolitical systems, and sweeping social change shape lives, interconnections, opportunities, and constraints among older people. In such work, gender contrasts are critical. Because of their position in reproduction and marital patterns, women in sub-Saharan Africa have tended to use lineal strategies, focused on children and grandchildren, in contrast to the more lateral, partner-oriented strategies followed by men. Migration into urban areas and the AIDS pandemic have left many older women in charge of grandchildren in rural areas with inadequate resources and infrastructure. Shaped by traditional values, norms, and roles in their early lives, they currently find many expectations unmet. Indeed, some of the traditional norms that ensured respect, support, reciprocity, and embeddedness may now leave many older people, especially women, isolated, weakened, and victims of illness and violence.

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This article is about aspects of aging in sub-Saharan African societies, with a focus on how changing familial roles and relationships both

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buffer and intensify the effects of socioeconomic and demographic transformation. Rather than focusing on the desires and strategies of people as individuals in their micro-worlds, I examine some critical aspects and impacts of the wider systems—social, cultural, economic, and demographic—within which aging takes place (see Hagestad and Dannefer 2001).

The elderly are viewed within the context of their families—kin networks, domestic groups, and marriages—and their associated productive and reproductive roles. These are seen as being shaped by cultural values and norms, molded and constrained by sociopolitical systems and economic and demographic change. Accordingly, I first present a brief description of some of the typical norms and practices prevalent when the elderly in the region were born and socialized, half a century or so ago (Oppong 1992). Second, I provide a short overview of some salient regional and national economic, demographic, and disease crises that have affected people's lives in recent decades. The trends discussed have potentially serious impacts on older people, who are often less mobile and less well endowed than younger age groups.

Tradition: Family Solidarity, Reciprocity, and Respect

Traditionally, filial piety (i.e., respect for parents and grandparents, one's own as well as classificatory) and cooperation and reciprocity within and between generations in production and reproduction have been pervasive and important values in African sociocultural systems. Successful parenthood and grandparenthood have customarily commanded respect from others and ensured social and economic security. Within descent groups, practices of fostering the children of brothers, sisters, and offspring, in contexts of high fertility, have ensured a constant supply of children to households. Meanwhile, low levels of technology and domestic resources (energy, piped water, etc.) have necessitated close cooperation between the generations in domestic and subsistence tasks on family farms.

Both women and men have been honored, sometimes ritually and publicly, for their achievements in reproduction, not simply begetting and bearing but also the lifelong efforts involved in caring for and maintaining offspring to successful maturity. Motherhood in particular has been supported and highly valued, and systems of domestic norms and practices have been geared toward optimizing female reproductive potential over the life course. Pressures to procreate during the reproductive years have till now remained comparatively strong in Africa. The pressures on women,

however, have encouraged them not simply to be prolific but to bear children at well-measured, well-spaced intervals throughout the reproductive span and to bear them within a precise framework of descent rules and marital exchanges, so that it is known to whom offspring belong (on the father's side as well as the mother's). Responsibilities for care, socialization, and identification are well defined. Marriage is meant for childbearing, with births ideally spaced at intervals of two to three years, through the strict regulation of postpartum sexual abstinence for nursing mothers and the intensive breast feeding of infants (associated with postpartum amenorrhea). Such practices have in the past helped ensure optimal child development, maternal health, and high fertility in technologically simple and often resource poor environments. Residence norms and marriage practices frequently ensured the proximity, if not coresidence, of one or more grandparents with some or all of their grandchildren.

As women and men matured, they were expected to play an important part in advising, guiding, and supporting the young, also as they became parents in their turn. Thus, old age in years per se has not been especially revered but rather the maturity and wisdom born of a lifetime's experience in raising new generations. This task was recognized as hard, given the work, perseverance, patience, and long-term caregiving skills required.

The path to elder status typically took the whole of a life involved in reproduction and production in accordance with cultural norms. Once in the elder category, a person was ideally considered to have wisdom and gave advice and was respected by the young. Within such systems, offspring were essential and ideally on hand to provide security and care in old age. The situation of a childless person was socially, psychologically, and spiritually dire but could be at least partially improved by child fostering. The final form of care and respect for older people was, and still remains, a fitting funeral, a very important African rite of passage, in which legitimate offspring, including grandchildren, played critical parts. Generational ties were strong and enduring, even lasting beyond the grave and providing close links for the living, through the mediation by the old with the ancestral spirits. This link gave (and continues to give) the old ambivalent power among their descendants. Descent groups were often significant bases for local political institutions, for the management of domestic and community resources, and for significant safety nets of familial responsibility and care. Such security systems ensured the welfare of the vulnerable young, the old, and the bereaved (widows and orphans).

Marital status had and continues to have numerous and varied resources and support available to the old. Gaps in age between spouses remain larger

than in other regions, especially in West Africa. Moreover, there are profound contrasts between the conjugal careers of women and men. Whereas women tend to marry younger and then to be without spouses in their older (postchildbearing) years—following conjugal separation, divorce, and widowhood—men tend to keep marrying younger and younger wives over the life course. Consequently, few of them are unmarried in their old age, and a certain proportion are polygamous, with more than one wife. In contrast, old women are typically husbandless and living with children and nurturing grandchildren. An estimated 25% of adult women in Africa are widows. Of these, 2 in 5 or more are under age 60 (unlike in developed countries, where 9 or more out of 10 are over age 60).

Female lineal, child-focused strategies have accordingly been contrasted with male lateral (partner-oriented) strategies in old age. This difference warrants further exploration and comparison in cross-cultural studies.

Although widowhood is common, research on the topic has been relatively sparse (Mutongi 1999). Anthropologists have described the kinds of symbolic, spiritual, and social transitions through which widows are typically required to go before they can remarry (if young), resume sexual life, and rebuild social ties (Potash 1986). For example, Pauw (1990) described widows and ritual danger in Sotho and Tswana communities. To get rid of the negative state and counteract the potential evil forces, widows generally must observe a range of taboos and rules affecting their dress, social (and sexual) intercourse, and behavior. Funeral and mourning rites mark a period of transition and ambiguity. This is not as long or as marked for widowers. Studies carried out in the past decade have shown that widowhood customs and rituals, such as head shaving and public ablutions, are still widely adhered to. Friction, if not conflict and violence, may occur when attempts are made to alter them, avoid them, or put Christian ceremonies in their place. Furthermore, a husband's death does not customarily signal the end of the marriage relationship. The widow may be considered still married to her husband's descent group, and in the case of a young widow (premenopause), assignment to a younger relative of the husband to marry may be the norm. As Pauw noted, the widow in mourning, having lost her spouse and yet still considered to be married, is therefore in a special kind of ambiguous transitional state, typically involving pollution and related beliefs. With Christianity and modernity, many rites have been curtailed or dropped, but underlying principles often still hold.

An older woman may feel that marriage is not the best source of security, and it is not uncommon for women to tire of marriage and return to their kin groups of origin to live with children and grandchildren. Van der

Geest (1997) described aging among the Kwahu, an Akan people of Ghana, among whom many women stop being married when their task of bringing forth has been completed. Growing old is viewed as a journey homeward, so it is thought fitting for women to return home when they age.

The close proximity of alternate generations in Africa of half a century and more ago—grandchildren and grandparents—has been well described (e.g., see Fortes 1949 on the Tallensi). In these systems, grandparents, both female and male, have been widely depicted as playing critical roles in managing family resources, including labor, for the common good, providing shelter, advice, support, and security for the young, the pregnant, and new parents. Grandmothers in particular have played an important part in supporting young mothers in rearing their infants. The global and historical significance of this role for child survival and development is increasingly being realized and documented by academics.

Among many African peoples, it has been customary for young, newly married couples to establish their homes in or near the grooms' parents or for new mothers to bring forth and nurse their infants at their mothers' homes. In addition, the grandparents have often looked after grandchildren in the same domestic group or elsewhere in widely documented fostering arrangements. Parents have not even always been considered the best people to rear their own children (e.g., Oppong 1973 on the Dagomba of northern Ghana). Bledsoe and Isiugo-Abanihe (1985) reported two decades ago how, in Sierra Leone, grandparents with wealth and prestige often minded many children and described how girls, high-order siblings, and offspring born outside wedlock were often sent to rural grandparents. In addition to children's assistance, grandparents may benefit from money and supplies from parents, which enable them to subsist. There is also the possibility of support from the children themselves in the future. Remittances from children, who are sometimes absent or working in large villages and towns, are more likely to be substantial and more regular when the care of resident grandchildren is involved.

The proportion of older women now living with young children (70%) is higher in sub-Saharan Africa than in other regions. Indeed, about 1 in 10 among older women in Africa live only with young children and no other adults. This has been partly attributed to the higher fertility in the past two decades, compared with elsewhere. It has also been aggravated by the continuing high levels of maternal mortality. Some of these domestic groups are "skip generation" households, described in rural Zimbabwe, in which grandmothers live with grandchildren (Hashimoto 1991).

In recent years, older people in Africa are most likely to be heads of households or to live with other adults and/or children. Where levels of

education are higher, older adults tend to live in smaller households and are more likely to be alone. Comparative analysis of African Demographic and Health Survey data has shown that although only 2% of all people in the region live alone, 10% of individuals over age 65 live alone, and most of these are women (Bongaarts and Zimmer 2001). Thus, elderly women are the most likely of anybody to live alone, even though it is not as common a situation as it is in the North.

Transformations Affecting Familial Roles and Relationships

Demographic Change

Sub-Saharan Africa's elderly are a smaller segment of the population than in many other regions of the world. Between 1980 and 2000, there was an increase of about 80% in the number of old people in the region. In the next 20 years, it is estimated that the African population of older people will further increase by 93%. Between 1950 and 1990, African life expectancy rose from 38 to 50. Over the next half century, life expectancy at birth is projected to rise by 15 years, from 50 to 65. Sex differences in life expectancy are smaller in developing than developed countries, and in Africa, they are projected to diminish even further. This raises a serious question as to whether this is due to harsher lives for women, including the continuing high levels of maternal mortality and heavier and longer workloads continuing into old age (United Nations Population Division 2002).

A fact very pertinent to the situation of the aged is that, in view of the continuing high rates of fertility, the overall African population is also still expanding very rapidly. It remains the most youthful population in the world and is expected to remain so for the next half century. The median age will rise to only 28 years (in comparison with 48 years in Europe). Nevertheless, the percentage of children in the total population is expected to decline from 43% in 2000 to 28% in 2050.

Despite this sharp rise, there will still be precious few old people in comparison with the numbers of children under age 15. The contrast with the North is dramatic. Whereas by 2050, there will be almost three people aged 60 years or older for every child under age 15 in Europe, there will be almost three children under age 15 for everybody aged 60 years and older in Africa (United Nations Population Division 2003b). This contrast represents a very big difference in terms of grandparental roles: potential joys,

demands, and responsibilities. Indeed, the continuing high level of fertility in the region means that Africa has the highest rate of dependence of young people (0.8) in the world. This is in stark contrast to Europe and Central Asia (0.3) or high-income Europe (0.2).

The exceptionally high crude death and birth rates (17 and 39 per 1,000 people, respectively) mean that families are repeatedly faced with daily demands, stresses, and strains involved in pregnancy and childbirth, socializing and maintaining new family members, as well as bereavement and loss. These are all family processes in which grandparents, especially grandmothers, are expected to play a very active part, supporting and advising the parental generation and carrying the associated burdens of responsibility and caring work, including ritual practices and health-seeking activities.

Urban-Rural Shifts

Regional rates of urbanization in Africa in the past 50 years have been the highest in the world, reaching more than 5% per annum in the eastern and western subregions. Currently, 37% of the population live in urban areas, up from 15% and 25% in 1950 and 1975, respectively. The massive levels of migration of the adult labor force seeking work and incomes in urban areas affects the elderly profoundly. Intergenerational cooperation in homes and farms disappears. Kin networks are often stretched to breaking point. Age and sex ratios in households and communities become skewed, threatening coping capacity. There is a growing trend for high proportions of the aged, in particular women, to be living in underdeveloped rural areas, often together with very young dependents. Indeed, in a number of countries, the proportion is at least twice as high as that in urban settings (Stloukal 2001). It is estimated that by 2020, not only will approximately 64% of Africa's older people live in areas defined as rural, but the majority will be women, with serious implications for standards of living, well-being and domestic food production.

Economic Constraints: Impoverishment, Insecurity, and Lifelong Labor

Despite several important regionwide and national initiatives, poverty remains a pervasive and escalating problem in sub-Saharan Africa. This results in tremendous avoidable suffering and leads to shortened life spans, the frustration of human potential, and the majority of lives being marked

by hard work, deprivation, and suffering. This is likely to continue into old age (e.g., Killick et al. 2001). Nearly half the population is estimated to live on the equivalent of a dollar or less a day (a larger share than in any other region), and more than another quarter is estimated to live on less than two dollars. As the population grows, so does the number of people living at this kind of poverty level. Not only has economic growth lagged behind other regions, but inequalities are widening both within and between countries. Poor people lack purchasing power because of low incomes; restricted access to assets such as land, capital, and labor; and a lack of opportunities for income generation. Most live in rural areas, where a lack of agricultural development has been a major cause of rural poverty (Donovan and Cleaver 1995). Indeed, the absence of technology-oriented farming is a critical constraint on agricultural growth. Most farmers still use backbreaking hoes and cutlasses for their work, and the agricultural labor force is becoming feminized and older. Often, half or more of the food producers are women, frequently grandmothers.

Human bodies are typically ground down by tiresome labor: transporting goods, as well as farming and food processing with simple handheld tools. Many of those who carry loads on their heads and grind cereals by hand are older women (see, e.g., United Nations Development Program 1998 on Tanzanian evidence). For women, especially older women, much of their labor is unpaid, subsistence, and domestic (often caring) work. Recent United Nations Population Division (2003a) calculations have shown graphically that among the world's major areas, Africa has by far the highest proportion of economically active people among those aged 65 or older, whereas Europe in contrast has the lowest. Yet despite all this hard work in old age, relative poverty is the lot of most elderly. Even in the richest country in the region, Botswana, rural communities tend to be populated with poverty-stricken elderly, with a preponderance of women, a lack of wage earners, and a heavy dependency burden of children. The young are deprived of paternal support and reliant on the daily support and care of grandmothers (e.g., Ingstad 1994; Ingstad, Brunborg, and Bruun 1996).

The impact of pervasive poverty on the bodies and lives of the elderly is clear: inadequate dietary intake and widespread low levels of nutritional status. Moreover, hard agricultural labor has noticeable effects on aging bodies (see, e.g., Ekpenyong, Oyeneye, and Peil 1987 on Nigerian populations). Despite these facts, the elderly in the region are not generally viewed as a priority category for health or nutrition services. There is also little specific information about them. To rectify this situation, the World Health Organization has initiated the Minimal Data Set Project on Aging in

four African countries, including nutritional information. Existing data suggest that the nutritional problems are serious (Charlton and Rose 2001). Meanwhile, only a very small minority are in formal retirement programs or receive state pensions. Most old people work in agriculture and have no protection whatsoever in old age, other than from their families (see Gruat 1990; Kasente 2000).

The HIV/AIDS Pandemic

An HIV/AIDS pandemic of catastrophic proportions has hit the African continent harder than any other place in the world. So far, the worst-affected regions are in southern and eastern Africa, but parts of the western and central regions are fast catching up. Because AIDS deaths are most common in those aged 15 to 50 years, in several countries, projected labor-force losses due to the disease are estimated to be over 30%. The deceased workers leave many parentless infants and children behind who desperately need care. In Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe, such orphans are so numerous as to threaten the traditional familial coping mechanisms. AIDS orphans struggle to live in a context that is often one of open discrimination and stigmatization, if not outright violent hostility. There is anger, ambivalence, and rejection of responsibility by many individuals, families, and communities, who often think that the government should shoulder all responsibility. Before HIV became widespread, only an estimated 2% of children were orphaned. Now the proportion has reached 15% to 17% in the most affected areas. It is estimated that there will be 35 million orphans by the year 2010. Some communities are accordingly being overwhelmed by the care needs of these children. Significantly kin fostering (in effect grandmaternal caretaking) is viewed by governments, as well as nongovernmental organizations, as the most culturally appropriate, sustainable, and cost-effective solution. Assumptions that it is the "African extended family" that is coping are, however, of limited validity. For it is particular individuals (i.e., grandmothers) who are doing the bulk of the caring for the sick and orphaned, not groups of kin (e.g., Wilson and Adamchak 2001 on Zimbabwe and "the grandmothers' disease"). Labor migration and the widespread breakdown of traditional kin supports mean that grandmothers often face responsibilities for the care of both the terminally sick and the orphaned children alone (e.g., "AIDS" 2001). This is the kind of story recently told by Atobrah (2004) about the care of orphans in Manya Krobo, Ghana.

Grandmothers: On the Front Line of Caring

Accounts of how the catastrophic spread of sickness and death due to HIV/AIDS affect the elderly are similar in every case. Although the old are not most affected bodily by the virus, they are often most deeply affected by its social and economic implications. They are the ones who must ultimately care for the sick, prime-age adults and the children left behind. Account after account from different countries has presented similar pictures since the beginning of the epidemic (e.g., Dayton and Ainsworth 2002 on Tanzania; Moyo 2002 on Zimbabwe). Adults suffering from AIDS return to their parents' homes shortly before death. As a consequence, hours spent by older people doing household work rises, and their wage employment falls. By the time people with AIDS die, resources have dwindled, leaving the caring older persons poorer than before and with orphans in their care. Furthermore, although they are perceived to be at low risk, the old themselves are not immune to HIV/AIDS (Ferreira 2000). The vulnerabilities of the old are beginning to be recognized, and a question posed is, Who will care for the carers when they in turn need care (Mupedzizwa 1997)? Such concerns are partly triggered by profound shifts in the status of the old.

Older Persons in Times of Change: Roles and Statuses in Flux

Several studies have demonstrated ways in which the position of the elderly has been changing profoundly over the decades, as populations have been affected by the increasing expansion of urban centers and the scattering of relatives (e.g., Sangree 1997 on the Kenyan Tiriki). Although the culturally sanctioned roles of the aged—in households, descent groups, and communities vis-à-vis kin, offspring, and neighbors—have been stressed (e.g., Apt 1997), these roles are rapidly changing. While the economic basis of production and survival is changing the mobility of populations, the composition of domestic groups is being transformed, scattering kin and creating new communities of stranger migrants. Meanwhile, old communities often are left denuded of their traditional labor force, in particular young men. Thus, ongoing economic, demographic, and cultural transformations create crises in African families, profoundly affecting the aged (see, e.g., Bradley and Weisner 1997 on East Africa).

Many older people now feel a sense of declining status, a loss of respect, and relative deprivation. Conflicts between the generations regarding the

allocation of scarce resources, in particular caring labor, frequently form the subject of a moral discourse and complaints about the neglect of assumed rights and perceived obligations (e.g. Cattell 1997 on Samia, Kenya). Increasingly, old age per se no longer commands respect. Young and old say that respect is given to those who have been successful in life. Often, the best proof of success is the possession of money, which is now needed for everything, even the maintenance of traditional institutions and family care and maintenance. At the same time, respect in old age is increasingly viewed as something that must be earned, and the care that is given to the old is more and more a reciprocal measure of the care they gave to their children when they were young. Filial piety no longer guarantees support and care in old age. Many of those in poverty attribute their plight to neglect by their immediate families (e.g., Kinsella 1988 on Kenya).

Evidence of conflict, violence, and neglect signals the changing position of some of the old (e.g., Apt 1997). At the same time, many poor parents do get a significant part of their maintenance from their children (e.g., Peil 1991 on Nigeria, Sierra Leone, and Zimbabwe). However, continued high fertility and the consequent burdens of child dependency, as well as inflation and very poor incomes, mean that adult children's contributions are generally smaller than either the parents or children would have liked. So, old people are left striving harder to keep working and be self-supporting.

Meanwhile, rules and practices promoting sexual restraint and marriage have eroded. As a consequence, many societies have witnessed high levels of out-of-wedlock, unplanned births, which may lead to more demands for care from mothers' mothers. Unhappily, at the same time, grandmothers may be the ones accused of causing the sickness and deaths of the young: the very ones they are expected to care for and keep alive.

Accusations of Witchcraft

The significant changes in the position of grandmothers vis-à-vis kin, offspring, and communities are demonstrated by the escalating accusations and continuing widespread beliefs about the prevalence and impact of witchcraft (e.g., Geschiere and Fisiy 1994; Yamba 1997). Customarily, causes for any death are sought within the prevailing social system, and suspected witches in the family of the dead or sick are a prime focus of blame. Early witchcraft studies showed that the accused were mainly those older persons who were resented, feared, and envied by the younger members of their households. As Yamba (1997) stressed, the analyses of more recent studies tend to concur with the classical accounts, that there is

a rise of belief in supernatural causation in times of increased social misfortune and economic uncertainty.

Conclusions

Traditional family values, norms, and roles prevalent half a century ago have molded the lives of today's old people in Africa. In the past, parent-child ties, descent groups, and kin networks served to integrate, embed, and protect the old. A major life focus was the investment of time, energy, and resources in the human development of the next generation and the manipulation of conjugal arrangements to ensure predictability and security for the old and young. Some of the very norms and roles that ensured respect, support, and embeddedness may now leave a growing number of old people, especially women, isolated, marginal, and vulnerable to stress, malnutrition, sickness, and violence.

Traditional family systems and patterns of kin roles and conjugal ties are clearly gendered. Men spend most of their adulthood and old age married. Women typically spend many older years without partners, playing a much more active part throughout life in the day-to-day care of offspring, both children (their own and their siblings') and grandchildren. They are much more likely than men to live alone with young children in old age. As in the North, care of the sick is also gendered, and the caring responsibilities of the older generation, for the sick and the dying, as well as dependent children, are rapidly escalating. This is happening as men, both husbands and fathers, are more often unavailable; as births increasingly take place out of wedlock; and as disease, conflict, and death spread in communities. Escalating impoverishment and massive labor migrations are splitting spouses, separating parents and children, dispersing kin, and denuding family safety nets, with serious consequences for the dependent and vulnerable, both old and young. Sickness and death caused by HIV/AIDS lead to escalating numbers of adults to be cared for and orphaned children to be looked after, typically by grandmothers. If they shirk their responsibilities, their families will be even less likely to survive the crises. Furthermore, in conditions of high rates of mobility of family members, grandmothers are more and more likely to be facing these responsibilities alone, typically in rural areas. At the same time, women, like men, continue working outside the home well into old age, especially in view of the lack of pensions and social security support. In light of women's multiple and escalating burdens, is it surprising that the longevity gap between women and men is diminishing in the region?

Finally, the widespread destabilization of the customary relations of respect and reciprocity, between adjacent and alternate generations, is being accompanied not only by more widespread material and social neglect of old people but also by unfortunate outbreaks of frustration and aggression, expressed against the elderly, on psychological, physical, and social levels. But these are the negative sides of the coin. On the positive side, millions of labor migrants across the region and beyond are remitting substantial amounts of cash support to aged parents far and wide. Meanwhile, close relationships still ideally obtaining between the generations and the continuing opportunities for remarriage and procreation on the part of many older men are preserving millions of old people from the solitary fates awaiting many of their peers in other parts of the world.

An aim of this essay when first composed was to provide a stark and salutary counterpoint for several northern gerontologists and their accounts of somewhat socially isolated and lonely older women and men, comparatively materially secure and more or less engaged in individual leisure pursuits. A second aim was to encourage more contemporary researchers focusing on aging in the world today to move up in levels of generality and attempt comparisons of the configurations of changing roles of the old, both men and women, across cultures in different parts of the world. The collaboration of researchers in comparative studies across communities that face different opportunities and constraints and possess contrasting skills and strengths may help us tease out further what are global human and gendered elements in aging processes and what are the historically specific, culturally particular elements. Teasing out such different strands should help us collaborate to create a bigger social science story of aging as it is occurring today in different parts of a globalizing world.

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