



AFRICA AGEING

Beyond Madrid +10

1st Africa Region Conference of Gerontology and Geriatrics

CAPE TOWN, SOUTH AFRICA
17-20 October 2012

Protea President Hotel



PROGRAMME AND BOOK OF ABSTRACTS

Conference PARTNERS

African Union, Department of Social Affairs

HelpAge International

Oxford Institute of Population Ageing,
University of Oxford

United Nations Fund for Population Activities

United Nations Programme on Ageing

United Nations Economic Commission for Africa,
Centre for Gender and Social Development

World Demographic and Ageing Forum

World Health Organization,
Department of Ageing and Life Course

African Population and Health Research Center

Africa Unit for Transdisciplinary Health Research,
North-West University, South Africa



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Director, HIV/AIDS, STIs and TB Research, Human Sciences Research Council, South Africa

Dr. Brent Tipping

President, South African Geriatrics Society



Welcome to the first AFRICA AGEING Conference!

Convened by the International Association of Gerontology and Geriatrics (IAGG) Africa Region and organized locally by the Institute of Ageing in Africa at the University of Cape Town (IAA), this historic meeting marks 10 years since African governments adopted the United Nations Madrid International Plan of Action on Ageing (MIPAA) and the African Union Policy Framework and Plan of Action on Ageing (AU Plan).

The Conference brings together more than 300 scholars, civil society representatives, policy makers and practitioners from across Africa and beyond, to deliberate on challenges and opportunities of ageing in the continent, and to review progress in the implementation of the two plans in African countries.

The scientific programme is set to provide a unique platform for knowledge transfer and cutting-edge debate on the realities of growing old in Africa, and for identifying directions for action on ageing in the region in the coming years.

The professional site visit and social programme offer you an opportunity to interact with other delegates and to learn firsthand of best practices in vibrant settings of Cape Town.

I welcome you warmly to Cape Town and invite you to join us in debating, building capacity, networking and setting agendas on AFRICA AGEING – Beyond Madrid + 10.

Dr. Isabella Aboderin

Conference Convener

IAGG Regional Chair for Africa



Welcome to CAPE TOWN

Dear Delegate

I welcome you warmly to Cape Town and the AFRICA AGEING Conference! It has been my pleasure to serve as the Convenor of the Local Organising Committee for the Conference. My team and I will continue to do all we can while you are here, to ensure that your visit and experience at the Conference are professionally and personally rewarding. I hope you will enjoy the social events we have organised, and have time to explore the beauty of Cape Town and experience the warmth of South Africa's people. May we all be blessed with good weather for the duration of the Conference!

Dr. Sebastiana Kalula

Convenor, Local Organising Committee

Plenary Session SPEAKERS

ABODERIN, Isabella

Dr. Isabella Aboderin is a Senior Research Scientist at the African Population and Health Research Center (APHRC) in Nairobi, Kenya, where she leads the programme on ageing and development in sub-Saharan Africa, and a Senior Research Fellow at the Oxford Institute of Population Ageing (OIA), University of Oxford. Together with colleagues at the OIA she co-ordinates the African Research on Ageing Network (AFRAN). Isabella is the Regional Chair for Africa of the International Association of Gerontology and Geriatrics (IAGG), an Advisory Board member of the World Demographic and Ageing Forum (WDA), a member of the World Economic Forum Global Agenda Council on Ageing Societies, and a Board Member of HelpAge International. She serves on the African Commission on Human and People's Rights Working Group on the Rights of Older Persons in Africa. Isabella's research focuses on the nexus of ageing and development in Africa, social determinants of health in old age, access to health care in old age, and intergenerational support and family relationships. She holds a PhD from the School of Social Policy Studies, University of Bristol, UK, an MSc degree in Health Promotion Sciences from the London School of Hygiene and Tropical Medicine, UK and a BSc degree in Cellular and Molecular Pathology from the University of Bristol, UK.



BARYAYEBWA, Herbert

Herbert Baryayebwa is Director of Social Protection in the Ministry of Gender, Labour and Social Development, Uganda. He co-ordinates and oversees programmes for vulnerable groups, including the Expanding Social Protection Programme. This programme has components of policy development on Social Protection and Social Assistance Grants for older persons. His wide experience in research, policy formulation, planning and implementation of programmes for vulnerable groups including older persons enabled him to co-ordinate the development of the Uganda National Policy for Older Persons, the National Plan of Action for Older Persons and the National Council for Older Persons Bill, which was ratified in August 2012. Herbert is currently co-ordinating a team of experts working on the development of a Social Gerontology Training Manual for Social Gerontologists, Geriatricians, Community Development Workers and other community-level stakeholders.



BEARD, John

John Beard, MBBS PhD, is Director of the Department of Ageing and Life Course at the World Health Organization in Geneva. He works with the global community to meet challenges and to maximise the benefits associated with the rapid ageing of their populations. He is chair of the World Economic Forum's Global Agenda Council on Ageing and a member of the Advisory Board of the World Demographic & Ageing Forum. John is an Australian physician who undertook clinical training in South Africa and London, before working for an Aboriginal Community Controlled Medical Service in Australia. This position was followed by a range of senior public health and academic roles in Australia and the USA. John has published widely in the international literature and remains actively involved in several large longitudinal studies of ageing including: WHO's 6-country Study of Global Ageing and Adult Health (SAGE), the New York City Neighborhood and Mental Health Study (NYCNAMES), and 45 and Up', a longitudinal study of 250,000 older Australians.





BLEWITT, Richard

Richard Blewitt is the CEO of HelpAge International, a global network striving to achieve the rights of disadvantaged older people to economic and physical security, healthcare and social services. HelpAge focuses on the development and strengthening of civil society structures in the developing world and on building linkages between civil society and government. Blewitt has held senior positions with the British Red Cross Society, Save the Children, and the UN Office for Co-ordination of Humanitarian Affairs. Immediately prior to his appointment with HelpAge International in November of 2006, he served as Director of Policy and Communications with the International Federation of Red Cross and Red Crescent in Geneva. He is a founding trustee of The Survivors' Fund which supports the rights and needs of victims of the Rwandan genocide. He was also a trustee of The London Lighthouse charity from 2002 to 2005 which provides community-based services to people living with HIV/AIDS. Richard holds a BSc with honors in business management from the University of Surrey and an MA from London University's School of Oriental & African Studies.



CHA, Heung Bong

Professor Heung Bong Cha is the president elect of the International Association of Gerontology and Geriatrics (IAGG) and President of the Korean Association for Vision of Aging Society. In 2004, he was appointed Advisory Chair at the Presidential Committee on Aging and Future Society of The Republic of Korea and two years later Chair of the Ministerial Committee on Future Strategy of Health Care Security. From 2003 to 2004, Professor Cha was Dean at the Graduate School of Social Welfare at Hallym University, President of the Korean Gerontological Society, President of the Federation of Korean Gerontological Societies, and President of the Korean Academy of Social Welfare. Prior to that Professor Cha held senior positions as Minister of Health and Welfare of the Republic of Korea, President of the National Pension Corporation of Korea and Vice President of Hallym University.



FRANCO, Alain

Alain Franco is Secretary General and Vice President of the International Association of Gerontology and Geriatrics (IAGG) and its representative at the United Nations. He is Professor of Internal Medicine and Geriatrics, teaching geriatrics, gerontology and gerontechnology at Nice-Sophia Antipolis University Hospital, Nice, France. From 2000-2002, Professor Franco served as President of the French Society for Geriatrics and Gerontology. Since 2008, he is the President of the International Society for Gerontechnology, ISG, based in The Netherlands, and is a member of the European Initiative Partnership on Active and Healthy Ageing Steering Group.



HATENDI, Nesta

Ms Nesta Hatendi is HelpAge International Regional Representative for East, West and Central Africa. Nesta works alongside HelpAge International country offices and their teams in Kenya, Uganda, Ethiopia, Tanzania and the DRC, and leads strategic programme development to influence policy and practice in order to realise the needs and aspirations of older persons. Before joining HelpAge, Nesta worked extensively in development for a number of organizations. She was the Country Director of VSO, Education Programme Director with Peace Corps and Country Coordinator with Progression (formerly the Catholic Institute for International Relations - CIIR). Her work in southern Africa, West Africa and Tajikistan focused on education, HIV and AIDS and capacity building of civil society organisations. She began her career by working as an English teacher in the Ministry of Education in Zimbabwe, before pursuing a career in management.

JACOBS, Marian

Professor Marian Jacobs is the Dean of the Faculty of Health Sciences at the University of Cape Town (UCT). She is a Professor of Child Health and Head of the university's Child Health Unit. In addition, she is a pediatric specialist at Groote Schuur Hospital. Throughout her career, in the fields of research, teaching and practice, Professor Jacobs has maintained a strong focus on the health care of children, primarily those from disadvantaged backgrounds. Her work in poor (economic and social) areas of Cape Town has resulted in the publishing of several books and articles in scientific journals and popular publications.



KALACHE, Alexandre

For the past forty years Alexandre Kalache has combined his medical, epidemiological and gerontological training with research, advocacy and activism on global ageing issues. During a 12-year tenure directing the global ageing programme at WHO (1995-2008), he launched the WHO Active Ageing Policy Framework and the worldwide Age-Friendly Cities movement among many other enduring initiatives. His foresight and persistence on the global ageing agenda is seen as having contributed to a paradigm shift both in terms of positivity toward longevity itself and a strengthened focus on a life-course approach to ageing and health. Prior to his appointment at WHO, Dr. Kalache held teaching and research positions at the universities of Oxford and London. At the latter, he conceived and co-ordinated Europe's first Master's Degree course in Health Promotion (1990) and ran international courses on the epidemiology of ageing. His expertise and advice are routinely sought from all corners of the world by national, state and municipal governments, universities, think-tanks, civil society and private bodies as well as inter-governmental agencies and the media. He serves on boards of the World Economic Forum and the World Demographic and Ageing Forum, as well as major pharmaceutical and financial companies, and private foundations, and continues to add to an accumulation of over two hundred published articles, scientific papers and books. He recently established International Longevity Centre-Brazil in his home town of Rio de Janeiro, but continues to have an office in several countries (USA, Spain, Australia).



LANE, Rosemary

Rosemary Lane has worked at the United Nations since 1984 in a number of capacities in the Department of Technical Cooperation for Development, the United Nations Drug Control Programme in Vienna and later in the Department for Economic and Social Affairs, Division for Social Policy and Development. She is a Senior Social Affairs Officer at the UN Focal Point on Ageing, since 2010. Rosemary has worked on issues of ageing since 1993. As a member of the secretariat for the Second World Assembly on Ageing in 2002 she was a main contributor to the drafting of the Madrid International Plan of Action on Ageing that was adopted by the Assembly. Following the Madrid Assembly her work concentrated on promoting the implementation of the Plan of Action at the national level, and in particular focusing on the provision of technical assistance to Member States. Rosemary hails from the United Kingdom and holds an MA degree in Social Policy from the State University of New York.



LAUGERY, Kufekisa Masiliso

Kufekisa Masiliso Laugery is Chairperson of the Senior Citizens Association of Zambia. She has been a widow for the past 18 years and lives as a subsistence farmer in a rural area outside Zambia's capital, Lusaka. Apart from her active engagement with issues of older persons, Mrs. Laugery is one of Africa's aged caregivers. She heads a large household whose membership has varied between 10-14 persons, including five children who are orphans. Mrs. Laugery is additionally a member of a community-based women's organisation whose aims include empowering women in the community and improving the quality of education in the area.





LUTZ, Wolfgang

Wolfgang Lutz is Founding Director of the Wittgenstein Centre for Demography and Global Human Capital (a new collaboration between International Institute for Applied Systems Analysis (IIASA), the Austrian Academy of Sciences and the WU-Vienna University of Economics and Business). He joined IIASA in October 1985 where he is leader of the World Population Program. Since 2002 he is also Director of the Vienna Institute of Demography (VID) of the Austrian Academy of Sciences, and since 2008, Full Professor of Applied Statistics (part time) at the WU. In addition, he is a Professorial Research Fellow at the Oxford Martin School for 21st Century Studies. Professor Lutz studied philosophy, theology, mathematics and statistics at the universities of Munich, Vienna and Helsinki, and holds a PhD in Demography from the University of Pennsylvania (1983) and a second doctorate (Habilitation) in Statistics from the University of Vienna. He has worked on family demography, fertility analysis, population projection, and the interaction between population and environment. He has conducted a series of in-depth studies on population-development-environment interactions in Mexico, several African countries and Asia. Professor Lutz is the author of the series of world population projections produced at IIASA and has developed approaches for projecting education and human capital. He is also principal investigator of the Asian MetaCentre for Population and Sustainable Development Analysis. He is author and editor of 28 books and more than 200 refereed articles, including seven in *Science* and *Nature*. In 2008 he received an ERC Advanced Grant, in 2009 the Mattei Dogan Award of the IUSSP and in 2010 the Wittgenstein Prize, the highest Austrian science award.



MUSHWANA, Laurence

Advocate Mbedle Laurence Mushwana was appointed a Commissioner and elected Chairperson of the South African Human Rights Commission in October 2009. He is the current Chairperson of the Network of the African National Human Rights Institutions (NANHRI), which is an affiliate of the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights. Before joining the Commission, Advocate Mushwana served a full term as Public Protector (Ombudsman) for the Republic of South Africa, from 2002 to 2009. During this tenure, he was the Executive Secretary of the African Ombudsman Association. Advocate Mushwana is a former practicing attorney and now an advocate with B.Juris and LLB degrees and a further two diplomas in Law. As an attorney, he defended political activists and detainees, amongst others. He has had a successful career in the legal fraternity dating from 1974, both in government and the private sector. As a political activist and member of the African National Congress (ANC) he participated in the drawing up of the South African Constitution. From 1999–2002 he was an ex officio member of the National Executive Committee of the ANC. As a Member of Parliament from 1994 to 2002 he served on several parliamentary committees, including the Audit Committee and Judicial Service Commission. He was later appointed Deputy Chairperson of the National Council of Provinces, and relinquished this position when he was appointed Public Protector of the Republic of South Africa in 2002.

MACHADO, Laura

Laura Machado currently holds the position of International Coordinator to the United Nations for the International Association of Gerontology and Geriatrics (IAGG). She is also the Executive Director of InterAge Consulting in Gerontology, a specialist organization in gerontological research, policy and development of social projects. Laura holds a Masters Degree in clinical psychology. Her private practice includes psychotherapy with older persons and counseling for families coping with mental illness. A key focus of her work is Human Rights. In 2010 President Lula presented Brazil's highest Human Rights Award to her for her contribution to the agenda in the country. For eight years (1997/2009) she was the Latin American Regional Representative for the International Network for the Prevention of Elder Abuse (INPEA). From 1997 to 2000 she was the Vice-President of the Brazilian Society of Gerontology and Geriatrics' (SBGG) Department of Gerontology. From 2000 to 2002, she was Chair of the SBGG's International Relations Committee. From 1996 to 2006, she was the Director of the Candido Mendes University's Institute of Gerontology where she developed training and research programmes on ageing. She is a consultant for public agencies and private organizations in ageing-related issues and collaborator to the President of the Republic's Human Rights Secretariat in Brazil, on ageing-related Human Rights issues.



MAIYEGUN, Olawale

Olawale Maiyegun is a Public Policy specialist with expertise in Crime Prevention and Criminal Justice, Narcotic Drugs and Terrorism, as well as Corruption and Governance-related issues. His academic background includes a PhD in Public Policy and Administration and a Master's Degree in International Relations. He began his career in the Nigerian Diplomatic Service in 1983, where he gained extensive experience in bilateral and multilateral diplomacy and negotiation of multilateral treaties. He was Ambassador and Director of the Organized Crime, Money Laundering, Narcotic Drugs and Terrorism Section at the Nigerian Foreign Ministry before joining the African Union Commission in October 2009 as Director of Social Affairs Department. His portfolio includes the provision of technical guidance and ensuring efficient functioning of seven supervised divisions: Health; Labour, Employment & Migration; Social Welfare, Narcotic Control & Crime Prevention; Culture & Sport; and the Secretariat for the African Committee of Experts on the Rights & Welfare of the Child (ACERWC). The portfolio includes the development and promotion of a rights-based approach framework for each thematic programme of work within the department. Dr Maiyegun collaborates closely with civil society organizations on a variety of issues including ageing, drug use, HIV/AIDS among injecting drug users, support for victims of human trafficking, especially women and children and victims of crime in general, as well as maternal, newborn and child health.



PAWLICZKO, Ann

Dr. Ann Pawliczko is Senior Technical Adviser in the Population and Development Branch of the Technical Division at the United Nations Population Fund which she joined in 1996. She serves as the focal point for population ageing and migration, and as technical adviser to UNFPA's project on data collection of resource flows for population activities. She oversees UNFPA's ageing and migration activities at a global level, collaborates with partners to raise awareness, strengthen capacity and build a knowledge base, and provides technical guidance and support to UNFPA regional and country offices. Ann holds a PhD degree in demography and sociology from Fordham University.





POC, Yanine

Ms Poc joined the Office of the United Nations High Commissioner for Human Rights (OHCHR) in 1992, and has since worked both at Headquarters, Geneva, and in the field. She has served OHCHR, inter alia, as: Staff handling complaints procedures in the Communications Unit; Member of the secretariat of various UN intergovernmental bodies, including the then United Nations Commission on Human Rights; Coordinator of the Asia-Pacific Unit; Acting Regional Representative of the High Commissioner for South East Asia, based in Bangkok, Thailand; Chief of the Human Rights Unit of the United Nations Integrated Office in Burundi (BINUB); and Co-ordinator of the Southern Africa Cluster in the Africa Branch of OHCHR, Geneva. She is currently the Regional Representative of the High Commissioner, and Head of the Regional Office for Southern Africa based in Pretoria, South Africa. She took up her current duties in January 2010. Ms Poc holds a post-graduate degree in Political Science from the Sorbonne University, Paris, France.



RUZVIDZO, Thokozile

Ms Thokozile Ruzvidzo is the Director of the African Centre for Gender and Social Development (ACGS) in the United Nations Economic Commission (UNECA) for Africa. ACGS is responsible for ECA's work on ageing, and co-ordinates and provides policy support to African countries' endeavours on ageing. She provides intellectual leadership to ACGS's work in this critical field. Ms. Ruzvidzo has held various senior positions with the Government of Zimbabwe, international development organisations, and regional and local NGOs in Zimbabwe. She has over the last 30 years held leadership positions in various institutions focusing on women's rights, gender and social issues relating to marginalised groups and equity. She is a founder member of the Zimbabwe Women's Resources Centre and Network, a non-governmental organisation working on gender and development issues. She has served on a number of both local and international boards including as a member of the University of Zimbabwe's Council. Her work on social issues and women's rights makes her aware of the importance of transformational and rewarding leadership to be able to address the rights of individuals or groups who are wholly or partially excluded from the society.



SLEAP, Bridget

Bridget Slep is the Senior Rights Policy Adviser at HelpAge International, a global network helping older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. After working at Universidade Eduardo Mondlane in Mozambique for three years, Bridget completed a Masters Degree in International Human Rights at the Institute of Commonwealth Studies at the University of London. Since then she has worked on human rights and development at the Panos Institute, International Family Health and now HelpAge International where she focuses on strengthening the rights of older people through the use of human rights mechanisms.

PROGRAMME at a glance

WED 17 OCTOBER

14:30 – 17:00	REGISTRATION
AUDITORIUM 17:00 – 18:30	OPENING PLENARY Ageing in Africa Ten Years After Madrid – Voices and Perspectives Xhosa Song and Dance – GAPA Choir
18:30 – 20:00	WELCOME RECEPTION

THUR 18 OCTOBER

07:30 – 08:30	REGISTRATION
AUDITORIUM 08:30 – 10:00	PLENARY PANEL 1 Africa Ageing: Opportunities for Development? The Case for Health and Social Policy Action on Older Persons
10:00 – 10:30	TEA/COFFEE BREAK AND POSTER PRESENTATIONS
Meeting Room 10:30 – 12:00 Parallel Sessions I	PRESIDENT 1 What shapes quality of life and subjective well-being in old age in Africa? PAPER SESSION
12:00 – 13:00	LUNCH
13:00 – 14:15 Parallel Sessions II	PRESIDENT 2 Older persons' access to health care: Understanding and overcoming patterns and barriers PAPER SESSION
14:15 – 15:45 Parallel Sessions III	PRESIDENT 3 Recognising and addressing elder abuse in Africa PAPER SESSION
15:45 – 16:00	TEA/COFFEE BREAK AND POSTER PRESENTATIONS
16:00 – 17:30 Parallel Sessions IV	Older persons' access to health care: Understanding and overcoming patterns and barriers PAPER SESSION
19:00 – 22:00	CAPE CULTURE DINNER EXPERIENCE (pre-registration required)
14:15 – 15:45 Parallel Sessions III	Geriatric "giants" in Africa: Epidemiology and responses SYMPOSIUM
13:00 – 14:15 Parallel Sessions II	Institutional care for older persons in Africa: Realities and advances PAPER SESSION
15:45 – 16:00	TEA/COFFEE BREAK AND POSTER PRESENTATIONS
16:00 – 17:30 Parallel Sessions IV	Health and functional status of older Africans: Evidence from WHO's SAGE study SYMPOSIUM
19:00 – 22:00	Alternative approaches to care of older persons in South Africa SYMPOSIUM

FRI 19 OCTOBER

07:30 – 08:30	REGISTRATION
AUDITORIUM 08:30 – 10:00	PLENARY PANEL 2 Human Rights and Older Persons in Africa
10:00 – 10:30	TEA/COFFEE BREAK AND POSTER PRESENTATIONS
Meeting Room 10:30 – 12:00 Parallel Sessions V	PRESIDENT 1 Implementation of the MIPAA and AU Plan in Africa: Government perspectives on progress SPECIAL ROUNDTABLE
12:00 – 13:30 Parallel Sessions VI	Older persons caring for younger generations PAPER SESSION
13:30 – 14:35	LUNCH
14:30 – 16:00 Parallel Sessions VII	PRESIDENT 2 Mental and physical health in old age: Social impacts and determinants PAPER SESSION
16:00 – 17:00	AUDITORIUM ILC- South Africa Robert Butler Memorial Lecture Looking forward: IAGG Seoul, Korea 2013 Beyond Cape Town 2012
07:30 – 8:30	REGISTRATION AND COFFEE
08:30 – 13:00	SYMPOSIUM ON GERIATRIC CARE IN AFRICA
13:00 – 14:00	FINGER LUNCH
12:00 – 13:30 Parallel Sessions VI	Adapting Africa's health systems to manage non-communicable diseases in older persons SYMPOSIUM
13:30 – 14:35	LUNCH
14:30 – 16:00 Parallel Sessions VII	Dementia in Africa SYMPOSIUM
16:00 – 17:00	AUDITORIUM ILC- South Africa Robert Butler Memorial Lecture Looking forward: IAGG Seoul, Korea 2013 Beyond Cape Town 2012
07:30 – 8:30	REGISTRATION AND COFFEE
08:30 – 13:00	SYMPOSIUM ON GERIATRIC CARE IN AFRICA
13:00 – 14:00	FINGER LUNCH

SAT 20 OCTOBER

07:30 – 8:30	REGISTRATION AND COFFEE
08:30 – 13:00	SYMPOSIUM ON GERIATRIC CARE IN AFRICA
13:00 – 14:00	FINGER LUNCH

PROGRAMME

WEDNESDAY 17 OCTOBER

14:30-17:00	REGISTRATION
17:00-18:30	OPENING PLENARY
AGEING IN AFRICA TEN YEARS AFTER MADRID. VOICES AND PERSPECTIVES Chair: Professor Alain Franco , Secretary General, International Association of Gerontology and Geriatrics	
Professor Marian Jacobs , Dean, Faculty of Health Sciences, University of Cape Town Welcome and opening	
Ms. Rosemary Lane , United Nations Focal Point on Ageing MIPAA + 10 and the Conference	
Dr. Olawale Maiyegun , Director of Social Affairs, African Union The African Union Plan and the Conference	
Dr. Ann Pawliczko , Emerging Population Issues Advisor, United Nations Population Fund (UNFPA) and Mr Richard Blewitt Chief Executive Officer, HelpAge International Ageing in the 21st Century in Africa: A celebration and a challenge	
Ms. Kufekisa Masiliso Laugery , Chairperson, Senior Citizens Association of Zambia Personal perspective: MIPAA and the AU Plan in Africa: What impact on older persons?	
Dr. Isabella Aboderin , Conference Convenor Outline of the Conference	
Xhosa Song and Dance – Choir of Grandmothers Against Poverty and AIDS (GAPA)	

THURSDAY 18 OCTOBER

07:30-08:30	REGISTRATION
08:30-10:00	PLENARY PANEL 1
Africa Ageing: Opportunities for Development? The Case for Health and Social Policy Action on Older Persons Chair/Moderator: Dr Olawalwe Maiyegun , Director of Social Affairs, African Union	
PANELLISTS:	
Professor Wolfgang Lutz , Director, World Population Program, International Institute of Applied Systems Analysis Ageing, population and development in Africa: The demographic parameters	
Ms Thokozile Ruzvidzo , Director, African Centre for Gender and Social Development, United Nations Economic Commission for Africa Mainstreaming issues of older persons in social development agendas: Perspectives, challenges, opportunities	
Dr John Beard , Director, Department of Ageing and Lifecourse, World Health Organization Mainstreaming issues of older persons in core health sector agendas: Perspectives, challenges, opportunities	
Mr Herbert Baryayebwa , Commissioner on Disability and Older Persons, Government of Uganda Drivers of national social policy action on older persons: The case of Uganda	
Ms Nesta Hatendi , Regional Representative for East, West and Central Africa, HelpAge International Civil society advocacy: approaches and needs	
10:00-10:30	TEA/COFFEE BREAK AND POSTER PRESENTATIONS

10:30–12:00

PARALLEL SESSION I

PAPER SESSION 1

WHAT SHAPES QUALITY OF LIFE AND WELL-BEING IN OLD AGE IN AFRICA? (90 minutes)

Chair: **Professor Vera Roos**, Africa Unit for Transdisciplinary Health Research, North-West University, South Africa

Ageing adult migration from urban to rural communities in Nigeria and quality of life

Eucharia Chinwe Igbafe, Department of Early Childhood Education, University of Pretoria, South Africa

Perceived quality of life of older persons in Kenya: Implications for old age policy

Lucy Maina, Department of Sociology, Kenyatta University, Kenya

Education as a correlate of life satisfaction among retired older people in Lagos State, Nigeria

Omobolanle Amaike, Department of Sociology, University of Lagos, Nigeria

Men, pensions and wellbeing in rural South Africa: Tracking effects through policy shifts

Enid Schatz, Department of Health Sciences and Department of Women's and Gender Studies, University of Missouri, USA

The impact of home and neighborhood liveability on the well-being of older South Africans

Norah Keating, Department of Human Ecology, University of Alberta, Canada

PAPER SESSION 2

AGEING OF THE HIV/AIDS EPIDEMIC – TRENDS, EXPERIENCES, RESPONSES (90 minutes)

Chair: **Dr Nancy Phaswana-Mafuya**, Director, HIV/AIDS, STIs and TB Research, Human Sciences Research Council, South Africa

HIV epidemic monitoring and reporting: How clear is the picture of HIV and ageing?

Rachel Albone, HelpAge International, UK

HIV infection among older people in sub-Saharan Africa: A comprehensive review

Robert Cumming, School of Public Health, University of Sydney, Australia

HIV-1 Infection in the DREAM cohort of elderly patients

Giuseppe Liotta, University of Rome, Italy

Experiences of HIV infection in old age in rural Malawi

Emily Freeman, Department of Social Policy, London School of Economics, UK

Inclusion of HIV issues and prevention strategies for older persons in National HIV/AIDS policies, strategies and programmes

Joseph Nyende, Uganda Network of AIDS Service Organizations, Uganda

Population ageing in Botswana in the era of HIV/AIDS

P. Sadasivan Nair, Department of Population Studies, University of Botswana, Botswana

SYMPOSIUM 1

RECOGNISING AND ADDRESSING ELDER ABUSE IN AFRICA

Convenor and Chair: **Susan Somers**, Secretary General, International Network for the Prevention of Elder Abuse

The relationship between informal caregiving, elder abuse and neglect in urban and rural areas of the Khomas Region in Namibia

Janetta Ananias, Department of Human Sciences, University of Namibia, Namibia

The prevalence and risk factors of elder abuse: A South African perspective

Nomusa Shembe, The Inanda, Ntuzuma, KwaMashu Area Based Management, eThekweni Municipality, South Africa

Elder abuse in South Africa: Identification, prevention and intervention

Pat Lindgren, Action on Elder Abuse, South Africa

Perceptions amongst university students about elder abuse in Namibia

Thomas Klie, Department of Gerontology, Protestant University for Applied Science, Germany

The contexts of elder abuse as violation of the rights of older persons and new socio-political interventions in Nigeria

Olayinka Ajomale, Centre on Ageing, Development and Rights of Older Persons, Nigeria

12:00–13:00

LUNCH

13:00-14:15

PARALLEL SESSION II

PAPER SESSION 3

OLDER PERSONS AS AGENTS OF STABILITY AND CHANGE IN CONTEXTS OF POVERTY AND HIV/AIDS (75 minutes)

Chair: **Silvia Stefanoni**, Director of Programmes and Policy, Deputy Chief Executive, HelpAge International

A study to determine the effectiveness of the non-profit organisation “Grandmothers Against Poverty and AIDS” as an agent in the fight against the effects of AIDS on households headed by grandmothers in three districts of Tanzania.

Kathleen Brodrick, Grandmothers Against Poverty and AIDS, South Africa

Older women, HIV/AIDS and human security: Assessing social support networks through community organisations

Jennifer Fish, Department of Women’s Studies, Old Dominion University, USA

Increasing communities’ voice in advocating for rights and entitlements of older people infected and affected by HIV & AIDS: Working with national CSOs advocacy groups (an experiential model by HelpAge Kenya)

Erastus Itume, HelpAge Kenya, Kenya

The process of engagement with public forums to promote peer education and income generating activities among older people

Michael Kimuhu, Mount Kenya Christian Community Service, Kenya

Social stability in homes of older persons who are bread winners through the state pension in Umlazi Township (Durban)

Xolile Mkhize, Durban University of Technology, South Africa

PAPER SESSION 4

OLDER PERSONS’ ACCESS TO HEALTH CARE: UNDERSTANDING PATTERNS AND OVERCOMING BARRIERS (75 minutes)

Chair: **Nesta Hatendi**, Regional Representative for East, West, and Central Africa, HelpAge International

HIV epidemic monitoring and reporting: How clear is the picture of HIV and ageing?

Rachel Albone, HelpAge International, UK

Challenges that older women face in accessing their SRH needs including family planning in Botswana: A case study of selected sites

Njoku Ola Ama, Department of Statistics, University of Botswana, Botswana

When do policies promote access to better health services for older people in Africa?

Samuel Obara, HelpAge International, Nairobi, Kenya

Healthcare for older people in the medical curriculum

Nathan Vytialingam, Malaysian Healthy Ageing Society, Kuala Lumpur, Malaysia

Accessibility, availability and appropriateness of health care for older persons in a peri-urban community

Sophia Rauff, Department of Geriatrics, University of KwaZulu-Natal, South Africa

PAPER SESSION 5

INSTITUTIONAL CARE IN AFRICA: REALITIES AND ADVANCES (75 minutes)

Chair: **Dr Leon Geffen**, Honorary Lecturer, Institute of Ageing in Africa, University of Cape Town, South Africa

The psycho-social experiences of older persons in an economically deprived and culturally diverse residential care facility

Elmarie van der Walt, Non-communicable Disease Unit, Department of Health, South Africa

Interpersonal experiences of loneliness of older people in a residential care facility

Lelanie Malan, School for Psychosocial Behavioural Sciences, North-West University, South Africa

Contributors to quality of life for older people in residential care facilities in South Africa

Lizanle de Jager, School for Psychosocial Behavioural Sciences, North-West University, South Africa

An exploration of Dementia Care Mapping as a potential practice development tool for organisational use in South Africa

Sanet Du Toit, Department of Occupational Therapy, University of the Free State, South Africa

14:15-15:45

PARALLEL SESSION III

PAPER SESSION 6

AFRICAN FAMILIES CARING FOR THEIR ELDERS (90 minutes)

Chair: **Edzi Ramaite**, Directorate of International Relations, Department of Social Development, Government of South Africa

Income and family as resources of older people in Tanzania

Nele Marie Tanschus, School of Environmental Sciences, University of Vechta, Germany

Who cares for frail older people? A rural-urban comparison in Tanzania

Brigit Obrist, Institute of Social Anthropology, University of Basel, Switzerland

Older people providing elder care. An underestimated commitment in Tanzania

Peter van Eeuwijk, Institute of Social Anthropology, University of Basel, Switzerland

From the measure of residential arrangements to the reality of family support and care for older persons in Uganda

Stephen Wandera Odiambo, School of Statistics and Applied Economics, Makerere University, Uganda

Older people in Senegal: Beyond familial acceptability

Sadio Ba Gning, Institute National Etudes Demographiques, France

Loneliness in older people in South Africa and the Netherlands

Suzan van der Pas, EMGO Centre for Health and Care Research, Medical Centre, VU University Amsterdam, the Netherlands

SYMPOSIUM 2

GERIATRIC "GIANTS" IN AFRICA: EPIDEMIOLOGY AND RESPONSES

Convenor and Chair: **Professor Bilkish Cassim**, Department of Geriatrics, University of KwaZulu-Natal, South Africa

Cognitive impairment in the elderly

Adesola Ogunniyi, Department of Medicine, University of Ibadan, and University College Hospital, Nigeria

Iatrogenesis – The contribution of adverse drug reactions to emergency unit visits in the older person in the Western Cape, South Africa

Brent Tipping, Division of Geriatric Medicine, Department of Medicine, University of the Witwatersrand, South Africa

Prevalence of and risk factors for falls in older people in an urban community in South Africa

Sebastian Kalula, Institute of Ageing in Africa, University of Cape Town, South Africa

Risk factors and outcomes of osteoporotic hip fractures in older persons in the eThekweni region of South Africa

Farhanah Paruk, Department of Geriatrics, University of KwaZulu-Natal, South Africa

SYMPOSIUM 3

SOCIAL PROTECTION FOR OLDER PERSONS: IMPACTS AND LESSONS LEARNT

Convenor and Chair: **Necodimus Chipfupa**, Representative for Southern Africa, HelpAge International, South Africa

The impact of pensions in Africa

Luis Frota, Social Security South Africa, International Labour Organization

Revisiting the livelihood debate to secure incomes for older persons in Uganda

Herbert Baryayebwa, Ministry of Gender, Labour and Social Development, Government of Uganda

Which pension system for older people in Mozambique?

Antonio Francisco, Institute of Social and Economic Studies, Mozambique

Discussant: **Richard Blewitt**, Chief Executive Officer, HelpAge International

15:45–16:00

TEA/COFFEE BREAK AND POSTER PRESENTATIONS

16:00-17:30

PARALLEL SESSION IV

PAPER SESSION 7

UNDERSTANDING OLD AGE POVERTY IN RURAL AND URBAN CONTEXTS (90 minutes)

Chair: **Tom Wright**, Chief Executive Officer, Age UK

Older people and their lack of social protection. Evidence from Tanzania

Helmut Spitzer, School of Health and Social Work, Carinthia University of Applied Sciences, Austria

Urban-rural linkages, migration aspirations and movement: A case of older people living in Nairobi slums, Kenya

Gloria Chepngeno-Langat, Division of Social Statistics and Demography, University of Southampton, UK

“Finished blood”: The body, livelihoods and the challenge to identity in old age in Malawi

Emily Freeman, Department of Social policy, London School of Economics, London, UK

A profile of poverty amongst older people living in two slum settlements in Nairobi

Jennifer Baird, Division of Social Statistics and Demography, University of Southampton, UK

Older people’s access to transport and mobility in rural Tanzania: Implications for health and livelihoods

Ameleset Tewodros, HelpAge Tanzania, Tanzania

Gender, race and ageing in South Africa

Monde Makiwane, Human Sciences Research Council, South Africa

SYMPOSIUM 4

HEALTH AND FUNCTIONAL STATUS OF OLDER AFRICANS: EVIDENCE FROM WHO’S SAGE STUDY

Convenor and Chair: **Dr. Paul Kowal**, Department of Health Statistics and Health Information Systems, World Health Organization

Comparison of health care utilisation in older people in two rural African settings

Paul Kowal, Department of Health Statistics and Health Information Systems, World Health Organization, Geneva

The health of older South Africans

Nancy Phaswana-Mafuya, Human Sciences Research Council, South Africa

Health, wellbeing and functional disability among older people infected or affected by HIV/AIDS in Uganda and South Africa

Makandwe Nyirenda, Africa Centre for Health and Population Studies, University of KwaZulu-Natal, South Africa

The health of older Ghanaians

Richard Biritwum, School of Medicine, University of Ghana

SYMPOSIUM 5

ALTERNATIVE APPROACHES TO CARE OF OLDER PEOPLE IN SOUTH AFRICA

Convenor: **Margie van Zyl**, GERATEC, South Africa / Chair: **Rayne Stroebel**, GERATEC, South Africa

The Eden Alternative in South Africa

Rayne Stroebel, GERATEC, South Africa

Intergenerational relationships – using telecommunications (Skype and Facebook) within a small group home to build and maintain important relationships

Yolande Brand, GERATEC, South Africa

Occupation in context – exploring meaningful activities for older Sesotho persons who reside in care facilities in the Free State

Sanet Du Toit, Department of Occupational Therapy, University of the Free State, South Africa

A public/private partnership: Ekuphumleni, Gugulethu

Margie van Zyl, GERATEC, South Africa

An alternative to conventional institutional care... Would ageing-in-place work in South Africa?

Vanessa Clouston, The Association for the Aged (TAFTA), Durban, South Africa



Formal launch of the **South African Care Forum**, a new non-profit association supporting the care industry in South Africa that serves the needs of older people and people living with disabilities, both in residential care and in the community.

19:00–22:00

CAPE CULTURE DINNER EXPERIENCE

FRIDAY 19 OCTOBER

07:30–08:30 **REGISTRATION**

08:30–10:00 **PLENARY PANEL 2**

Human Rights and Older Persons in Africa

Chair/Moderator: **Ms Thokozile Ruzvido**, Director, African Centre for Gender and Social Development, United Nations Economic Commission for Africa

PANELLISTS:

Ms Bridget Sleep, Rights Policy Advisor, HelpAge International
Ageing, population and development in Africa: The demographic parameters

Dr Olawale Maiyegun, Director of Social Affairs, African Union
Rights of older persons in Africa: Regional developments

Mr Lawrence Mushwana, Chairperson, South African Human Rights Commission
Realising human rights of older persons in national contexts: Challenges and opportunities – the case of South Africa

Ms Yanine Poc, Regional Representative for Southern Africa, Office of the High Commissioner for Human Rights, United Nations
The global initiative on a UN convention of human rights of older persons

Ms Laura Machado, International Coordinator to the United Nations, International Association of Gerontology and Geriatrics
Advancing the global initiative on a UN convention: The role of Africa

10:00–10:30 **TEA/COFFEE BREAK AND POSTER PRESENTATIONS**

10:30–12:00 **PARALLEL SESSION V**

SPECIAL ROUNDTABLE 1

IMPLEMENTATION OF THE MIPAA AND AU PLAN IN AFRICA: GOVERNMENT PERSPECTIVES ON PROGRESS

Co-Chairs: **Thokozile Ruzvidzo**, Director, African Centre for Gender and Social Development, United Nations Economic Commission for Africa and **Olawale Maiyegun**, Director of Social Affairs, African Union

SPEAKERS:

Sandhya Singh, Department of Health, Government of South Africa

Thuli Mahlangu, Department of Social Development, Government of South Africa

Herber Baryayebwa, Ministry of Gender, Labour and Social Development, Government of Uganda

Bojrazsingh Boyramboli, Ministry of Social Integration and Economic Empowerment, Government of Mauritius

Maijama'a Kwassau, Federal Ministry of Women Affairs and Social Development, Federal Government of Nigeria

Moderator: **Rose Aderolili**, Focal Point on Ageing, African Centre for Gender and Social Development, United Nations Economic Commission for Africa

PAPER SESSION 8

MENTAL AND PHYSICAL HEALTH IN OLD AGE: SOCIAL IMPACTS AND DETERMINANTS (90 minutes)

Chair: **Dr. Sebastiana Kalula**, Director, Institute of Ageing in Africa, University of Cape Town, South Africa

Mental health among mature adults in sub-Saharan Africa – a neglected health dimension?

Iliana Kohler, Population Studies Center, University of Pennsylvania, USA

The relationship between homocysteine and cognition in an older population in the Western Cape

Laurian Grace, Clinical Neurosciences Group, Divisions of Geriatric Medicine and Neurology, University of Cape Town, South Africa

The influence of poverty on the association between health and mastery

Dorly Deeg, Institute of Public Health, VU University, Amsterdam, the Netherlands

Psychosocial stress and resilience in South African older adults with normal cognition and Alzheimer's disease

Katharine James, Clinical Neurosciences Group, Divisions of Geriatric Medicine and Neurology, University of Cape Town, South Africa

The impact of cognitive impairment, disability and care received on well-being in older South Africans

Bilkish Cassim, Department of Geriatrics, University of KwaZulu-Natal, South Africa

PAPER SESSION 9

CARE IN THE COMMUNITY: PRACTICE AND PERSPECTIVES (90 minutes)

Chair: **Kathleen Brodrick**, Financial Director, Grandmothers Against Poverty and AIDS (GAPA)

An empowerment programme for personnel of a service centre for older people that makes use of volunteers

Sanet Jansen van Rensburg, Potchefstroom Service Centre for the Aged, South Africa

The service centre as a supportive structure in the community

Minette van der Westhuizen, Potchefstroom Service Centre for the Aged, South Africa

Pilot Community Volunteers Programme in Uganda.

Richard Semanda, The Aged Family Uganda, Uganda

Community of Sant'Egidio's programme for older people in sub-Saharan Africa: Adding value to the society

Elard Alumando, Community of Sant'Egidio, Malawi

Ageing in Ghana: The cultural and societal implications awaiting a country's newest demographic

Latrica Best, Department of Pan-African Studies, University of Louisville, USA

12:00-13:30 PARALLEL SESSION VI

PAPER SESSION 10

OLDER PERSONS CARING FOR YOUNGER GENERATIONS (90 minutes)

Chair: **Professor Norah Keating**, Dept. of Human Ecology, University of Alberta

Social inclusion and contribution of older persons: A personal Senegalese experience

Ndèye Marie Fall, Réseau International Francophone des Aînés, Senegal

Experiences of grandparents caring for orphan grandchildren in Botswana

Sheila Shaibu, School of Nursing, University of Botswana

Older South Africans' experiences of care and caring, and of being old in a transitional period

Doris M. Bohman, Department of Neurobiology, Care Sciences and Society, Karolinska Institute, Sweden

Applying the Mmogo-method® to explore the psycho-social experiences of grandmothers who care for their grandchildren

Vera Roos, Africa Unit for Transdisciplinary Health Research, North-West University, South Africa

Intergenerational relationships in the context of poverty and HIV/AIDS in South Africa: Differential gazes and negotiated spaces

Jaco Hoffman, Oxford Institute of Population Ageing, University of Oxford, UK and Africa Unit for Transdisciplinary Health Research, North-West University, South Africa

SYMPOSIUM 6

ADAPTING AFRICA'S HEALTH SYSTEMS TO MANAGE NON-COMMUNICABLE DISEASE IN OLDER PERSONS

Convenor and Chair: **Professor Robert Cumming**, School of Public Health, University of Sydney, Australia

Mental health and service provision for older persons in sub-Saharan Africa

Thomas Clausen, Norwegian Centre for Addiction Research, University of Oslo, Norway

Health systems and services for older persons: An integrated and health systems based approach to meeting health needs

Melvyn Freeman, Non-communicable Disease Unit, National Department of Health, South Africa

Integrating care of older people within primary health care in Uganda – a case study

Joseph Mugisha, Medical Research Council Unit on AIDS in Uganda/Uganda Virus Research Institute and London School of Hygiene and Tropical Medicine

Providing free healthcare for older persons in Senegal: Impacts and challenges

Ousmane Faye, CEPS/INSTEAD, Luxembourg and CRES University C.A. Diop of Dakar, Senegal

Discussant: **John Beard**, Department of Ageing and Lifecourse, World Health Organization, Geneva

SYMPOSIUM 7

MALNUTRITION IN OLD AGE IN AFRICA: ADDRESSING RISKS AND CONSEQUENCES

Convenor and Chair: **Associate Professor Karen Charlton**, School of Health Sciences, University of Wollongong, Australia

Keeping older adults on their feet. The role of diet in the maintenance of independence

Karen Charlton, School of Health Sciences, University of Wollongong, Australia

Nutritional status of older persons presenting in a primary care clinic in Nigeria

Lawrence Adebuseye, Department of Medicine, University of Ibadan, and University College Hospital, Ibadan, Nigeria

Changes in dietary patterns and lifestyle put South African older persons at health risk

Annamarie Kruger, Africa Unit for Transdisciplinary Health Research, North-West University, South Africa

Nutritional status and food consumption patterns of older persons living in Verulam, KwaZulu-Natal, South Africa

Carin Napier, Department of Food and Nutrition, Durban University of Technology, South Africa

Does vitamin C supplementation lower blood pressure in low-income older women in Sharpeville?

Abdulkadir Egal, Centre of Sustainable Livelihoods, Vaal University of Technology, South Africa

13:00–14:30 **LUNCH**

14:30–16:00 **PARALLEL SESSION VII**

SPECIAL ROUNDTABLE 2

BUILDING LONGITUDINAL AND REPRESENTATIVE EVIDENCE ON AGEING IN AFRICA

Chair: **Wan He**, International Programs Center for Demographic and Economic Studies, Population Division, U.S. Census Bureau

SPEAKERS:

Leon Geffen, Institute of Ageing in Africa, University of Cape Town, South Africa

David van Bodegom, Leyden Academy on Vitality and Ageing, the Netherlands

Paul Kowal, Department of Health Statistics and Health Information Systems, World Health Organization, Geneva

Iliana Kohler, Population Studies Center, University of Pennsylvania, USA

Isabella Aboderin, African Population and Health Research Center, Kenya and Oxford Institute of Population Ageing, University of Oxford, UK

Ousmane Faye, CEPS/INSTEAD, Luxembourg and CRES University C.A. Diop of Dakar, Senegal

Moderator: **Wolfgang Lutz**, Director, World Population Program, International Institute for Applied Systems Analysis, Austria

SYMPOSIUM 8

PREVALENCE OF DEMENTIA IN AFRICA

Convener: **Professor Rupert McShane**, COCHRANE Dementia and Cognitive Improvement Group, Oxford, UK /

Chair: **Professor Adesola Ogunniyi**, Department of Medicine, College of Medicine, University of Ibadan, and University College Hospital, Nigeria

Prevalence of dementia in Africa

Adesola Ogunniyi, Department of Medicine, College of Medicine, University of Ibadan, and University College Hospital, Nigeria

Diagnosis of and screening for dementia. How good is the IQCODE?

Terry Quinn, Department of Geriatric Medicine, University of Glasgow, Scotland, UK

Goal-oriented cognitive rehabilitation in early-stage Alzheimer's disease

Linda Clare, School of Psychology, Bangor University, UK

Does B Vitamin treatment slow cognitive decline in mild cognitive impairment for those with raised plasma homocysteine? A randomized control trial (VITACOG)

Celeste de Jager, OPTIMA, Nuffield Department of Medicine, University of Oxford, UK

Drug therapy in dementia

Rupert McShane, COCHRANE Dementia and Cognitive Improvement Group, Oxford, UK

PAPER SESSION 11

DRIVERS AND RISK OF A NON-COMMUNICABLE DISEASE EPIDEMIC IN AFRICA'S OLDER POPULATION (90 minutes)

Chair: **Dr. John Beard**, Director, Department of Ageing and Lifecourse, World Health Organization, Geneva

Understanding the start of the epidemiologic transition. The role of drinking water and socio-economic status in rural Ghana

Frouke Engelaer, Leyden Academy on Vitality and Ageing, the Netherlands

Obesity levels among free living older women in Kwazulu-Natal Umlazi

Xolile Mkhize, Department of Consumer Science Food and Nutrition, Durban University of Technology, South Africa

Prevalence of and contributing factors to dyslipidemia among low-income older women in Sharpeville

Wilna Oldewage-Theron, Institute of Sustainable Livelihoods, Vaal University of Technology, South Africa

Vitamin C deficiency in African patients with heart failure in South Africa: Identifying the need for nutritional intervention in the urban African setting

Sandra Pretorius, Faculty of Health Sciences, University of Witwatersrand, South Africa

Salient factors associated with the growth of palliative care around the world

Samuel Mwangi, Kenyatta University, Kenya

16:00-17:15

CLOSING PLENARY

ILC-South Africa Robert Butler Memorial Lecture – The Way Forward

Chair: **Professor Monica Ferreira**, President, International Longevity Centre-South Africa

Dr Alexandre Kalache, President, International Longevity Centre-Brazil

ILC-South Africa Robert Butler Memorial Lecture – A longevity revolution in Africa: Opportunity and challenge

Professor Heung Bong Cha, President Elect, International Association of Gerontology and Geriatrics

Looking forward: IAGG World Congress, Seoul, Korea 2013

Dr Isabella Aboderin, Conference Convenor

Beyond Cape Town 2012 – Vision and plans

POSTER PRESENTATIONS

for viewing during all tea/coffee and lunch breaks

P1

Ageing and HIV&AIDS in Uganda: A case for Uganda Reach the Aged Association (URAA)

Minsi Monja, Uganda Reach the Aged Association (URAA), Uganda

P2

Ageing Namibia – thinking, opinions, reality and risk

Lars Bergström, Department of Sociology, Karlstad University, Sweden

P3

Intergenerational relationships between young adults and older people in a rural South African community

Erica de Lange, School for Psychosocial Behavioural Sciences, North-West University, Potchefstroom, South Africa

P4

“Play it forward”.... The development and implementation of a board game to promote intergenerational relations between unrelated older people and young adults

Vera Roos and students, School for Psychosocial Behavioural Sciences, North-West University, Potchefstroom, South Africa

P5

The role of physical activity on functional fitness and balance in a geriatric cohort

Erna Bruwer, School for Psychosocial Behavioural Sciences, North-West University, Potchefstroom, South Africa

P6

Functional fitness and balance status in a geriatric cohort

Erna Bruwer, School for Psychosocial Behavioural Sciences, North-West University, Potchefstroom, South Africa

P7

The role of African older women in the elimination of mother-to-child transmission of HIV

Wamuyu Manyara, HelpAge International, Regional Office for East, West and Central Africa. Kenya

P8

Population ageing in sub-Saharan Africa: Demographic determinants and socio-economic dimensions

Hantamalala Rafalimanana, Department for Economic and Social Affairs, United Nations, New York

P9

Confront mindsets and exploit valuable human resources in older persons

David Obot, Uganda Reach the Aged Association (URAA), Uganda

P10

Family care and health status of older persons: A study of selected rural communities in Kaduna State

James Amos Akpokos, Department of Sociology, Kaduna State University, Kaduna, Nigeria

P11

Ageing in Mauritius: Challenges and opportunities

Vimla Hanoomanjee, Mauritius

P12

Dementia SA. Managing Alzheimer’s and dementia care

Karen Borochowitz, Dementia SA, South Africa

P13

Issy Geshen Home Lamontville: The practice of quality long-term care

Felicity Crouch, Occupational Therapist, Durban, South Africa

P14

“Activity Assistants’ courses: ‘Let’s keep our older residents active’”

Felicity Crouch, Occupational Therapist, Durban, South Africa

SATURDAY 20 OCTOBER

07:30–08:30	REGISTRATION AND COFFEE
08:30–10:00	SYMPOSIUM ON GERIATRIC CARE IN AFRICA
Chair/Moderator: Dr. Brent Tipping , President, South African Geriatrics Society	
08:30	Welcome and introduction
08:40	Module 1: Osteoporosis and falls Professor Robert Cumming (University of Sydney, Australia)
09:20	Module 2: Management of hypertension in older persons – specific clinical considerations Professor Jean-Paul Emeriau (University of Bordeaux, France)
10:00	Module 3: Extra-pyramidal disorders in older people Professor Jonathan Carr (University of Stellenbosch, South Africa)
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10:40	BREAK
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Chair: Dr Sebastiana Kalula (University of Cape Town)	
11:00	Module 4: The frailty syndrome Professor Sylvie Bonin-Guillaume (University of Aix-Marseille, France)
11:40	Module 5: Current concepts in the management of delirium Dr Terry Quinn (University of Glasgow, UK)
12:20	Module 6: Ethical and medico-legal aspects of dementia Dr Felix Potocnik (University of Stellenbosch, South Africa)
13:00	CLOSING AND FINGER LUNCH

SYMPOSIA

S1 **Recognising and responding to elder abuse in Africa**

Convener: Susan Somers, Secretary General, International Network for the Prevention of Elder Abuse. E-mail: sbsomers5@aol.com

In the African context, the extended family system is expected to provide for elderly relatives, with little or no government support. However, current demographic, social and economic changes are adding stressors that threaten the continued viability of such traditional care for the elderly. These factors may deprive older persons of dignity, and subject them to discrimination, abuse and neglect, particularly if the elder is frail or demented. Research on elder abuse and neglect in Africa is limited thus far. The symposium presentations draw on pioneering studies in Namibia, Zambia, Nigeria and South Africa on types of situations that increase risk of elder abuse in urban, rural and institutional care settings, as well as “lessons learned” and promising practices in elder abuse prevention and empowerment, and younger generations’ perspectives on elder abuse. The presentations will be complemented by more general reflections on approaches needed to build intergenerational solidarity and awareness of elder abuse, and to strengthen older persons’ human rights broadly.

S1.1 **The relationship between informal caregiving, elder abuse and neglect in urban and rural areas of the Khomas Region in Namibia**

Janetta Ananias, Department of Human Sciences, University of Namibia, Namibia.
E-mail: jananias@unam.na

Not much research has been carried out on the relationship between informal caregiving, elder abuse and neglect in Namibia. Since very few old age homes can be found in Namibia, the vast majority of older people lives in the community and are being taken care of by informal caregivers. The objective of this paper is to report the findings from a needs assessment on the informal caregiving situations that may lead to potential risk of elder abuse and neglect in urban and rural areas in the Khomas region. Key informant interviews were conducted with professionals and community leaders, while focus group discussions were held with older people as well as with informal caregivers. Preliminary findings suggest that informal caregivers are in dire need of training and support to enable them to cope better with the challenges of caregiving. Due to urbanization and westernization older people especially in the rural areas may find themselves without any informal caregiver which may lead to neglect. Emotional abuse and financial exploitation were found to be quite common types of abuse, while very few incidences of physical abuse were reported, and sexual abuse is rare. The discovery that many older people, especially in the rural areas are staying without an informal caregiver whilst they are in need of such help, as well as the fact that caregivers are in need of training and support are major issues for policy development and practice.

S1.2 **The prevalence and risk factors of elder abuse: A South African perspective**

Nomusa Shembe, The Inanda, Ntuzuma, KwaMashu Area Based Management, eThekweni Municipality, South Africa. E-mail: nomusa.shembe@durban.gov.za
Shembe N, Shaman F, Mwandla T, Chipps J, Cassim B

Despite several qualitative reports on elder abuse in South Africa no quantitative studies have been conducted to date. This study (n=1008) attempted to determine the prevalence and the risk factors for elder abuse amongst participants aged 60 years and older residing in the Inanda Ntuzuma and KwaMashu areas in Kwa-Zulu Natal. A total of 141 participants (14%) indicated to having experienced some form of abuse in answer to survey questions adapted from the Hwalek-Sengstock Elder Abuse Screen. The main risk factors were found to be gender and income. Men were more likely to report abuse than women (19.2% vs. 12.5%; $X^2 = 6.7$; $p=0.01$) as were participants with a monthly household income of > R1600 compared to those with an income \leq R1600 (19.4% vs. 11.0%; $X^2 = 13.3$; $p = 0.000$). There were significantly lower reports of abuse in KwaMashu (6.4%) compared to Inanda (16.5%) and Ntuzuma (22.6%) ($X^2 = 32.8$; $p 0.000$). There were no significant differences in reports of abuse by age, household size and structure as well as level of education or dwelling type. These findings have implications for the development of appropriate services and structural reforms to address this under-researched and under-reported problem. This study was funded by The South Africa Netherlands Research Programme on Alternatives in Development (SANPAD).

S1.3 Elder abuse in South Africa: Identification, prevention and intervention

Pat Lindgren, Action on Elder Abuse, South Africa. E-mail: pat@elderabusesa.org.za

Action on Elder Abuse (AEASA) is an NGO based in South Africa whose main aim is to create, raise and sustain awareness of elder abuse in society, amongst older persons, professionals, stakeholders and public. Its Mission is to address and prevent the abuse of older persons and other vulnerable adults in all its forms and to protect victims of elder abuse and other vulnerable adults by assisting with legal and rehabilitative services to both victims and families. AEASA will share some of the following “lessons learned” and “promising practices” in intervention and protection efforts: The operation of a national toll free helpline; HEAL; Lobbying and advocating all levels of government on issues affecting older persons; compiling and disseminating issues on elder abuse; and providing counseling and legal services to victims of abuse and their families.

S1.4 Perceptions amongst university students about elder abuse in Namibia

Thomas Klie, Department of Gerontology, Protestant University for Applied Science, Freiburg Germany. E-mail: Thomas.Klie@eh-freiburg.ekiba.de

Klie T, Ananias, J

The study is the first of its kind in Namibia. 150 Students on the social work program participated in 2010. The majority of the participants indicated the economic and financial abuse of older persons take place (63%) on regular basis. Half of the participants reported that older adults always experience neglect, abandonment and emotional abuse. Fewer participants (22%) are of the opinion that physical abuse of elders always happens. About 300 case examples were reported in the study by the students. From the viewpoint of young people, it has been confirmed that elder abuse is a common concern in Southern Africa and has a serious impact on the lives of the elderly. The study underlined the importance of public awareness, reporting and treatment systems need to be put in place, to effectively address the problem of elder abuse.

S2

Geriatric “giants” in Africa: Epidemiology and responses

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Advancing age is associated with a number of health challenges including the impact of age-related physiological changes and an increased prevalence of chronic non-communicable diseases. While cancers, heart disease and stroke are the major causes of mortality in older persons; it is perhaps the Geriatric Giants that have the highest morbidity. The term Geriatric Giants was first coined by the late Professor Bernard Isaacs to highlight the four i's: Impairment of intellect (cerebral dysfunction), incontinence, immobility and instability (falls). The term “Giant” refers to both the high prevalence of these conditions, as well as the huge burden of sufferers and carers. The term has been expanded to add other conditions, which share the characteristics of a multifactorial aetiology, chronic course and a disabling nature, which often result in loss of independence and institutionalization. The experience of African physicians in cognitive impairment, iatrogenesis, falls and the emerging problem of osteoporosis and hip fractures will be presented in the symposium.

S2.1 Cognitive impairment in the elderly

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Decline in cognitive ability commonly occurs with ageing of individuals. Cognitive Impairment (CI) is the transitional stage between normal ageing and dementia. The latter additionally impairs the performance of the activities of daily living. CI is a heterogeneous condition that may result from degenerative and/or vascular diseases of the brain, medical illness (of importance in Africa is HIV infection), medications, mental disorders and substance abuse. The impairment may involve single or multiple cognitive domains. Generally, there is paucity of data on diseases of the elderly in Africa and literature on CI is rather sparse. The prevalence rates of CI in two communities in West Africa varied between 10.4% and 10.8%. The risk factors were advancing age, depression and the possession of at least one APOE e2 allele in a study from Benin Republic. In a Nigerian study, 87 study participants diagnosed as CI were followed up for a period of 2 years, 14 (16.1%) had converted to dementia while 22 (25.3%) reverted to normal and the rest remained CI. The predictors of reversion were male gender and higher baseline cognitive scores. Apolipoprotein status had no influence. CI represents the leading edge for planning preventive strategies for dementia. In Africa where literacy level is low, accuracy of diagnosis is important and choice of test instruments that are culture-free will facilitate comparison of data on CI between countries.

S2.2 Iatrogenesis – The contribution of adverse drug reactions to emergency unit visits in the older person in the Western Cape, South Africa

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This presentation describes the contribution of adverse drug events (ADEs) to the emergency unit (EU) presentation of older persons (>65 years). The public health sector in South Africa provides health care for 80% of the country's population. Two public hospital emergency units, the New Somerset Hospital (a secondary level hospital) and the Groote Schuur Hospital (a regional tertiary referral hospital) in the Cape Town Metropolitan Region were prospectively audited. The assessment of adverse drug event causality used recognised causality criteria. Older persons comprised 10% of secondary and 17% of tertiary EU presentations. They took an average of 4 prescription medications and over 80% were assessed as having adherence with their medication. ADEs contributed to EU presentation in 11% of secondary and 20% of tertiary EU presentations. The most frequently implicated drug classes were cardiovascular (37% and 36%), anti-thrombotic (15% and 25%), analgesic (26% and 18%) and hypoglycemic (7% and 8%) for secondary and tertiary units. Within the tertiary EU multivariate logistic regression analysis of predictors for ADEs showed that taking 5 or more prescription medications significantly increased the risk of an adverse drug event (RR 2.6; 95% CI 1.6 – 4.1) ($p < 0.001$). Patients taking angiotensin converting enzyme inhibitors (RR 2.6; 95% CI 1.3 – 5.2) ($p = 0.009$), the non-steroidal anti-inflammatories (RR 4.1; 95% CI 2.1 – 8.0) ($p < 0.0001$) and warfarin (RR 3.1; 95% CI 1.6 – 6.3) ($p = 0.001$) were more likely (in multivariate analysis) to be identified with an ADE. Patients presenting with a gastrointestinal bleed had a higher risk of an identified adverse drug event (RR 7.2; 95% CI 3.5 – 14.8) ($p < 0.001$). Patients suffering an ADE were more likely to require hospitalisation regardless of EU setting.

S2.3 Prevalence of and risk factors for falls in older people in an urban community in South Africa

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Falls are a major cause of disability and mortality in older people. Little is known of the extent and gravity of the problem in South Africa. A cross-sectional study with a 12-month follow-up was conducted on 837 randomly sampled, ambulant community-dwelling subjects aged ≥ 65 years to determine the prevalence and incidence of, and risk factors for falls. Data were collected on socio-demographic characteristics, self-reported health status, comorbid disease, medications, functioning, physical performance, and mental function. Prevalence rate of falls was calculated with a 95 per cent confidence interval. Odds ratios and confidence intervals were used to measure effect for predictors of falls at 0.05 level of significance. Prevalence rates of 26.4% and 21.9% for falls and of 11% and 6.3% for recurrent falls, were established at baseline and follow-up, respectively. At baseline fall rates differed significantly in the ethnic groups with 42.9% for whites, 34.4% for coloureds and 6.4% for black Africans ($p=0.0005$). The incidence rate was 236, 405.7 and 367 per 1000 person years for men, women and both genders, respectively. Independent risk factors for falls were self-reported conditions (poor mobility, poor vision, poor urine control, depression, Parkinson's disease, foot disorders), self-rated health status, use of antidepressants and anti-inflammatory drugs and the Geriatric Depression Scale score. Ethnicity had the strongest association with fall risk at baseline in whites (OR 14.94; 95% CI 7.46–29.92 for a fall and OR 21.25 95% CI 5.54–81.51 for recurrent falls) and coloureds (OR 7.93 95% CI 4.29–14.65 for a fall and OR 13.33 95% CI 3.66 – 48.62 for recurrent falls); at follow-up, history of previous falls had the strongest association (OR 2.16; 95% CI 1.40–3.33 for a fall and OR 10.53; 95% CI 4.17–26.56 for recurrent falls). Effective management of falls and falls prevention intervention for older persons are indicated and recommended.

S2.4 Risk factors and outcomes of osteoporotic hip fractures in older persons in the eThekweni region of South Africa

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Cassim B

It is estimated that with the ageing of the world's population, the number of hip fractures secondary to osteoporosis will increase to over 6 million by 2050 and that 70% of these will occur in the developing world. Currently there are limited studies from Africa and an earlier study in SA in 1968 showed an extremely low prevalence of hip fractures in Africans. This is contrary to current clinical experience. In a prospective study, we reviewed the prevalence of established risk factors, the mortality rate and functional outcome at one year post hip fracture in the eThekweni public sector hospitals. Of the 200 participants enrolled, 105 (52.5%) were of Indian descent, 68 (34%) African and 23 (11.5%) White. The mean age was 74.2 ± 8.8 yrs. The most common risk factors recorded were a history of falls (36%), prior fracture after the age 40 years (26.5%), smoking (22.5%), weight less than 57 kg (19.5%) and alcohol use (13.5%). Of the 130 subjects that were followed up for 12 months 45 subjects (34.6%) died. Subjects who died were older than the survivors (79.5 years vs. 76.8 years; $p = 0.05$) and more likely to have impaired mobility prior to the fracture ($p < 0.01$). The significant deterioration in the ability to perform ADL independently at 3 months persisted at 1 year. Osteoporotic hip fractures occur in all ethnic groups in South Africa and are associated with a high mortality and morbidity. The study was funded by an unrestricted educational grant from Servier Laboratories, SA.

S3

Social protection programmes for older people: Impacts and lessons learnt

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The implementation of social protection, an approach to addressing poverty in older populations, is gathering momentum in Africa. However, decision makers face difficult choices in framing appropriate responses to secure income in old age. Critical questions that arise in this regard are: What forms can or should social protection intervention take? What benefits does such intervention in fact generate for older people? What are the challenges and drawbacks, and how can they be overcome? What potential role can or should livelihood approaches play in this regard? Drawing on the insights of leading policy makers, scholars and civil society bodies, the symposium will present cutting-edge perspectives on the above questions, and identify directions for advancing policy debates and action to address poverty in old age in Africa.

S3.1 Revisiting the livelihood debate to secure incomes for older persons in Uganda

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The vast majority of Mozambicans are facing enormous difficulties in fighting the economic stagnation and freeing themselves from poverty, both absolute and relative. Without fundamental changes in key institutional areas, the possibility of improving the standard of living of Mozambicans will remain very low and may even worsen over the coming decades for certain vulnerable groups, particularly the elderly. In this context, the debate on social protection, particularly financial protection, plays a crucial role; especially if this debate does not get restricted to the scope of conventional options contemplated in social assistance whose main weakness are their dubious viability and sustainability. In particular, the recent Government initiatives in Mozambique, focusing on basic social security programs heavily dependent on foreign aid, are far from desirable for a sustainable and minimally worthy social security for future generations of Mozambicans. This article discusses the risks of a pension fund based on a social welfarism, inspired either by an unrealistic human rights basis, or by a paternalistic charitable altruism. Alternatively, the article discusses the direct and indirect benefits of a universal pension for the elderly, conceived through a proactive approach, rather than reactive and chronically dependent on the conventional perspective of assistance-help. It discusses, in particular, the relevance of a pension system for the elderly based on two fundamental pillars: 1) realistic feasibility and effective sustainability in both economic and financial terms; 2) mechanisms that foster the dignity, prestige and empowerment of elderly population.

S3.2 The impact of pensions in Africa

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The paper will present current retirement schemes in a few selected countries in Africa and will discuss their impact in terms of coverage and poverty reduction. It will review in particular the relevance of non-contributory benefits to old age protection of the rural population and workers in the informal economy. Particular attention will be given to establishing such benefits in the context of coherent social security systems, with consideration for their affordability within different settings and designs and their social adequacy and the suitability of their prioritisation in national budgets given different social needs of the poor. It will consider in particular the cases of Zimbabwe, Zambia, Tanzania, lacking such a floor but having mandated pension funds with Namibia, South Africa having such a floor but no mandatory pension system.

S3.3 Which pension system for older people in Mozambique?

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The Government of Uganda has been striving to develop and attain socio-economic transformation. A strong foundation has been made in terms of providing social services. However it has been realized that there still remains a segment of the population that is not participating in the development process. This segment which suffers from intergenerational poverty does not access the services provided by various stakeholders. Studies conducted in Uganda indicate that older persons are among the poorest. The traditional social support systems have weakened due to the increasing rural-urban migration and HIV/AIDs related deaths. Weak and poor as they are, older persons find themselves burdened with caring for orphans and other vulnerable children. To address the above named challenges, the Government with support from Development Partners has designed a five-year Expanding Social Protection Programme with two components: 1) Social Protection Policy Framework development. Evidence is being generated to finalise the document. 2) Social Assistance Grants for Empowerment (SAGE). This is being piloted in 14 districts. The pilot targets old persons aged 65 years and above. Systems and procedures have been tested and are now ready for use to scale up the programme. To date 28,000 beneficiaries are receiving grants for livelihood support. The formerly labour constrained beneficiaries are utilizing the land, older persons can afford scholastic materials and uniforms for their vulnerable grand children, malnutrition levels have improved, others have utilized the support to travel to health units for healthcare. There is also evidence that micro-income generating activities have been established.

Health and functional status of older Africans: Evidence from the WHO SAGE study

Convener: Dr. Paul Kowal, Department of Health Statistics and Health Information Systems, World Health Organization. E-mail: paul.r.kowal@gmail.com

Knowledge about the health and functioning of the rapidly growing older population in Africa remains limited. To address the gap, the World Health Organization (WHO) initiated the multi-country, longitudinal Study on Global AGEing and Adult Health (SAGE) with a view to forging research collaborations and generating sound data on older adults in African and other low-income countries. The study is one of only a few large-scale, representative surveys on issues of health and ageing in the continent. Drawing on robust new evidence generated by SAGE studies in three African countries – Ghana, Uganda and South Africa – the four presenters in this symposium will offer novel insights and cutting-edge discussion on the overall health and functional status, disease profile and health care utilisation of older Africans.

S4.1

Comparison of health care utilization in older people in two rural African settings.

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Background. Ghana (GH) and South Africa (SA) are at different stages of their demographic and epidemiological transitions, but both have ageing populations. There is an increase in prevalence of non-communicable diseases in older Ghanaians and South Africans, however, there is little information on health status, what guides older people to seek treatment and what type of health facilities they visit.

Objective. To compare the health seeking behaviour of older people in two Health and Demographic Surveillance System (HDSS) sites in West and Southern rural African settings.

Design. Navrongo HDSS (Ghana) and Agincourt HDSS (South Africa) sites were part of a research collaboration between INDEPTH and the World Health Organization to implement the full Study on global AGEing and adult health (SAGE) survey instrument in multiple HDSS. Face-to-face interviews were conducted in a random sample of people aged 50-plus years from both HDSS. The interview included questions on self-reported health and health care utilisation.

Results. The samples consisted of 425 respondents from SA and 594 from Ghana (GH). Forty-nine percent of respondents in SA and 43% in GH reported being in very good or good health. Hypertension was the most commonly reported health condition in SA (46%) and arthritis (6%) in GH. In SA, 77% of respondents needed health care in the last year, 86% of these respondents accessing health care, 19.0% in private facilities. The main reasons for not getting health care in SA were related to lack of money for transport or lack of trust in health services. In GH, 91% of respondents who needed health care received care, with the main reason for not getting health care being cost. In SA, those with arthritis and hypertension were more likely to use health facilities more than once, while in GH respondents with stroke and arthritis were more likely to have used outpatient services, than for respondents with other conditions.

Conclusions. Although a high percentage of those needing health care received health services, there are still many older people with chronic conditions who do not receive treatment. An improvement of health services for chronic conditions and their follow up is needed in these rural African settings.

S4.2 The health of older South Africans

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Background. Population ageing has become more significant in South African society, with adults aged 50+ years increasing noticeably in recent decades. More data on the health and well-being of this population is required for planning, policies and programmes. This paper presents self-reported and measured health status of older South Africans.

Methods. The World Health Organization (WHO) initiated the multi-country Study on global AGEing and adult health (SAGE), including South Africa. SAGE Wave 1 South Africa was implemented in 2007-08 by HSRG and NDOH using face-to-face interviews in a nationally representative sample of older adults, and a comparison group of adults aged 18-49 years. Validated subjective and objective health measures were used by trained interviewers.

Results. The sample included 3840 South Africans aged 50+ years. Women rated their health worse than men. Adults aged 50-59 years reported better health and functioning than older age groups. Those living in rural areas had more

difficulties with household activities than their urban counterparts. About 60% did not undertake sufficient physical activity. About 69% did not consume sufficient fruits and vegetables. The prevalence of stroke, angina, asthma, diabetes, depression and COPD was less than 10%. Eighteen percent of men and 29% of women reported having arthritis. Twenty-three percent of men and 33% of women reported hypertension. More women than men had lost all their teeth (10% vs 7%), and had cataracts (5% vs 4%). About 75% of respondents were either obese (45%) or overweight (27%); with 38% of men and 51% of women categorized as obese. Based on waist circumference, 22% of men and 63% of women had central obesity. The mean systolic blood pressure was 146 mmHg among women and 144 mmHg among men, indicating high rates of hypertension.

Conclusions. These results for this baseline cohort indicate a need to develop health promotion programmes directed at prevention of chronic diseases, healthy eating habits and an increase in physical activity. SAGE provides baseline information and an ideal platform for measuring future trends

S4.3 Health, wellbeing and functional disability among older people infected or affected by HIV/AIDS in Uganda and South Africa

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Background. Although HIV is a major health problem in both Uganda and South Africa, in both countries there are few data on the effects of HIV/AIDS among older people infected or affected by HIV. The aim of this study was to describe the health status, well being and functional status among older people either infected with HIV themselves, or affected by HIV in their families.

Methods. Data were collected from the General Population Cohort and Entebbe Cohort of the Medical Research Council in Uganda and from the African Centre surveillance area in rural South Africa through cross-sectional surveys in 2010. Face-to-face interviews were used to collect data on persons aged 50+ in five groups, described elsewhere (Scholten 2010, Nyirenda (in press)). A comparison group of older people who had no HIV+ child and were not themselves HIV+ was included in Uganda but not South Africa. Data from both sites were collected using validated survey instruments adapted from WHO SAGE. Indicators of health, functioning and well-being were examined in bivariate and multivariable analyses.

Results. There were 952 participants (510 in Uganda and 422 in South Africa) in total. The mean age was 65.8 years in Uganda and 62.4 years in South Africa. Age was a key determinant of all health and functional ability in both countries. In Uganda, apart from lower BMI, HIV+ Ugandans on ART reported very similar health and functional ability as HIV- participants. Men reported better health and functional status than women. In South Africa, HIV+ (OR 0.20, 95% CI 0.11-0.37) and HIV- (OR 0.31, 95% CI 0.12-0.81) women were significantly less likely than men to report very good or good health. Overall, HIV+ South Africans had better functional ability, quality of life and overall health state than HIV- participants.

Conclusion. Health problems among older people are common in both studies with similar determinants at older ages. HIV infection and availability of HIV treatment add to the complexity of a robust understanding of this often overlooked topic - necessitating further research particularly using population-based data.

S4.4 The health of older Ghanaians

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Background. In 2012, 6% of the total population in Ghana was aged 60-plus years, corresponding to about 1.5 million older adults in a total population of 25.5 million. This percentage will grow to 8% in 2030 and 12% in 2050. SAGE Ghana provides a valuable source of health and well-being data on older and ageing Ghanaians.

Methods. The multi-country Study on global AGEing and adult health (SAGE) Wave 1 interviewed a nationally representative sample of adults aged 50 years and older in Ghana, with a smaller comparison group of adults aged 18-49 years. Health, disability, quality of life and risk factor data were collected in 2007-08. This paper focuses on the 50-plus population

Results. A total of 4302 adults aged 50-plus were interviewed, 48% of whom were women. Fifty-five percent of persons aged 50-59 years reported their overall health as good or very good, with a gradient by 10-year age groups to just 23% in the 80-plus age group. A higher percentage of men (47%) reported very good or good health as compared to women (35%). Twenty-two percent of the sample had one, and 9% had two or more chronic conditions. Women had higher rates of chronic disease than men, with 25% reporting one chronic condition and 12% two or more conditions.

Seventy percent of men and 68% of women had insufficient daily intake of fruit and vegetables. 66% of men and 59% of women had high levels of physical activity, with about 12% of both men and women at low levels. Eighty-six percent of women and 80% of men needed health care in the last three years, with men more likely to use inpatient, and women outpatient services. Sixty-one percent of older adults reported being very happy or happy, 29% reported very good or good overall quality of life, and 56% very satisfied or satisfied with life overall.

Discussion. This study provides a valuable source of data on the health and well-being of older and ageing Ghanaians. Additional value will be realized when examining the longitudinal data and engaging in cross-national comparisons.

S5

Alternative approaches to the care of older people in South Africa

Convener: Margie van Zyl, GERATEC, South Africa. E-mail: mvanzyl@geratecza.com

This interactive symposium will consider current realities and associated deficits of long-term care for older people in South Africa – in both facilities and the community. Oral papers will be presented on: changes which the Eden Alternative is bringing to South African old-age homes; how the “green-house” model makes life more meaningful for people living with dementia; and a need for cultural awareness in Sesotho residents of an old-age home in the Free State. Public/private partnerships to address the challenges of long-term care will be considered with reference to the Ekuphumleni home in Gugulethu in the Western Cape Province. Finally, a debate will be initiated on ageing-in-place in South Africa, through a reflection on TAFTA's journey with its Ageing-in-Place programme. Practitioners and researchers will engage in debate broadly on how to change the current realities in long-term care for older persons.

S5.1 The Eden Alternative in South Africa

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Loneliness, helplessness and boredom account for the bulk of suffering amongst Elders in Long-term care. In a society where Older People are marginalised and “dumped” in clinical institutionalised nursing homes, the souls of our Elders die a slow and mind numbing death. Within the ethos of Person Centred Care and Whole Person Wellness, The Eden Alternative is driven by creating a life worth living, where Older People are engaged through meaningful occupation to restore self esteem and dignity. With an equal focus on employees who need to deliver care in these settings, a whole new culture is created based on trust and authentic relationships. This should no longer be the alternative, but the only sensible way forward. The presentation will also highlight the business case for The Eden Alternative.

S5.2 Intergenerational relationships – using telecommunications (Skype and Facebook) within a small group home to build and maintain important relationships

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Globalisation has had a great impact on intergenerational relationships around the world with an increasing number of people emigrating to foreign countries. Within this small group home in South Africa, 50% of the current residents have children living outside the country. Telecommunications provide the means of keeping in regular contact with loved ones and with social networks, for example Facebook and applications such as Skype, it is also possible to see what and how loved ones are doing whilst they are far away. The home is run according to The Eden Alternative principles with a vision to have elders and others enjoy excellent quality of life and care; where they, their families and the staff can engage in and foster meaningful relationships. Skype and Facebook were introduced to provide a method for more regular contact with family members (those close and those far away) in order to maintain these existing meaningful relationships. This presentation will focus on the challenges of introducing the concept of the internet and instant worldwide communications to the residents as well as the care partners. It will also demonstrate the impact successful and frequent contact has had on intergenerational relationships as well as the added bonus of being a more integrated part of the local community. Quality of Life questionnaires completed with residents throughout the process, as well as interviews with relatives were conducted to capture the above mentioned impact.

S5.3 Occupation in context – exploring meaningful activities for older Sesotho persons who reside in care facilities in the Free State

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Internationally, residential care facilities for older persons are associated with care, safety and micro-communities striving to enhance the wellbeing of aged individuals. The impact of improved medical care and global increase in ageing has also led to an increase in care facilities for older persons in South Africa even though residential care is primarily a western concept. The traditional expectations where children used to care for older parents in their old age is declining and results in more and more elderly Sesotho persons being placed in care facilities. In essence this means that older Sesotho persons are robbed of expected life roles associated with being wise and having a lot of knowledge to guide the younger generations. They are deprived of their traditional identity and dignity. Due to a lack of published literature on older Sesotho persons in care facilities, a phenomenological study with an ethnographic component was conducted by the Occupational Therapy Department at the University of The Free State. The researchers wanted to gain an understanding of what purposeful and meaningful activities for older Sesotho residents in the Free State would comprise. This poster shares some insights into culturally appropriate activities that could be used for compiling unique and person-centred activities programmes for older Sesotho persons.

S5.4 A public/private partnership: Ekuphumleni, Guglethu

Margie van Zyl, GERATEC, South Africa. E-mail: mvanzyl@geratecza.com

This presentation will reflect on the journey of a year. GERATEC is working in partnership with the Department of Social Development (Western Cape) and Zela Social Development Projects to transform Ekuphumleni Old Age Home in Gugulethu. Progress will be highlighted, with measurable results in respect of residents' functionality described. Challenges in setting up and maintaining a public/private partnership will be unpacked.

S5.6 An alternative to conventional institutional care... Would ageing in place work in South Africa?

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The Second World Assembly on Ageing in Madrid in 2002 set three priority directions: older people and development, creating an enabling environment and healthy and active ageing. The priority direction of creating an enabling environment goes to the heart of Ageing in Place. Ageing in Place can be defined as living where you have lived for many years, or living in a non health care environment and making use of services and conveniences to allow you to age comfortably. It is well known that that there will be a population explosion of older persons in the world in the next forty years and they will live longer lives than previous generations. These older persons will need to be cared for. Another reality is the ever increasing cost of providing care in an institutional facility. Property costs, wage bills, food prices and other costs will continue to increase. Concurrently, older persons' income will not keep pace of inflation and will need to last for many more years than before. Overseas in westernised countries such as Australia, the USA and Great Britain, Ageing in Place services are offered by governmental and non-governmental organisations in an effort to stem the growing need for institutional care. This paper will explore a South African NPO's experience with offering an Ageing in Place service from conception to launch to conclusions reached after a year of operating. It will be a practical exposition of the provision of Ageing in Place in a South African setting and make recommendations regarding the Ageing in Place paradigm within a South Africa context.

Adapting Africa's health systems to manage non-communicable diseases in older persons

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The number of older persons (defined as those aged 60 years and over) in sub-Saharan Africa will increase four-fold between 2010 and 2050, from 40 to 160 million. Advancing age is the strongest risk factor for non-communicable diseases (NCDs), including heart disease, stroke, diabetes, cancer, arthritis and dementia. Health systems that are currently focused on the treatment of communicable diseases in young people will need to change significantly to cope with a new spectrum of health problems. The World Health Organization (WHO) describes six health system building blocks: service delivery, health workforce, information, medical products and technologies, financing and leadership/governance. All these building blocks will need attention as the number of older persons in sub-Saharan Africa increases. Health services need to be accessible to older persons; health workers must be trained in management of NCDs and in geriatric medicine; health information systems need re-design to capture the changing patterns of disease; medications to treat NCDs must be made available; financing arrangements are needed that make health care affordable for older people; and local and national leadership is required to drive all these changes.

Speakers in this symposium will present perspectives on and approaches to the reorientation of health care for older people in Africa. Several of the WHO health system building blocks will be considered, including service delivery in South Africa and financing health care for older people in Senegal. The symposium will also include case studies of the need for mental health services for older people in Botswana and integration of care of older people into primary health care in Uganda.

S6.1 Mental health and service provision for older persons in sub-Saharan Africa

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Background. Non-communicable diseases of old age are frequently discarded in development of public health strategies of developing countries; yet non-communicable diseases, mental health problems included, are among the most important causes of sickness, disability and premature mortality in these settings.

Methods. A literature review and a longitudinal study among 393 older persons in Botswana in 1998.

Results. Current social change in Africa indicates that traditional family care is diminishing and often insufficient and an estimated 8-18% of older Africans live alone. As many as 25% of older persons in Botswana suffered from one or more of three common mental illnesses: depression, cognitive impairment or hazardous alcohol consumption. The mortality rate was 11 per 100 person years. Factors associated with death at follow-up were: reduced physical and cognitive functioning and limited social support. Still African governments typically spend less than 1% of their budget on mental health care services.

Conclusion. Societal interventions towards mental illnesses of old age may include a wide range of approaches known to be effective, such as primary population based prevention strategies like increasing taxes for- and reducing availability of alcohol. Yet expertise in both diagnostic skills, curative techniques (medication or psychotherapy) as well as simply provision of appropriate basic care is required in order to alleviate older persons and their families from the burden of mental illnesses. Without increasing governmental spending on mental health care provision and education of appropriate health care providers, the situation of older persons in Africa with mental health problems looks discouraging.

S6.2 Health systems and services for older persons: An integrated and health systems based approach to meeting health needs

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Global population ageing demands preparation by governments and society to meet the health challenges experienced by older persons. Meeting the needs of all South Africans, including older persons is encompassed in the Government Plan of Action which stipulates the Health Sector's commitment to achieve "A Long and Healthy Life for All South Africans". Realizing this commitment, the Minister of Health entered into a Negotiated Service Delivery Agreement with the President of the Republic of South Africa and one of the objectives to be achieved is Health Systems Strengthening. To achieve this objective, the health system needs to be overhauled and integral to this process is the development of a re-engineered Primary Health Care (PHC) model for the country. The model makes provision for appropriate care by trained nursing personnel and community health workers and creates a platform for promoting health, managing

chronic diseases and preventing the onset of further complications among older persons. It is envisaged that with the focus on preventative and promotive interventions, healthy ageing will be encouraged. Home and community based services will further provide support to older persons who are unable to live independently. However the specific health needs of older persons cannot be ignored and this can be addressed by adopting an integrated instead of vertical systems approach.

S6.3 Integrating care of older people into primary health care in Uganda – a case study

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The population of older people is increasing rapidly, not only in developed countries but also in the developing countries of Africa. The absolute number of older people in sub-Saharan Africa is projected to raise from 37.1 million in 2005 to 155.4 million in 2050. In Uganda, the population of older people increased from 686,000 in 1991 to 1,400,000 in 2002. It is projected that by 2050, 5.9 million Ugandans will be aged 60 years and above. This demographic change has obvious implications not only for individuals but for societies and governments. The demographic change impacts particularly on health care provision, as a number of both communicable (HIV, TB and others) and non-communicable diseases (hypertension, diabetes, stroke, heart disease, dementia, mental illness) may become serious issues in old age especially in developing countries of sub-Saharan Africa that are often least prepared to confront challenges of rapidly ageing societies. It is therefore important for health ministries and civil society organisations related to health to plan for integrating care of older people into primary health care in their respective countries. Integration of care for older people into primary health care enhances access, in that older people can access services closer to their homes. In this paper, we describe the organisation of the health care system in Uganda, what has so far been done in the integration of care of older people into primary health care in Uganda with specific reference to Mukono district and the lessons learned.

S6.4 Providing free healthcare for older persons in Senegal: impacts and challenges

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In Senegal, only 30 percent of more than half million older persons are covered by formal insurance or social security programs. For the remaining 70 percent, family assistance is vital and often constitutes the only source of financial support and provision of care. Yet, in a context of pervasive poverty (52% of households perceive themselves as poor), a large proportion of Senegalese families have difficulty providing adequate assistance and healthcare to their older members when needed. All indications show that for a significant share of older persons the income and family support received are unable to meet their needs – including for healthcare. In September 2006, the Senegalese government decided to address this challenge by implementing Plan Sesame, a universal free-health care policy for all older persons (aged 60 and above) regardless of their resources or work history. Plan Sesame is government funded and, health-centered, providing in-kind benefits (primary and specialized healthcare services, tests and X-ray, and essential drugs) according to beneficiary's needs. Plan Sesame sets at zero all actual and unexpected medical expenses for older persons. Thus, it removes older persons' liquidity constraints and uncertainty regarding health expenses. Lessons from the economic and health systems research literature suggest that programs alike induce strategic behaviors from both patients and care providers, which can affect their effectiveness and sustainability as well as the functioning of the health systems. This presentation proposes to describe the functioning of the Plan, explore the impact on older persons' healthcare seeking behaviors, and discuss the quality design, cost-effectiveness and sustainability.

Malnutrition in old age in Africa: Addressing risks and consequences

Convener: Associate Professor Karen Charlton, School of Health Sciences, University of Wollongong, Australia. E-mail: karenc@uow.edu.au

Globally, many older adults are at high risk of malnutrition which adversely impact their functional ability and independence. In African countries, a paradox exists where a poor micronutrient intake translates into overnutrition (obesity). The high prevalence of obesity may mask suboptimal intakes and require specific instruments to measure malnutrition. A challenge is how best to address risk factors that place an older person at high nutritional risk. Programmes that combine nutrition with physical activity intervention are particularly effective in improving physical functioning in older people but evidence from developing countries is sparse. Examples of effective and feasible strategies to address malnutrition in the African context will be considered, and the role of nutritional factors as an adjunctive therapy for chronic diseases such as hypertension will be demonstrated. Speakers in the symposium will present papers on the prevalence and implications of both underweight and obesity in older people in Nigeria and South Africa. The role of urbanisation on changes in dietary patterns and lifestyles in older age groups will be demonstrated, using both dietary intake data and biochemical indices. Which indicators are predictors of poor nutritional status in older Africans, to ensure early identification and appropriate intervention, will also be considered.

S7.1 Keeping older adults on their feet: role of diet in the maintenance of independence

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Older adults who are malnourished experience increased hospital admissions, greater morbidity, and higher rates of mortality. Malnutrition often remains undetected and untreated because it is not considered a clinical priority. Based on a review of relevant evidence and literature, this introductory presentation of the symposium will provide an overview of current knowledge, with specific reference to African settings, on 1) practical ways to identify malnutrition in older people; 2) the magnitude and consequences of malnutrition; 3) the role of nutrition in prevention of sarcopenia; 4) risk factors for malnutrition; and 5) examples of effective and appropriate community-based interventions.

S7.2 Nutritional status of older persons presenting in a Primary Care Clinic in Nigeria

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Background. Undernutrition and overweight are commonly overlooked health problems of the elderly, often due to the implicit assumption that undernutrition is a rare occurrence in old age and overweight is an invariable consequence of ageing.

Objectives. To determine the nutritional status and its associated risk factors.

Method. Cross-sectional study of 500 patients aged 60 years and above who presented consecutively at the University College Hospital, Ibadan, between September and October 2009. Main outcome measures were prevalence of nutritional problems, socio-demographic characteristics, healthcare utilisation pattern and morbidities. Mini-Nutritional Assessment (MNA) tool and body mass index (BMI) were used to assess undernutrition and overweight respectively.

Results. Prevalence of nutritional problems was 61.9% (undernutrition=7.8% and overweight=54.1%). Being unmarried ($p<0.0001$), engagement in a job after the age of 60 years ($p<0.0001$), constipation ($p<0.009$), rectal bleeding ($p<0.008$), oral problems ($p<0.001$), previous hospitalization ($p<0.001$) and chronic morbidities like hypertension ($p<0.0001$), osteoarthritis ($p<0.001$) and psychosomatic disease ($p<0.0001$) were significantly associated with undernutrition. Younger age ($p<0.050$) and female gender ($p<0.011$) were significantly associated with being overweight. Logistic regression analysis showed that being unmarried (OR=1.355, 95% CI=1.075–1.708), previous hospital admission (OR=2.105, 95% CI=1.479–2.996) and hypertension (OR=8.197, 95% CI=3.270–20.833) were the most important factors contributing to undernutrition. Correlation analysis (Pearson's) showed a positive association between BMI and MNA scores ($r=0.152$, $p<0.0001$).

Conclusion. High prevalence of nutritional problems in this study underscores the need for intervention in this population. Health workers should always assess the elderly for nutritional problems, together with other morbidities with which they may present, and institute appropriate management.

S7.3 Changes in dietary patterns and lifestyle puts South African older persons at health risk

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Changes in dietary patterns and lifestyle put South African older persons at health risk. The accompanying changes in dietary patterns and lifestyle in populations have major health consequences. The aim of this study was to describe the nutrition status of the older person with the intention of providing research evidence to conceptualise a framework for community-based collaboration to support the older person. A group of 76 female volunteers randomly selected from a rural community and 123 from an urban community was included after giving informed consent. Extensive information on socio-economic, nutrition, bone and general health status, serum and plasma blood samples and anthropometric measurements were collected. The elderly in the rural areas care for more people other than themselves than those in the urban areas (37% > 6 people / 22%). The nutrient intake (less of RDA for older persons) in the rural area was significantly lower than the urban group for total protein (38.61g/66.70g), Zinc (7.36mg/11.42mg), Vit A (528.77ugRE/1126.90ugRE), Vit D (1.89ug/3.07ug), Vit E (8.18mg/13.30mg). Rural older people had significant lower serum iron levels (13.46mg/16.02mg) than the urban. Bone health indicators further showed that rural women had a significantly higher bone turnover reflected in their CTX levels (0.60ng/0.41ng). Results indicated that demographic and lifestyle changes in older persons not only affect their nutritional status but also bone health outcomes, putting them in great need for support.

S7.4 Nutritional status and food consumption patterns of older persons living in Verulam, KwaZulu-Natal, South Africa

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Background. Malnutrition specifically overnutrition are key predictors of poor nutritional status amongst older people. Epidemiological transition from rural to urban has greatly influenced dietary patterns amongst older persons, therefore increasing the prevalence of diet related disease.

Objectives. To focus on identifying the nutritional status in addition to the dietary patterns of the elderly including the determinants of malnutrition among free living older adults (60yrs+) in Verulam.

Methodology. Fifty-nine randomly selected men and 191 women aged 60+ participated in this study. Anthropometric measurements determined the Body Mass Index according to the World Health Organization and Asian cut-off points to identify the risk factors. Two 24-Hour Food Recall questionnaires were completed by the 250 respondents to identify actual food intake and measured against the Dietary Recommended Intake. Food frequency questionnaire (FFQ) determined the respondent's food variety score over a period of one week.

Results. Anthropometric results indicated Indian women reported (77.4%) were overweight and obese, only 7.7 percent confirmed to be underweight. Indian men (74.5%) ranged in the overweight and obese category. High blood pressure class 1 and 2 was found in 23.5 percent and 3.9 percent of Indian men. None of the African men had hypertension class 2, but 37.5 percent had hypertension class 1. The majority of the Indian women (59.3%) had either prehypertension, high blood pressure class 1 or high blood pressure class 2. A similar trend was observed in the black women (66.6%). Summary of the food variety within the food groups Mean (\pm SD) of 33.32 (\pm 15.20) consumed from all the food groups in a period of seven days, indicating a high dietary diversity. Energy distribution of the macronutrients from the two 24-Hour Recalls according to the World Health Organisation dietary factor goals indicates that both men and women diet intakes were deficient, the meals were balanced. Fruit and vegetable was too low and the portion size of both 24-Hour Recall was too small (101.85g and 90.44g).

Conclusion. The results of this study indicate that obesity is prevalent at a high rate in this community and therefore a need exists for a nutrition intervention

S7.5 Does vitamin C supplementation lower blood pressure in low-income older women in Sharpeville?

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Objective: To determine the effect of a three-month vitamin C supplementation (500 mg per day) on systolic and diastolic blood pressure in low-income older women (≥ 60 years) voluntarily attending an elder care centre in Sharpeville.

Methods: An experimental study in 163 randomly selected older people with a mean \pm SD age of 73.4 ± 8.0 . Measurements (blood pressure, dietary intake, weight, height, waist) were taken at baseline and on completion of the intervention. Respondents were categorized into hypertensive ($\geq 140/\geq 90$ mm Hg) ($n=87$) and non-hypertensive ($n=74$) groups. Data were analysed on Stata, version 12.0. Paired t-tests were performed to measure significant differences ($p < 0.05$) between baseline and follow-up measurements.

Results: Nutrient intakes showed no significant changes between baseline and follow-up, except for the non-hypertensive group consuming significantly less protein and iron at follow-up. In both groups the vitamin C consumption improved significantly. No significant changes were observed in the anthropometric parameters for both groups. The hypertensive group showed a significant decrease in systolic (165.0 ± 0.3 to 141.0 ± 0.2) and diastolic (92.3 ± 2.3 to 81.5 ± 2.5 mm Hg) blood pressure. The non-hypertensive group showed a significant increase in diastolic blood pressure from 70.4 ± 1.5 to 76.8 ± 2.1 mm Hg.

Conclusions: Hypertension is prevalent in the majority of older women in this community. It seems as if the vitamin C supplementation had a positive effect on both systolic and diastolic blood pressure in the hypertensive group. Recommendation: A well-designed longitudinal case-control study is recommended to determine the effect of vitamin C on blood pressure over the long term in older persons.

S8

Dementia in Africa

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The age structure of a population is the main determinant of the prevalence of dementia. As African populations age, dementia is set to become a growing challenge for the continent socially and medically. The presentations in this symposium address key questions regarding the assessment of prevalence and clinical management of dementia. Specific foci include the nature and effectiveness of current diagnostic criteria and screening tests, the role of cognitive rehabilitation or vitamins as opposed to licensed drugs in ameliorating symptoms or delaying decline, and the possible existence of clinical syndromes within dementia which should be targeted preferentially with pharmacology.

S8.1 Prevalence of dementia in Africa

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Information on dementia is sparse in Africa due to few studies carried out. The disease was once regarded as a western disease with few cases reported from Africa. Data from a Delphi consensus revealed that Africa with a prevalence of 1.6% for dementia in individuals aged 60 years or over was the lowest when compared with a figure of 6.4% for a comparable age group in North America. The prevalence rates for individuals aged 65 years and above range between 2.29% and 10.1% in community-based studies. Although comparison of data between studies may be difficult due to different methods used, the impression is that the rates may be increasing and may be as high as figures from western countries in some communities. Apart from age, the factors that may be responsible for the low rates are likely to be environmental including diet and social interaction. Apolipoprotein E e4 allele was not found to be associated with the risk of developing Alzheimer's disease in studies from Nigeria, Kenya and Benin Republic. The worldwide impact of dementia is also felt in Africa and resources need to be put in place in preparation for a looming epidemic as the population ages.

S8.2 Diagnosis of and screening for dementia. How good is the IQCODE?

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Background. A two stage dementia diagnostic process is often employed, with initial screening assessments, suitable for non-specialists, used to select subjects who require detailed review. Structured interview of family/carers may have utility as an initial screening tool. We aimed to collate and review literature on the diagnostic test accuracy (DTA) of the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) for dementia diagnosis.

Methods. Using the Cochrane Collaboration Diagnostic Test Accuracy methodology we performed a systematic literature review for DTA studies of IQCODE against a reference standard of clinical dementia diagnosis. Multiple cross disciplinary electronic databases were searched using sensitive search terms based on concepts of neuropsychological tests; tests/screening; dementia. Titles were screened for relevance, abstracts retrieved and all potentially eligible studies reviewed by two independent researchers. Outcome data of interest were sensitivity / specificity. Assessment of methodological quality used the QUADAS tool; assessment of reporting quality used the STARD and draft STARDdem guidance.

Results. We assessed 77 full papers. Twelve studies (n=3868 participants) were community setting; 16 studies (n=3552) secondary care clinics; 6 studies (n=1180) secondary care inpatients. Two were delayed cross-sectional design; the remainder standard cross-sectional study design. At a standard cut-off point of 3.4: sensitivity (range:75-87%) and specificity (82-95%). Methodological and reporting quality was variable.

Conclusions. There is a literature on diagnostic test properties of IQCODE, DTA seems acceptable however heterogeneity limits the conclusions that can be drawn. There is scope to improve reporting standards and methodological quality of IQCODE and other DTA studies.

S8.3 Goal-oriented cognitive rehabilitation in early-stage Alzheimer's disease

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Background. This single-blind randomized controlled trial assessed the clinical efficacy of cognitive rehabilitation (CR) in early-stage Alzheimer's disease (AD).

Methods. Participants were 69 individuals (41 female, 28 male; mean age 77.78, sd 6.32, range 56 - 89) with AD or mixed AD/vascular dementia and an MMSE score of 18 or above, and receiving a stable dose of acetylcholinesterase-inhibiting medication. Forty-four family carers also contributed. Participants were randomized to either CR, relaxation therapy (RT) or no treatment (NT). The CR group received 8 weekly individual home-based sessions incorporating work on personally-relevant goals supported by components addressing practical aids and strategies, techniques for learning new information, practice in maintaining attention and concentration, and techniques for stress management. Primary outcomes were goal performance and satisfaction. Secondary outcomes were mood, cognition and quality of life for participants with dementia and stress, mood and quality of life for carers.

Results. CR produced significant improvement in ratings of goal performance and satisfaction, with a large effect size; scores in the other two groups did not change. In secondary outcomes for participants with dementia, effect sizes $\geq .03$ were observed for improvements in cognition at post-intervention assessment and for improvement in quality of life at six-month follow up. In secondary outcomes for carers, effect sizes $\geq .03$ were seen for improvements in stress, mood and quality of life domains at post-intervention and six-month follow up.

Conclusions. The findings support the clinical efficacy of CR in early-stage AD and provide the basis for a definitive, multi-centre trial.

S8.4 Does B Vitamin treatment slow cognitive decline in mild cognitive impairment for those with raised plasma homocysteine? A randomized controlled trial (VITACOG)

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Aims. Plasma total homocysteine (tHcy) concentrations are inversely associated with cognitive function in the elderly and are elevated in Alzheimer's disease. We aimed to determine whether treatment with B vitamins has an effect on cognitive and functional decline in those with Mild Cognitive Impairment (MCI) related to baseline plasma total homocysteine (tHcy) level.

Method. Participants screened for MCI, aged ≥ 70 years were randomised to B vitamins (0.8 mg folic acid, 0.5 mg B12, 20 mg B6 per day for 2 years, $n=133$) or placebo ($n=133$). Demographic data, baseline measures of tHcy, structural MRI and Clinical Dementia Rating (CDR) were collected. Neuropsychological tests, MMSE, HVLT-R, Category fluency, CLOX were administered. After 2 years on treatment all tests and MRI scans were repeated. The neuropsychological measures were a secondary outcome of the trial where rate of brain atrophy was the primary outcome. Generalized linear mixed effects models were fitted to the longitudinal cognitive scores using binomial and Poisson distributions for discrete outcomes and the Gaussian distribution for continuous outcomes.

Results. Significant differences were found in brain atrophy rate, CDR and cognitive measures between the treatment and placebo groups controlling for demographic factors. The cognitive differences were dependent on baseline tHcy levels; with higher baseline tHcy level ($>11.3 \mu\text{mol/L}$), the rate of decline in cognitive scores was significantly greater in the placebo group, as were improved CDR scores in the treatment group.

Conclusion. Long-term treatment with B vitamins for older people with no contra-indications may be beneficial to maintaining cognitive performance.

S8.5 Drug therapy in dementia

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This clinical review of selected areas of drug use in dementia is informed by Cochrane reviews. The use of cholinesterase inhibitors in non-Alzheimer's dementia, particularly Parkinson's and Lewy body dementia, is as controversial as the ability to diagnose subtypes. Much depends on identification of cholinergic symptoms and the stage of dementia. The overuse of neuroleptics in dementia is widely recognised. Focussing on those who are hostile and suspicious, paying close attention to mild extrapyramidalism, frequent monitoring and review, and 'trials without' are the keys to maximising the balance of benefit and risk. But what are the alternatives? Memantine is widely promoted as having a benefit for 'behavioural' symptoms. But what does this mean? If we had to focus its use on one group, where should it be? Details of recently published studies suggesting a short but not long term benefit in more extreme forms of agitation will be discussed.

PAPER SESSIONS

PS1

What shapes quality of life and subjective well-being in old age in Africa?

PS1.1 Ageing adult migration from urban to rural communities in Nigeria and quality of life

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This study utilized Life Style Indicator (LSTI); Relationship Skills Maps (RSM); Well-being checklist and in-depth interview to investigate migration of ageing adults from urban to rural communities in South-East, Nigeria. The study explored, to better understand, if socio-cultural and economic factors are associated with the migration from urban to rural communities, to compare the quality of life differences and relationships that may exist between urban and rural ageing adults. The participants for the study were purposefully selected 50 ageing adults between the ages of 75 and older. The findings were compared, ageing adults in rural communities reported better current well-being; better inter-generational interaction, better ageing adult community relationship, and better psycho-emotional behaviours for ageing adults and younger generation. In in-depth interview: the voices of ageing adults in rural communities reflect better quality of life; better socio-cultural and intergenerational gap bridge compared to urban ageing adults. However, the voices of both urban and rural ageing adults reflect economic hardship. The study concluded that better quality of life and relationships might be an indicator in migration of ageing adults from urban to rural community. There is a great need to investigate well-being, relationships and life style as factors in migration of ageing adults from urban to rural communities.

PS1.2 Perceived quality of life among older persons in Kenya: Implications for old age policy

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Quality of Life (QoL) has been broadly defined as the degree of well-being felt by an individual or a group of people. According to the Quality of Life Research Unit, (1999), the dimension of QoL include Being (who one is), Belonging (ones fit within an environment) and Becoming (personal goals for achieving ones aspiration). Some of the key elements considered in explaining QoL include ones' perceived social status and relationships, health status and security all of which have bearing on the three identified domains. In Africa, as economic arrangements and social relationships change, the lives of older persons become even more vulnerable to the challenges of modern life. These challenges have profound effects on the QoL among older persons. Currently, there are no studies that have systematically documented the perceptions of older Kenyans' QoL in a dynamic context. The current study utilized primary data gathered from a nation-wide QoL study to analyse which, among the self-reported key contributors of QoL, emerged as important for a sub-sample of 762 persons aged 55 and older. Good health, income, family relationships and food security were found to be among the most important factors using aggregate weighted scores. Further, using a logistic regression analysis, health, income and family status were significant predictors for QoL. From these findings, the authors recommend that enhanced provision of healthcare, provision of economic security and enhancement of food security to older adults are priority areas for social and development planning. This will require a multi-dimensional approach to address.

PS1.3 **Education as a correlate of life satisfaction among retired older people in Lagos State, Nigeria**

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This paper is based on a study of formal sector retirees in Lagos State where a significant proportion of workers in paid employment works with government, the highest employer of labour in Nigeria. With marked differentials in life course events, the living conditions of workers in retirement are significantly different with education playing a pivotal role in determining life chances and retirement benefits. The study examined the importance and impact of years of schooling (educational attainment) on life satisfaction of formal sector retirees in Lagos. This paper uses life course perspective and modernization theory as its theoretical framework. With the aid of multi-stage systematic sampling method, a study was conducted through the use of questionnaire, focus group and structured interviews. Questionnaire was administered on 1321 retired older people complemented by 20 in-depth interviews and 8 focus group discussions. Results showed significant differences in living conditions and life satisfaction of retirees. Retirees with higher (better) educational qualifications usually post-secondary school degrees reported better life satisfaction and enjoyed better quality of life than their counterparts with only primary school leaving certificate. The importance of life course events to proper understanding of ageing issues was also discussed in the paper. The paper recommends continuous skills acquisitions and improved educational status in enhancing the status of Nigerian workers prior to and after retirement. Similarly, workers should be encouraged to improve their educational status which greatly influences occupational status and socio-economic well-being and quality of life of older people in later life.

PS1.4 **Men, pensions and wellbeing in rural South Africa: Tracking effects through policy shifts**

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Background. Pensions play an important role in older persons' wellbeing in rural South Africa, with men and women reporting improved wellbeing in the years directly following pension-eligibility. Women's age-eligibility has been set at 60 since the inception of South Africa's non-contributory state-funded pension, whereas men until recently have begun receipt at age 65. As of 2010, men's age of eligibility equalized with that of women.

Objective. Using two panels of the WHO-Study of Global Aging and Adult Health study (WHO-SAGE), collected in 2006 and 2010 in the MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt), we examine whether "improvements" in men's reports of wellbeing mirror men's age-eligibility—65-69 in 2006, and 60-64 in 2010—thus tracking the pension-eligibility policy change.

Data and approach. The sample included all Agincourt residents aged 50-plus (N=4085, 2006; N=5980, 2010). The WHO-SAGE questionnaire included questions on self-reported health, functionality, and wellbeing. Logistic regression models assess relationships of wellbeing to age and sex, and include tests for significant changes in wellbeing pre-pension to pension-eligibility, and pension-eligibility to 5-years post-eligibility.

Outcomes and conclusions. In both panels pension receipt contributes to older persons' wellbeing reports. In 2010, those who report not receiving a pension are more likely to report poor wellbeing. After the policy change, a different relationship between pension, gender, and wellbeing emerges. In the second wave, pension-eligibility affects men's and women's reports of wellbeing similarly for most outcomes, whereas in 2006 differences exist by age and sex. Finally, the results emphasize the benefits of evaluating both simple and composite indicators, with stronger relationships between pensions and worry and WHOQoL than other outcomes.

PS1.5 The impact of home and neighbourhood liveability on the well-being of older South Africans

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Liveability concerns the influence of the social, economic, and environmental contexts of older people on their quality of life. It includes both objective and subjective factors: how people feel about and make sense of their situation is as important as the situation itself. Living conditions of older people warrant further exploration since so much of their time is spent in the near environment of home and neighbourhood.

In this study we investigate indicators of liveability and their impact on wellbeing among older persons in KwaZulu-Natal, South Africa. Data were collected in 2010 in a random sample of 1,008 subjects, aged 60 years and over. Liveability was measured through physical and social aspects of housing (access to electricity, water, toilet; feeling safe in the home) and neighborhood (walking outside, shopping for groceries, feeling safe from crime in neighborhood). Wellbeing was based on a question on general life satisfaction.

The findings for household liveability show that on average the participants have 5.5 (range 0-7) electrical appliances; one third have a toilet and 40% have tap water inside their house. Average rating of feeling safe at home is 3.2 (range 1-4). For neighbourhoods, 86% walk outside and 89% go shopping for groceries. Average rating of feeling safe from crime is 3.2 (range 1-4). General wellbeing was on average 3.3 (SD = 1.2, range 1-5: lower for women, for less educated, for those living in informal housing, and for those with lower self-rated health. Regression analyses revealed that those who have housing (electrical appliances, water and toilet inside) and neighbourhood (feeling safe, walking and shopping) resources have a higher wellbeing compared to those who do not have housing or neighbourhood resources. A positive association was also found between perceived housing and neighborhood safety and satisfaction with the dwelling.

Conclusion – Both the physical and social aspects of housing and the neighbourhood impact the wellbeing of older South Africans though characteristics of home especially feelings of safety are particularly important.

PS2

Ageing of the HIV/AIDS epidemic: trends, experiences, responses

PS2.1 HIV epidemic monitoring and reporting: how clear is the picture of HIV and ageing?

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Background. A major challenge in understanding the needs of older people in relation to HIV is the lack of data on people aged 50 and above. Data collection, analysis and reporting at country and global level rarely includes older people, instead focusing on the 15-49 year age group, leading to limited understanding of the needs of older people and their widespread neglect in the HIV response.

Objectives. To highlight:

- Constraints of data collection and epidemic monitoring and the challenges caused
- Reasons for exclusion of older people and possible solutions
- Feasibility of collecting data showing where this has been done and what it shows

Approach. HelpAge International undertook a review of 2010 country reports to the UN for their inclusion of data on older people. 57 of 119 reports presented data on older people (or stated data was available) or made reference to older people, reflecting a growing understanding at national level of the need for this data. HelpAge is currently undertaking a review of 2012 reports. This will show any change in the countries submitting data and may highlight changes in the epidemic between 2010 and 2012.

Outcomes. Research is on-going but the reviews will likely show:

- Limited data available leading to a partial picture of older people and HIV
- Some countries collecting and reporting data for older people, showing this is feasible and useful
- Constraints caused by UN reporting guidelines and age restricted indicators, demonstrated by lack of data in country progress reports of countries where data is available.

PS2.2 HIV infection among older people in sub-Saharan Africa: A comprehensive review

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Background. Until recently, research on HIV and older people in sub-Saharan Africa has been entirely concerned with grandparents caring for orphans. In the last three years there have been several peer-reviewed journal articles about older people infected with HIV. This conference paper will review this new field of research.

Methods. A comprehensive literature review was conducted and direct contact was made with researchers active in the field.

Results. Based on extrapolation from data published by UNAIDS, the estimated prevalence of HIV infection in people aged 50 years and over in sub-Saharan Africa is 4 per cent. This represents approximately 3 million people, or 14 per cent of all adults living with HIV in sub-Saharan Africa. In areas of high HIV prevalence, AIDS-related mortality is high among older people. A study in western Kenya found that AIDS was the number one cause of death even in 60-69 year olds. There is evidence that older people have lower levels of HIV-related knowledge and awareness than younger adults. Older people are also less likely to have been tested for HIV. The literature is inconsistent about treatment outcomes for older people on antiretroviral therapy (ART). Older people living with HIV have a high prevalence of some comorbidities, but it is unclear whether this is related to their age, HIV infection or ART. The limited published research on sexual activity among older people in sub-Saharan Africa shows that sexual activity remains common at older ages.

Conclusions. HIV infection and AIDS-related death are common among older people in sub-Saharan Africa. HIV services, for both prevention and treatment, need to target older people.

PS2.3 HIV-1 Infection in the DREAM cohort of elderly patients

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Background. HIV infection affects an increasing number of elderly patients in sub-Saharan Africa. The aim of this paper is to describe the cohort of elderly patients attended in the DREAM program that is run by the Community of Sant'Egidio in ten African countries.

Methodology. Data on 1,298 HIV+ over 60 years old patients starting care before 2011 have been retrieved by the national DREAM databases. The sample is made up by 709 male and 589 females (mean age: 65.04 years; SD±5.6). About 72% of the sample started ART. The patients were given ART according to the following criteria: WHO clinical stage 3-4, or CD4 cell count less than 350 cell/μL or CD4 cell count 350-500 and Viral Load higher than 5Log c/ml. The mean observation time (1,298 patients) and Anti-Retroviral Therapy (ART) time (943 patients) were 905 days and 937 days (SD±643), respectively.

Results. The death rates at 90 days, one and five years were 8.1%, 16.4% and 33.2% respectively. The multivariate analysis showed that male sex, older age, higher pre-ART viral load, lower pre-ART CD4 count, anaemia, malnutrition were associated to shorter survival. The cohort showed a mean Viral Load reduction of about 1 Log and a mean increase of CD4 cell count of 27.8% (50 cells per patients on average). The most part of the patients (70.5%) suffered of at least one non-communicable disease associated to HIV infection.

Conclusion. Administration of HAART seems to be very effective in HIV+ elderly patients even if the specific condition could lead to an increase in the death rate.

PS2.4 Experiences of HIV infection in old age in rural Malawi

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Background. Adults aged over 49 with HIV infection in sub-Saharan Africa are a growing population that is under-researched.

Objectives. To understand older people's experiences of HIV infection in rural southern Malawi. The paper argues that improved understanding requires reflection on the meanings of sexuality in the social, cultural and conceptual context of people's lives, as well as on experiences and understandings of 'being old' more broadly.

Methods. Data were collected from men (n=20) and women (n=23) aged between 50 and around 90 using repeat, dependent in-depth interviews (n=136) within a constructivist grounded theory framework. A third (n=15) of these respondents were infected with HIV. These data were supplemented by focus groups with older people with HIV (n=2), key informant interviews with leaders of organisations concerned with ageing in Malawi (n=19), observations made during 11 months of fieldwork, and the descriptive analysis of interview data collected during a three-month multi-site pilot study (n=42).

Outcomes and conclusion. Older peoples' experiences of HIV infection reflect understandings of ageing and sexuality, as well as global and local messages about HIV. HIV was understood to alter the body in ways similar to very old age, diminishing physical strength and limiting an individual's productive capacity. HIV was subsequently understood to 'spoil' an individual's identity as an 'adult'. Older people with HIV responded to this threat by presenting themselves as still-productive adults, and as appropriately-behaved and morally 'cleansed' elders. Both positions were possible due to recent availability of ART in the field site.

PS2.5 Inclusion of HIV issues and prevention strategies for older persons in national HIV/AIDS policies, strategies and programmes.

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Background. UNASO coordinates over 2000 AIDS Service Organizations (ASOs) and 44 District Networks, with funding from Uganda Reach the Aged Association, UNASO together with six (6) ASOs: TASO, SAIL, HEPS, AIC, MAMAS CLUB & NACWOLA (National HIV Prevention Advocacy Group for Older persons) are advocating for issues of older persons to be included in the HIV/AIDS National policies, programmes and strategies. A key challenge to this project was lack of commitment by policy and decision makers to be accountable and responsive to the HIV&AIDS service needs of older persons. During the review of the National Strategic Plan, October 2011, the National HIV Prevention Advocacy Group for older persons developed a strategy to engage decision/policy makers to make commitments to prioritize and include issues of HIV/AIDS for older persons and the citizens (older persons) and CSOs-ASOs get a basis to demand for issues of HIV and AIDS for older persons in national HIV/AIDS policies, strategies and programmes and service delivery. The National HIV Prevention Advocacy Group for older persons carried out a survey in the District of Jinja to ascertain HIV prevention measures for older persons, have also reviewed national HIV and AIDS policy documents to ascertain their level of inclusion of issues of older persons in those documents, the group has also reviewed the Uganda HIV/AIDS Prevention and Control Bill 2010. A survey report, policy brief and a position statement on the HIV/AIDS bill were developed and are being used for advocacy all over the country.

Results.

- Policy and decision makers are now more committed to including issues of older persons in the national HIV/AIDS Policies, strategies and programme.
- Leaders became more committed and responsive to HIV&AIDS service delivery needs of older persons in the country.
- The policy reviews, survey report and position paper formed the basis for CSO-ASOs and citizens (older persons) to hold policy and decision makers accountable on issues of older persons and HIV&AIDS in the country.
- Uganda AIDS Commission (UAC) regularly consults the national HIV Prevention Advocacy Group for older persons during planning and budgeting processes for HIV&AIDS.
- CSOs (National HIV Prevention Advocacy Group for older persons) and Policy and decision makers, Uganda AIDS Commission and government lined ministries and agencies are able to engage each other and work in partnership on issues of common interest.

Conclusions. Engagement of policy and decision makers to make commitments on inclusion of issues of older persons in national HIV policies, strategies and programmes proved an effective strategy for ASOs-National HIV Prevention Advocacy Group for older persons, some MPs have committed to raise issues of older persons in the HIV/AIDS bill when it is presented before parliament since they are receptive and attentive to issues from the electorate.

PS2.6 Population ageing in Botswana in the era of HIV/AIDS

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The objective of this paper is two-fold; first to portray the age structural transition underway in Botswana since 1971 and to discuss the socioeconomic and demographic implications of population aging and second, to study the impact of HIV/AIDS on aging. In 2001, Botswana had 36.6 percent of the total population below 15 years while the 65+ population is 5 percent. It increased to 5.1 percent in 2006. The proportion of the economically active age group stood

at 58 percent. The median age of the population has increased from 15.7 years in 1971 to 20.1 in 2001 and 21.9 in 2006. The median age of females has always been slightly higher; it stood at 22.7 in 2006. However, the tempo of aging is rather slow. Botswana is favourably placed in terms of the so-called 'demographic bonus' invoked by the age structural transition. The proportion of economically active population now is more than half of the population – 58.4 percent which is likely to increase to 70.1 percent in 2051. However, this so-called 'window of opportunity' is not exploited in Botswana since the tempo of job creation is rather slow due to a very slow progress in economic diversification. The major focus of this paper is to look at the impact of HIV/AIDS vis-a-vis population aging in Botswana. Botswana ranks among the hardest hit in the world with a very high HIV prevalence of 17.2 percent among the population. Among adults aged 15-49 years, the prevalence rate was 25.3 percent (CSO/NACA, 2005). Although, there is the prospect of a slow aging process, HIV/AIDS affects the intergenerational transfer payments substantially and hence a serious threat to the care of the aged. The gains in the chances of survival of infants experienced in the Nineties have apparently been lost mainly due to HIV/AIDS. This is attributed to mother to child transmission of HIV/AIDS. Unfortunately, the gains in life expectancy did not sustain mostly due to the rapid increase in the HIV/AIDS epidemic. Life expectancy has declined to 55.6 years in 2001. It is encouraging to note that HIV/AIDS does not impact the proportion of labour force significantly. From ages 45 and above, older people are expected to live longer in 2001 compared to 1991 because they are not affected by the increase in adult mortality as a result of HIV/AIDS. The major impact of HIV/AIDS prevalence is seen in the transition of age 65+ years. HIV/AIDS has retarded the pace of aging at the upper end of the age structure.

PS3

Older persons as agents of stability and change in contexts of poverty and HIV/AIDS

PS3.1 A study to determine the effectiveness of the non-profit organisation, Grandmothers Against Poverty and AIDS, as an agent in the fight against the effects of AIDS on households headed by grandmothers in three districts of Tanzania

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Background. A study was conducted to determine the effectiveness of the non-profit organisation "Grandmothers Against Poverty and AIDS" as an agent in the fight against the effects of AIDS on households headed by grandmothers in three districts of Tanzania. Grandmothers Against Poverty and AIDS, with its two pronged approach, namely education and psychosocial support, has since its inception in 2001 enabled grandmothers in South Africa to cope with the consequences of the HIV/AIDS epidemic. In 2008 the model was extended to grandmothers in Tanzania.

Objectives. To record and describe the demographic details of grandmothers as members of support groups. To record and analyse the grandmothers' opinions on the benefits of the support group to which they belong. To compare the experience of the Tanzanian grandmothers with that of South African grandmothers.

Methodology. A questionnaire was administered to grandmothers that had formed psychosocial groups with their peers in three districts of Tanzania. The questionnaire was administered in Swahili.

Outcome and conclusion. Responses to items on the questionnaire were analysed and a comparison made with the effectiveness study performed in South Africa in 2005 (Brodrick, K & Mafuya, M. Effectiveness of the non-profit organisation, "Grandmothers Against Poverty and AIDS"- a study. Southern African Journal of HIV Medicine. 19, 2005).

PS3.2 **Elder women, HIV/AIDS and human security: Assessing social support networks through community organisations**

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This paper examines the relationship between elder women, HIV/AIDS and human security through an analysis of grandmothers' participation in civil society organisations in South Africa. As elder women take on increasing caretaking burdens, they also collectively organise to provide economic, social, psychological and community support that increases their livelihoods and collective capacity to confront the HIV/AIDS pandemic's impact within vulnerable communities. Through civil society organizations, elder women have developed effective capacities to provide community education, increase support structures for caretaking needs, lobby for policy change and promote increased socio-economic vitality for elder women, who are picking up the pieces of both the AIDS pandemic and the legacy of apartheid across South Africa's most marginalized communities. With a nearly 70 percent unemployment rate and increasing levels of violence, elder women perform HIV/AIDS caretaking labor within a wider context of extreme social instability and gender power asymmetries. This study illustrates how community organisations mediate the dual dimensions of HIV/AIDS caretaking demands and human security threats for elder women within Khayelitsha. Drawing from original qualitative research conducted from 2010-2012 among a group of grandmother leaders in Khayelitsha, our research illustrates how the dual dimensions of human security and HIV/AIDS threats present distinct challenges for elder women, while also constructing distinct spaces for community organisations to support the particular needs of elder women. By examining the impact of community organisations on participants' lives, our research demonstrates the vitality of such collective support structures within the larger context of South Africa's continued process of social development.

PS3.3 **Increasing communities' choice in advocating for rights and entitlements of older people infected and affected by HIV & AIDS: Working with national CSOs advocacy groups (an experiential model by HelpAge Kenya)**

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Background. It is evident that current HIV and AIDS strategies in Sub-Saharan Africa do not accommodate aging due to lack of data and information on prevalence and impact on older people. Evidence based research and HIV & AIDS interventions are restricted to populations <49. Hence, there is a major gap to reverting the spread and impacts of HIV and AIDS in this vulnerable group. Helpage Kenya advocates on aging, HIV and AIDS issues. To realize this, the organization promotes national advocacy groups concept that revolves around mobilizing for a strong CSOs voice. Currently 25 autonomous Civil Society Organizations have joined hands to speak out with and on behalf of older persons within 4 thematic areas: Prevention, Care & Support, Treatment & Health Services and Social Protection. The advocacy groups' concept emanates from the reality that national HIV programmes sideline older people. Underlying such segregation is lack of accurate data, social-cultural prejudices and limited research on Epidemiology of HIV in older persons.

Methods. The capacity of the participating CSOs and agencies is built through sensitization and awareness raising forums on mainstreaming HIV and Rights-Based-Approaches in aging. Henceforth, an advocacy group develops and formulates a strategy and own tactics for influencing policy especially on the impact of HIV and AIDS among older people in Kenya. The CSOs and agencies formed the membership of the advocacy groups and declared their interest in advancing this crucial agenda. The CSOs are identified on the basis of the interest and strength of the implemented programmes, either in terms of: older people's welfare, orphans and vulnerable children, the network of organizations of people living with HIV, HIV and AIDS services providing organizations, and other organizations working on development with some components of their programmatic activities touching on HIV and AIDS. The main focus of the advocacy groups is developing evidence in the form of policy papers on the following themes:

1. Age-friendly HIV prevention services
2. Home-based care in Kenya in relation to support for older carers
3. Support groups for older people
4. ART treatment for older people

To achieve this process, the groups are familiarised with the cycle and components of the advocacy strategy, i.e.:

- Setting an objective: What do they want to see changed?
- Gathering evidence: What evidence do they have and need?
- Networking and coalition building: Identify other stakeholders who are interested in the issue?
- Identifying target audience: Who can make the decision?
- Developing our message: what is the wanted action and who takes the decision?
- Delivering our message: How do they plan to deliver the message?
- Raising resources: What kind of resources are needed?

Results.

- Inclusion of aging and HIV issues in key national policy documents including: National Home and Community Based Care Policy and training curriculum.
- Active participation of advocacy group members in the Mid-Term Review of the Kenya National HIV/AIDS Strategic Plan (III).
- Existence of autonomous aging, HIV and AIDS advocacy platforms (All groups have developed strategies and work plans that revolve around involvement of older persons who are infected and affected).
- Advocacy Groups have promoted meaningful involvement of older persons through training and nurturing of older persons' spokespersons, hence empowering them to engage with policy makers.
- Notable commitment and responsiveness of CSOs in ageing and HIV matters. The four national advocacy groups have drawn membership of 25 CSOs, CBOs and FBOs. These include Discordant Couples Kenya (DISCOK), Matiliku HelpAge SAG-Programme, Centre for Urban Mission, KESPA Siaya, NOPE/APHIA II Coast, Senior Women Citizens for Change, Kenya Scout Association, Kenya Orphan Support Organization (KOSO), MMAAK, Integrated Aids Programme-Thika, City Council of Nairobi-Nyumba ya Wazee, Kenya Medical Training College, Radio Waumini, GTZ, HEART, Christian Community Service - Thika, KENWA, Handicap International, Nation Media, Liverpool VCT, KIRAC/Catholic, HAI-ARDC and HAK.
- Through concerted efforts, the advocacy groups have successfully gathered evidence on the diverse aspects of older persons cash transfer and developed position papers and policy briefs with gap analysis and recommendations to government, National AIDS Control Council, Ministries and to the National AIDS and STI Coordination Programme. Specific issues addressed for inclusion of older people include: Anti-Retroviral Therapy, Community and Home Based Care and HIV Counseling and Testing.
- Advocacy groups have developed calls to action messages on posters, banners, fliers and commitment petitions that are disseminated during national events and forums (Sample English and Kiswahili messages: "Huduma Bora Ya Matibabu Ni Haki Ya Wazee"; "Matibabu Bora Haki Ya Wazee"; "Matibabu Bora Haki Ya Wazee – Mzee Twakuihitaji"; "HIV and AIDS is Ageless"; Give Older People Quality Health Care"; " HIV and AIDS is Ageless Older People Demand Universal Access To Quality Health Care")

Conclusions. Advocacy groups have the dynamics for enabling meaningful participation and targeting of vulnerable populations through policy influencing and social inclusion at grassroots, regional and national levels Advocacy groups are the most viable forums for information and service delivery outreach for the marginalized through the wide networks and availability of CSOs resources and capacities. Advocacy groups for CSOs are alternative to addressing policy issues in Africa, promoting and actualizing GIPA principles among older persons and ensuring vulnerable populations representation. Advocacy groups offer the best platform in promoting a "bottom up" and all inclusive advocacy approach that ensures participation and inclusion of older people in HIV and AIDS programming.

PS3.4 The process of engagement with public forums to promote peer education and income generating activities among older people

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Project outcome. Older people are able to more effectively protect themselves and their dependents from HIV/AIDS transmission. To increase older people's awareness and understanding of HIV/AIDS transmission and available support services. To mitigate the impact of HIV and AIDS on multigenerational households.

Background. This is a project funded by HelpAge International, overseen by HelpAge Kenya an affiliate of HelpAge International and implemented on the ground by Anglican Church – Christian Community Services. The assumption is that when peers model or give information to others, there is a certain degree of vicarious learning that is transferred. This also includes the knowledge about HIV and AIDS by older people. That older people can be productive and give quality care to orphans and vulnerable children under their care if given some support.

Process: Peer Educators recruitment: We start by communicating with the community through the area assistant chiefs. A public forum is called for the community to select the older persons who they think would be good peer educators and also forward names of the older persons heading household that have been affected by HIV. This is done with the supervision of the project staff and following the laid done criteria. After the identification and community acceptance, the selected older persons meet with the project staff for the briefing about the role and tasks of the peer educators. The older persons who are identified are trained in leadership, group dynamics and basics of micro credit. The beneficiaries form groups and start saving within their groups. After which some seed money is added to their savings in order to carry out loaning activities. This is followed by the training of the older persons as peer educators. The training units include: facts about HIV and AIDS, issues of older persons, interpersonal communication, foster parenting, and basics of community home based care. The role of the PEs is to attend community meetings and social events, and to visit older carers of OVC and OPLWHA during their micro credit group meetings and at home to highlight key facts about HIV/AIDS and help reduce isolation and stigma in their villages and communities.

What worked well?

- Selection of the peer educators through community forums;
- Diversity of the religious background covered by Peer Educators;
- Increased acceptance of HIV information by the older persons;
- Older Peer Educators learned leadership, team-building, and communication skills;
- All the 160 older people peer educators trained have been tested for HIV;
- Due to the influence by the peer educators, 1265 older people have been tested for HIV;
- 293 multigenerational households are proud owners of small businesses.

Challenges.

- The role of stigma and discrimination in reaching key audiences;
- Training peer educators on how to teach other older people about HIV;
- Difficulty knowing exactly what information is being disseminated by the Peer Educators;
- Low loan repayment rates among the beneficiaries.

PS3.5 **Social stability in homes of older persons who are bread winners through the state pension in Umlazi Township (Durban)**

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Background. South African state pension increases annually (R1200 ± 150 U\$) but the social responsibility burden among older persons who are breadwinners increases as more children and grandchildren continue to seek socio-economic support from the elderly.

Rationale & Objectives: The objective of the study was to determine the socioeconomic status of the elderly living on state pension, in Umlazi, KwaZulu-Natal (Durban) South Africa.

Methods. The study was descriptive in nature with a cross-sectional design and comprised of 270 randomly selected 224 women and 46 men (≥ 60 years - mean age 70). A socio-demographic questionnaire was used to indicate the socioeconomic status: living conditions, family dynamics and assessing food security.

Outcomes: The majority of houses were bricks (84.4%), whilst (51.1%) lived in ≥4roomed houses and (48.9 %) in ≤4 roomed houses. The majority of respondents lived with family members and 85% respondents were breadwinners. The mean average of people living per household was 5 (SD3). Furthermore 79% elderly lived with children (of which 61% were unemployed), grandchildren 70% (mean average of 3 (SD 5), 78.8% grandchildren were schooling required transport and spending money. The food budget was 53% of the pension income monthly.

Conclusion. The role of state pension can not be underestimated as it continues to resource household members beyond its capacity. Public policies must prioritise the needs of elderly in society to alleviate this burden.

PS4

Older persons' access to health care: Understanding patterns and barriers

PS4.1 **Challenges that older women face in accessing their SRH needs including family planning in Botswana: A case study of selected sites**

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This study used a stratified sample of 444 elderly women to determine the challenges that elderly women from the selected sites in Botswana have in accessing their sexual and reproductive needs including family planning. The study reveals that 25% of the elderly women are using some family planning methods. Of this percentage 67.9% are between 50 and 59 years of age, 17.4% between 60 and 69 and 10.1% between 70 and 79 years. Twenty-four percent of the elderly women are using family planning methods although they do not want another child while 72% of them have unmet need for family planning. The women used mainly the natural family planning methods-abstinence, breastfeeding, observation methods and withdrawal, while the main SRH services used are screening for HIV/AIDS services, family planning services, screening for STIs and screening for cervical cancer. The identified social obstacles to the elderly women accessing their SRH/FP needs are illiteracy, leading to inadequate knowledge about human sexuality and fertility, lack of education, health planners' perceptions of SRH as women's health mostly related to pregnancy and childbirth, and lack of money to pay for SRH/FP services. The cultural barriers are mainly forbidding of the public discussions of sex, people are uncomfortable discussing domestic situations and culture forbidding people talking about sexual and reproductive health issues. The study recommends comprehensive public health education of elderly women on human sexuality and fertility, education of health care personnel on how to handle elderly women's SRH/FP services and improved access to screening for STIs and cervical cancer.

PS4.2 When do policies promote access to better services for older people in Africa?

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Background and objective. The United Nations Madrid International Plan of Ageing 2002 (MIPAA) and the African Union Regional Policy Framework and Plan of Action on Ageing (2003) were adopted and endorsed by 159 governments which attended the meeting. As a result of this, several Sub-Saharan African countries have formulated policies or guidelines on how to address ageing issues. Over ten years since these commitments were made, January 2012, HelpAge commissioned a study to investigate the impact of key policies (Health, Social Protection and HIV and AIDS) on older people in Eastern and Southern Africa and answer the following questions: When do policies promote access to better services for the marginalised populations, what structures and procedures need to be in place, and what role should older people play to hold duty bearers accountable?

Methods. Literature review. Key informant interviews and online questionnaire. Study countries: Zambia, Mozambique, Ethiopia, Kenya, Uganda and Tanzania.

Outcomes and conclusions. The study will be completed in July 2012 and hopes to come up with findings and recommendations to inform policy formulation and implementation in Africa.

PS4.3 Healthcare for older people in the medical curriculum

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Healthcare for older people has been introduced in the medical curriculum, making it compulsory for third year medical students. Lectures, clinical research, case presentation and ward work are included in the 3-week programme. It is pertinent that universities consider implementing a programme rather than including aspects of geriatric care in curricula on an ad hoc basis. The presenter will discuss the objectives and the way the programme is run in which he coordinates the programme in the University. This programme has been in the curriculum of Universiti Putra Malaysia's Faculty of Medicine and Health Sciences for the past 10 years.

PS4.4 Accessibility, availability and appropriateness of health care for older persons in a peri-urban community

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Cassim, B

Ageing is associated with an increasing burden of non-communicable diseases (NCDs). Competing health priorities and economic constraints in developing areas may limit appropriate care.

Aim. To assess whether health services meet the needs of community dwelling persons aged 60 years and over in the Inanda, Ntuzuma and KwaMashu (INK) area.

Methods. In a cross-sectional observational survey a questionnaire was administered to 1008 participants in the INK area using stratified sampling, to capture demographic details, health profiles and use of health services.

Results. The mean age of participants was 68.9 ± 7.4 years; 77% were women and 65% had a monthly income of < R1600. The most common self-reported conditions were hypertension (65%), arthritis (35%) and diabetes (20%). Despite the availability of health services at local clinic to the majority of participants, 39% did not have a regular health care provider, including 57% and 20% of those reporting hypertension and diabetes respectively. The time travelled to access facilities negatively influenced use. Age, housing type, income and level of education were significantly associated with the absence of a regular source of health care ($p < 0.001$). Seven out of ten subjects had never been vaccinated against influenza, 94% and 98% of women reported never having had a manual breast examination or cervical smear respectively and 86% of men had not been screened for prostate cancer.

Conclusion. While health care facilities were available to the majority of the study population; accessibility restricted use. Screening and monitoring of non-communicable diseases deviated from national protocols.

PS5

Institutional care for older persons in Africa: Realities and advances**PS5.1 The psycho-social experiences of older persons in an economically deprived and culturally diverse residential care facility**

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Older persons constitute a proportionally larger segment of the total population while they are, at the same time, a particular vulnerable group dependent on others for support and care. This study explored the experiences of culturally diverse older persons who live in an economically deprived residential care facility. Qualitative research and an intrinsic case study design were applied. Eight participants, three black and five white (aged 65 to 75), participated in focus group discussions, and 23 older people (aged 65 to 75) participated in the Mmogo-method®, a visually projective research method. The data were analysed thematically. The older persons experienced a lack of a sense of purpose, a lack of autonomy and a need for more control; a lack of sense of community, and a need for social interaction with both the internal and external environment. Some of the older persons kept themselves busy with hobbies while others seemed to be bored and expressed the need for activity programmes. Recommendations are made for promoting the well-being of older persons in an economically deprived and culturally diverse residential care facility.

PS5.2 Interpersonal experiences of loneliness of older people in a residential care facility

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Older people are more prone to experience loneliness when living in residential care facilities. The purpose of this study was to explore older people's experiences of loneliness in the context of institutionalized care. Data on the subjective experiences of loneliness were gathered through the Mmogo-method®. Drawings were employed to explore things of importance in the lives of the older people that could be used to deal with loneliness. A purposive sample of 10 white South African older people (ages ranging from 62 to 82 years; three men and seven women) was used in the study. The data were analyzed thematically and visually as well as through the use of key words in context. Findings indicated that the older people experienced loneliness in terms of having unavailable interactions due to loss and the absence of meaningful interpersonal interactions. Meaningful interpersonal interactions were described as when the older people had regular contact and a variety of interactions with other people. Ineffective interpersonal styles (taking a controlling position in relationships and being rigid) elicited rejection and isolation, and were associated with a lack of confirming interpersonal relationships. Interpersonal styles, either effective or ineffective, always take place in a social context, which in this research were experienced as unsafe, lacking in care and non-stimulating. It is recommended that greater emphasis should be placed on creating awareness of unhealthy group dynamics as well as on psychosocial interventions to develop group support.

PS5.3 Descriptors of quality of life for older persons in South Africa: Results from a WHOQOL-OLD assessment

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Background. Research on Quality of Life (QoL) for older people in a South African context has hitherto been a territory predominantly owned by a few renowned researchers. A focus has previously been on QoL of older people in rural communities or those living independently. This leaves a gap and need for assessment of QoL in long-term care facilities. Older white South Africans, as in the developed world, tend towards institutionalisation.

Objectives. The World Health Organisation (WHO) developed a range of standardized QoL-assessments with modules for specific conditions. This research was concerned with the 6 facets that describe the main content of the WHOQOL-OLD module. The facets are Sensory Abilities, Autonomy, Past-Present & Future Activities, Social Participation, Death & Dying as well as Intimacy. The aim was to gain insight on how responses to these facets were distributed across chronological and functional age. (What did the young-old deem as perceived QoL in comparison to the oldest-old?)

Method/approach. Quantitative research methodology was employed. A sample of 411 residents in six long-term care facilities across South Africa completed the questionnaire. Participants were recruited by means of a non-probability, purposive sampling technique. Analysis was conducted using SPSS.

Outcomes and conclusion. Provisional findings of the 6 facets concerned with QoL as incorporated in the WHOQOL-OLD module will be discussed. This study forms part of a PhD study that explores QoL as experienced by different age cohorts of older people. Comprehensive results will be available in December 2012.

PS5.4 **An exploration of Dementia Care Mapping as a potential practice development tool for organisational use in South Africa**

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The quality of care within formal care settings in South Africa needs addressing. Inadequate personal fulfilment and dependency due to restricted access to dignified and meaningful occupation precipitates occupational deprivation and consequently jeopardises these elders' health and well-being. Dementia Care Mapping (DCM) as a practice development tool was utilised to observe the quality of care for residents in four specific facilities that were all affiliated with the same organisation. Management and staff members were committed to promote the quality of life of residents. The dementia care mapper utilized a case study approach, using 'multiple sources and techniques in the data gathering process' to gain a deeper understanding of the potential value of DCM as a practice evaluation tool for these settings. DCM specifically assisted with emphasizing staff members' skills in promoting the human dignity of vulnerable residents with advanced dementia and also in which areas more specific training should be offered. The findings and potential implications thereof is presented in this poster as DCM appeared to offer an opportunity for promoting person centred care as part of cultural change endeavours in long-term care for the South African setting.

PS6

African families caring for their elders?

PS6.1 **Income and family as resources of older people in Tanzania**

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Background. The National Aging Policy of Tanzania assumes that old people live lives in poverty within a society where the family is changing and support for the old is becoming insecure.

Objectives. On what types of income do old people in Tanzania rely on? Is the family still one of the major sources of help for old people? Are there important regional, age or gender differences, or are old people a homogenous group? This paper looks at income differences of old people in Tanzania differentiated by place of living (rural-urban), age and gender.

Method/approach. The Tanzania Views of the People Survey 2007 (n=855) has been used to analyze these questions. Descriptive and multivariate statistics have been applied.

Outcomes and conclusion. Results show that fulltime work by the older person itself, income from the family living close by as well as remittances from children are the major sources of income for old people in Tanzania. Part time work, pensions from the government and from former employers as well as help from NGOs/CBOs just play a minor role. But analysis also shows significant differences for the different types of income regarding the place of living (rural or urban), age and gender. The results add to the knowledge about old people in Tanzania and can be used to define policies more precisely regarding different target groups.

PS6.2 Who cares for frail older people? A rural-urban comparison from Tanzania**Brigit Obrist**, Institute of Social Anthropology, University of Basel, Switzerland.E-mail: brigit.obrist@unibas.ch

Background. Rapid demographic change will soon lead to increases in the numbers of frail older people in Africa. This study is the first comparative rural-urban assessment of care arrangements for frail elderly in Tanzania.

Objective. Provide deeper insights into care arrangements for frail older people.

Methods. Ethnographic methods were used in a comparative study of frail elderly in a rural and an urban area. Frailty was defined as loss of strength, weight loss, limited physical activity, lack of endurance, and fatigue. Caregiver characteristics and the nature of care provided were examined.

Outcomes. Out of a sample of 150 people aged 60+, we repeatedly visited and talked to 93 persons who did not have strength and at least two of other signs of frailty. Three care arrangements were identified: 1) Somebody in the same house provided care, 2) somebody came in to provide care, 3) the older person was moved to another household where care was provided. Most caregivers were women and linked to the frail older people through extended family relations. Many caregivers were strained because they were themselves old, had to cutback on work to care and faced additional expenses of food, health services and other necessities.

Conclusions. Frail older people in rural and urban areas of Tanzania are cared for by family members, conforming to cultural values and norms. However, policy makers should become concerned about the strain this puts on families in view of increasing numbers of frail older persons.

PS6.3 Older people providing elder care. An underestimated commitment in Tanzania**Peter van Eeuwijk**, Institute of Social Anthropology, University of Basel, Switzerland.E-mail: peter.vaneeuwijk@unibas.ch

Background. This research looks at old-age vulnerability from a new perspective. It defines vulnerability in old-age as threat of uncertain outcomes, especially the danger of not receiving adequate care or becoming a caregiver oneself, as, for instance, HIV/AIDS studies have shown.

Objectives. This study explores the role and burden of older caregivers in care arrangements for other older persons and the cultural meaning of care provided by elderly in rural and urban Tanzania.

Methods. This research examines households with at least one elderly person (sample size: n=151 aged 60+). Fieldwork consists of qualitative (e.g. interviews, FGD, direct observation) and quantitative approaches (e.g. questionnaires, statistics).

Outcomes. A surprisingly high number of older people was found to act as caregivers (n=43) for other older persons, belonging to their own generation (intra-generational care arrangement) and/or the parent generation (inter-generational). According to cultural values children of any age are expected to become caregivers for older parents. If this does not work out in practice, the older caregivers are not blamed although care provision by older people is considered to go against the convention. Since the care provided by older persons is limited, the vulnerability of some older care recipients increases. At the same time, older caregivers feel exhausted especially if they have to take care of a frail older person.

Conclusions. Care support provided by older people for older people is underestimated and under-investigated, not only in Tanzania. Official programs to strengthen and relieve older caregivers should become a concern for policy-makers.

PS6.4 From the measure of residential arrangements to the reality of family support and care for older persons in Uganda**Stephen Wandera Odiambo**, School of Statistics and Applied Economics, Makerere University, Uganda. E-mail: swandera@cartafrica.org

At a time when Uganda is setting up a cash transfer policy targeting the most vulnerable people (persons above 65, persons with disabilities, persons hosting orphans, among others), a large proportion of older people live in economically difficult conditions. Previous studies based on population census data analysis have shown to what extent sleeping and eating arrangements for older Ugandans point at important social difficulties: a non negligible proportion of the older population stay alone (12% of adults above 60 years old), others stay with children only (5,5%). In other cases still, older adults are hosted by relatively distant relatives or in non related households (15%), which testifies of an important support but nevertheless raises the question of access to resources within the household. These first statistical results are based exclusively on quantitative data analysis, and more specifically on household structure data. The way household information is collected is therefore underlying the results. In Uganda, the concept of household used by the Bureau of Statistics (UBOS) has been relatively stable over time, and a comparative analysis

of household related variables at different points in time is therefore meaningful. The household is constituted of all the persons who sleep and eat together. Nevertheless, explanations and more or less detailed examples given to the surveyors during data collection exercises might have led to sensible variations from a census to the next, a region to the other, in the way the household definition was implemented. The limitations of household structure analyses are two fold: first the care exchanges around older people are far from limited to coresidents; second the way information is collected in censuses and surveys on this co-residential circle –the household– might know some sensible variations in time and space. Quantitative results need therefore to be put in perspective. This paper is based on a series of qualitative interviews, lead in 5 different settings in Uganda, with both older adults and with younger ones, lead between February 2011 and April 2012. Both men and women, of different socio-economic backgrounds, living in different settings (rural, small town, capital city, poor / less poor neighbourhoods) were interviewed. The objective of the paper is to assess in which ways the household definition limits the perception of the reality of older people's life, in terms of support and care. This leads us to a reflection on simple elements that could be collected to better represent the situation of older people

PS6.5 **Old aged people in Senegal: Beyond familial acceptability...**

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The efficiency of the long term care for old people seems to be called into question because of the misunderstanding existing between children and parents on how to deal with old age. This misunderstanding reflects a time gap between the children, who think they properly take care of their parents when accommodating them, and these ones, who would prefer to keep their usual sociability. Access to health care, professional occupation and residential situation are for old age people as many areas which contribute to crystallizing intergenerational conflicts between children and parents who share distinct time systems where age and class differences are combined. By methodologically mobilizing the categories of class, age and generation and the interview databases cross-referenced by geriatric specialists and households, we would like to examine the living conditions of old age people. It is a question of studying certain aspects of their vulnerability within the family, when the care proposed by the children may prove to be unsuitable or resulting in social isolation, infantilization, or even ill-treatment – and to show how the strategies mobilized by old age people to focus attention on them act as catalysts of the tensions between the children.

PS6.6 **Loneliness in older people in South Africa and the Netherlands**

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Van Tilburg, T, Cassim, B

Both within developed and developing countries assumptions prevail that families provide a buffer against loneliness. Traditional family values, norms and roles have molded the lives of today's older people in Africa, whereby parent-child ties and kin networks served to integrate and protect the old from loneliness. In Western societies, that are more individual-oriented, such as the Netherlands, the partner relationship plays a more central role in the protection against loneliness. This study investigates the differences in social and emotional loneliness of older adults in South Africa and the Netherlands. Data were used from face-to-face surveys among a random sample of older adults aged 60 years and older in KwaZulu-Natal, South Africa (N = 1003), and the Netherlands (N = 1591). Loneliness was measured with a 6-item scale. The data show country-specific differences in household types of older adults; the proportion with a partner in the household is much higher in the Netherlands; the proportion co-residing with their adult (grand) children is much higher among older people in South Africa. 73% of older South Africans were lonely compared to 38% of Dutch older adults. Living with a partner was not predictive of variation in emotional loneliness for older South Africans compared to Dutch older adults. The number of children decreases the risk of emotional loneliness for older South Africans. Being in good subjective health protects against emotional loneliness but increases the risk of social loneliness for older South Africans. Differences in the social context and normative climate within a society concerning partnership and family relationships impact the experience of loneliness.

PS7

Understanding old age poverty in rural and urban contexts

PS7.1 Older people and their lack of social protection. Evidence from Tanzania

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Background. Older people in Tanzania face a series of multi-faceted problems. They lack formal social protection, and diminishing informal support systems provided by families and communities contribute to vulnerability in old age. Regardless of promising policies and programs, there is a big gap between political rhetoric and practical implementation of social protection initiatives.

Objectives. The presentation will be based on an empirical research in Tanzania. The study focused on formal and informal social protection systems in both urban and rural areas. Coping mechanisms employed by older people were assessed, and gender differences in old age were analyzed.

Method/approach. The paper is based on theoretical reflections on old age and social protection in Tanzania; on the analysis of socio-political policies and programs; and on empirical findings of 400 guided questionnaires, 40 semi-structured interviews and 3 focus groups.

Outcomes and conclusions. Lack of adequate formal social protection was seen in extremely scarce entitlements to pensions, inadequate health services and limited social assistance programs for poor and vulnerable households headed by older people. Stress imposed by eroding informal support is aggravated by the widespread social and economic impact of HIV/AIDS and other calamities. In spite of difficult life circumstances and complex problems, it also became clear that older people show remarkable resilience and impressive coping mechanisms. The paper equally presents an income generation project for older people and a book that gives both the theoretical and empirical analysis of the situation of older people in the Tanzanian and African context in general.

PS7.2 Urban-rural linkages, migration aspirations and movement: A case of older people living in Nairobi slums, Kenya

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Urbanization in sub-Saharan Africa is accounted for largely by rural-urban migration although, in recent times, natural increase explains much of the growth. Old age is a stage in the life-course usually associated with migration triggered for instance by disengagement from employment. The increasing number of older people living in urban areas of Africa presents with pertinent issues relating to their migration aspirations, reflection on where to spend their old age and impacts on their overall wellbeing. This paper using a case study of older people living in the slums of Nairobi to understand the migration pathways of older people, linkages with place of origin, and determinants of in and out migration. Findings highlight that a significant proportion of these older slum residents makes a one-way journey from the rural place of origin and into the slums. Linkages with rural place of origin are sustained, however, the propensity to out-migrate decrease over time. The paper underscores that the slums and informal settlements are increasingly becoming home to people ageing in-situ, and those who are migrating during their old age. The need for policy and programme intervention targeting marginalised older people living in urban slums is echoed.

PS7.3 "Finished blood": The body, livelihoods and the challenge to identity in old age in Malawi

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Background. How people experience and negotiate growing old in rural Africa is under-researched and under-theorised in gerontology.

Objectives. This paper explores understandings and meanings of old age and experiences of ageing in rural Malawi.

Methods. Data were collected from men (n=20) and women (n=23) aged between 50 and 90 using repeat, dependent in-depth interviews (n=136) within a constructivist grounded theory framework. Interviews were supplemented by focus groups with older people with HIV (n=2), key informant interviews with leaders of organisations concerned with ageing in Malawi (n=19), observations made during 11 months of fieldwork, and the descriptive analysis of interview data collected during a three-month multi-site pilot study (n=42).

Outcomes and conclusions. The study identifies body-centred understandings of ageing that are linked to livelihood systems in rural Malawi. Older age was conceptualised as a time of diminished bodily strength, measured by an individual's ability to work and produce. Work and production were in turn associated with survival and what it meant to be an adult. This adult identity represented the core identity respondents associated with and aspired to. By altering the body's ability to be productive, old age threatened respondents' identities as 'adults'. In response, they employed a range of narratives that (re)aligned their behaviour with that associated with the 'adult' identity, or altered understandings of the 'adult' identity to better fit their changed behaviour. In doing so respondents affirmed positive identities in older age. The study draws on social psychological and sociology's identity theories to present and account for these empirical findings.

PS7.4 A profile of poverty amongst older people living in two slum settlements in Nairobi

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Background. Poverty has been widely associated with old age. It is important to establish how many, and which, older people are in poverty to better inform the design of poverty-alleviating policies.

Objectives. The study explores the profile of poverty amongst older people living in two slum settlements in Nairobi.

Method. The study uses data collected by the African Population and Health Research Center. Livelihood information for households in a demographic surveillance system operating in two Nairobi slums is combined with data from a survey on the social, health and overall wellbeing of older people. Monthly expenditure and the national poverty line are used to calculate the incidence of absolute poverty. Expenditure quintiles are used to obtain a measure of relative material poverty.

Outcomes. Two-thirds (66%) of older people in the two slum settlements are living in absolute poverty. Relative measures indicate substantial differences in poverty, with the monthly expenditure of older people in the richest quintile being 11.5 times higher than that of the poorest quintile.

Conclusions. The slum settlements are extremely poor places so it would be expected that numbers of older people in absolute poverty would be high here. Within the slums, however, there are also significant differences in poverty among older people. Further research is needed to see how monetary measures of poverty interact with non-monetary measures. Almost two thirds of older people in the two slum settlements are in absolute poverty, suggesting that policies should be targeted here to alleviate poverty.

PS7.5 Older people's access to transport and mobility in rural Tanzania: Implications for health and livelihoods

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This paper examines patterns of mobility among older people in Kibaha district, Tanzania. It draws on a small field study in 10 settlements and considers the implications of spatial mobility constraints faced by older men and women, with particular reference to the repercussions for their access to health services and livelihoods. The research was conducted by a team which included not only academics and practitioners, but also a small group of older people from one of the settlements, who were trained as co-investigators. Transport and mobility are critical yet neglected dimensions of development: knowledge of the linkages between transport, mobility and livelihood patterns in Africa remains remarkably sparse. Older people form a substantial key component of the Tanzanian population, not least in the era of HIV/AIDS, which here, as in many other African countries, has left grandparents – particularly grandmothers – supporting and caring for grandchildren, in the context of a missing or incapacitated middle generation resulting from parental deaths and ill health. Many older carers lack financial support from the child's parents and struggle to provide for children in their care. There is a growing literature on older people as carers, but the mobility and mobility constraints older men and women face, which may impact not only on their own lives but also on their ability to act effectively in their caring role, constitutes a major knowledge gap. Access to a secure livelihood is often particularly difficult for older people as our study shows: for instance, good produce prices for farmers often depend on travel to markets, causing particular difficulties for older people when the main transport to markets is by motorcycle taxi. Ill-health and infirmity introduce further problems for older people, in a walking world where pedestrian transport dominates among all ages. Reduced pedestrian mobility due to infirmity and the high cost of motorised transport helps to limit older people's access to work and vital health care, thus reinforcing their poverty: a vicious circle in which mobility restrictions form a key component.

PS7.6 Gender, race and aging in South Africa

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The proportion of persons 60 and older in South Africa is projected to almost double in the next 30 years (2000-2030), from 7 percent to 12 percent, because of a marked decline in fertility in the last few decades. For Africans in particular, population ageing has meant that a larger proportion of females are reaching old age than their male counterparts (Makiwane, Schneider & Gopane, 2004). This has led to a higher proportion of elderly households being headed by women, a new development within African families. In contrast to their historical role as major care receivers and recipients of remittances from children, older persons are emerging as breadwinners and caregivers of the third generation. Through a secondary analysis of the 2001 Census statistics, this paper provides trends in terms of gender, race and aging. The paper explores the intersection between gender, race and aging in South Africa. The findings from the analyses suggest that more than six out of ten (61.6 percent) older persons in South Africa are females. Females tend to live longer than males. The female proportion rises to 68.5 percent (more than two out of three) amongst the 85 years or older age group. Older males represent 3.8 percent of the total male population, while older females represent 5.7 percent of the total population. In feminist politics and theory the intersection of gender, race and class in explicating women's experiences development outcomes has been conceptualised in terms of the notion of intersectionality, a term 'coined and substantiated' by Kimberlè Crenshaw to denote the ways in which race, gender and class interact to shape Black women's experiences in society. In South Africa, race, gender and class intersect in complex ways to shape people's experiences and development outcomes. In this paper intersectionality is used to examine aging in South Africa and its implications for policy and practice.

PS8**Mental and physical health in old age: Social impacts and determinants****PS8.1 Mental health among mature adults in sub-Saharan Africa – A neglected health dimension?**

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Mature adults are not routinely screened for mental health and psychiatric disorders in resource-constraint settings such as sub-Saharan Africa (SSA), and the levels, age-trajectories, and correlates of mental health are poorly documented on the population level. We investigate how the high-HIV prevalence environment in SSA affects the mental health and well-being of mature individuals age 40+ in SSA. Using a unique longitudinal representative dataset from rural Malawi that provides extensive socioeconomic and health information—including the SF-12 mental health score, a well validated and standardized instrument commonly used to measure mental well-being—we estimate the age trajectories of mental health and their changes over time. We analyze the correlates of mental health. Specifically, we find that mental health declines with age and this decline is steeper for women than for men. There was also a strong decline in the level of mental health between 2008 and 2010. In addition, we find that mental health is strongly associated with socio-demographic, health (HIV+ status and perception) and economic characteristics, and these patterns and associations are strikingly similar for both sexes. Documenting these patterns, age trajectories and correlates of mental health and mental health changes in sub-Saharan contexts such as Malawi is important and urgent as researchers attempt to understand the demographic, socioeconomic, health and well-being consequences of the HIV epidemic in SSA.

PS8.2 The relationship between homocysteine and cognition in an older population in the Western Cape

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Elevated plasma levels of homocysteine have been proposed as a modifiable risk factor for Alzheimer's disease (AD). Studies in developed countries have shown an association between homocysteine and cognitive performance as well as rates of cognitive decline in older persons. Little, however, is known about these relationships in a South African population. In this study we investigated the relationships between vitamin B-12, folate, homocysteine and cognition in cognitively healthy participants and participants with AD. Sixty-one cognitively healthy controls and fifty-five mild to moderate AD participants (diagnosed according to the NINCDS / ADRDA criteria) were recruited. All participants

underwent a physical examination and completed a neuropsychological test battery which included the Mini-Mental State Examination (MMSE), the Cambridge Cognitive Examination for Mental Disorders of the Elderly – Revised (CAMCOG-R) and the learning subscale score. Blood samples were taken at baseline for total plasma homocysteine, folate and vitamin-B12. Thirty-six controls and sixteen AD participants were re-administered the neuropsychological test battery after 12 months. Results showed that 29% of AD participants had high baseline levels of homocysteine (>14μmol/l) compared to 11% of the controls. Across all groups of participants, plasma homocysteine was significantly correlated with all three measures of cognition. AD participants with high levels of homocysteine also had a greater rate of cognitive decline over 12 months compared to AD participants with low homocysteine levels. These results show that homocysteine was associated with cognition and the rate of cognitive decline in participants from the greater Cape Town region. Early vitamin B supplementation may therefore have a role in the prevention of AD.

PS8.3 The influence of poverty on the association between health and mastery

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Sense of mastery is considered a marker of successful ageing. With the increase of the older population in developing countries, it is timely to examine sense of mastery and its determinants in a poor area of South Africa. In developed countries, health has been shown to be associated with sense of mastery. The strength of this association may differ across living conditions. It was examined if the association of health (morbidity, disability and depression) with mastery varies across three townships outside Durban, South Africa, as part of the Inanda-KwaMashu-Ntuzuma (INK) study. The townships differed in average income, KwaMashu having the lowest. Using multiple stage clustering, a sample of 1008 individuals aged 60+ was recruited, with a 100% response rate. Pearlin's sense of mastery scale (5-item version) showed better scores in Inanda, followed by KwaMashu and Ntuzuma. The Center for Epidemiologic Studies Depression scale (10-item version) showed the reversed pattern. Disability was lowest in KwaMashu. Both disability and depression were inversely associated with mastery, but morbidity did not show an association. An interaction effect township*depression indicated that the depression-mastery association was weakest (and non-significant) in KwaMashu. The findings show that not morbidity itself, but its consequences in terms of disability are a determinant of mastery. Moreover, depression seems to affect mastery only in relatively favorable living conditions.

PS8.4 Psychosocial stress and resilience in South African older adults with normal cognition and Alzheimer's disease

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Background. Older adults are more likely than younger adults to experience chronic ongoing stressors. These stressors can have detrimental effects on cognitive function. Lower levels of resilience may increase individuals' vulnerability to the negative effects of stress. Conversely, stress has also been linked to diminished resilience. This study investigated the association between psychosocial stress and resilience in a sample from a low-and-middle income country (LAMIC), where the impact of financial constraints and resource limitations on these factors may be significant.

Methods. One hundred and twenty one participants over the age of 60 years (M = 75.23, SD = 8.66) were enrolled. These included 64 cognitively healthy community-dwelling volunteers (Controls) and 57 individuals diagnosed with early-moderate stage Alzheimer's disease (Patients). Participants completed a sociodemographic questionnaire, the Connor-Davidson Resilience Scale, and the Perceived Stress Scale. They were administered the Mini-Mental State Examination under standardized conditions.

Results. Between group analyses indicated that the Patient group had significantly higher levels of current psychosocial stress, $t(117) = 2.43, p < .05$, and lower levels of resilience, $t(117) = 6.65, p < .001$, compared to Controls. Neither current psychosocial stress nor resilience was related to age in the Patient group. Psychosocial stress was negatively correlated with age in the Control group. In both groups, correlational analyses showed a negative relationship between psychosocial stress and resilience; for Patients, $r(117) = -.34, p < .01$, and Controls, $r(117) = -.34, p < .05$. Across a continuum from healthy cognition to moderate Alzheimer's disease, levels of resilience were found to be lower in the later stages of disease.

Conclusions. This is the first study to investigate the relationship between psychosocial stress and resilience within a LAMIC sample of older adults. Stress and resilience were inversely correlated in individuals with normal cognition and Alzheimer's disease. These findings are to be expected; however, further longitudinal studies are required to determine whether these factors are predictors of cognitive decline in this population

PS8.5 **The impact of cognitive impairment, disability and care received on well-being in older South Africans**

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With the ageing of the population in South Africa, the number of persons with cognitive impairment and disability is likely to increase. An important issue is what type of care is available to them, and whether this care is appropriate in the face of cognitive impairment and disability. This study investigates the impact of the receipt of informal and formal care services on well-being among older persons in the Inanda, KwaMashu, Ntuzuma area in KwaZulu-Natal, South Africa. Data were collected in 2010 in a random sample of 1,008 subjects, aged 60 years and over. Need and receipt of help was assessed for personal care (activities of daily living, ADL), specifying the source of informal and formal care. Well-being was assessed using two questions on life satisfaction, cognitive impairment using the Short Memory Scale, and disability with personal care using the Katz scale. The analyses were adjusted for age, gender, education, type of housing, cognitive impairment and disability. The results indicate that 17% of participants receive care for ADL; from these, 52% receive informal help from in-home residents, 45% receive informal help from outside their home, 21% receive care from formal services. 12% receive help from both in-home residents and caregivers outside the home. Only 1 person receives care from both in-home residents and formal care. Life satisfaction is scored on average 4.6 (SD 2.3) on a scale from 0 (low) to 8 (high); it was lower for women, the lower educated, those in informal housing and for those with cognitive impairment and those with ADL disability. Compared to those not receiving help with personal care, participants who received help from in-home residents were relatively satisfied (standardized regression coefficient 0.14, $p < 0.001$). However, no significant difference was seen in those who received informal help from outside the home or from formal services. An interaction effect between ADL disability and care received showed that people with disability had lower well-being regardless of the source of the care received (regression coefficient $\beta = -0.010$, $0.05 < p < 0.010$). Conclusion: Life satisfaction is negatively influenced by cognitive impairment, disability with ADL and environmental factors and is improved with help from in-home residents.

PS9

Care in the community: Practice and perspectives

PS9.1 **An empowerment programme for personnel of service centre for older people that make use of volunteers**

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This presentation focuses on an empowerment programme for personnel of a service centre for the aged that make use of retired volunteers. The need for such a programme was identified on the grounds of the frustrations that personnel experienced with volunteers at this particular service centre as well as the necessity of retired volunteers for the proper functioning of the service centre. Literature study was done and focus groups were held before the programme was presented in order to select the needs of personnel regarding volunteers that were covered in the course of the various presentations. The programme was presented with a before, after and a postponed after test evaluation being built into the procedure. Data gathering took place by way of a self-initiated schedule and a standardised measuring instrument, namely the Qualities of Leadership Inventory. This empowerment programme endeavoured to create knowledge and understanding of older persons and specifically retired volunteers so that they can be optimally used and to create satisfaction in both personnel and retired volunteers. Due to the programme an average of 20% growth took place in the leadership qualities of personnel. Qualitatively personnel indicated an increase in knowledge of older persons and what kinds of activities should be allocated to volunteers. Other service centres for the aged can surely benefit from this programme and it is envisaged that the programme will be published in order to bring it into easy access of the specific target group.

PS9.2 The service centre as a supportive structure in the community

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This presentation focuses on how a service centre can serve as a supportive structure in the community. Care for the elderly in South Africa is a low priority for the government and due to the increase in life expectancy of the elderly, a need for supportive structures in the community is rising. Residential facilities cannot accommodate the rise in numbers, and therefore the future of older persons lies in community services. The need for service centres to deliver all needed supportive- and recreational services to older persons living in the community is increasing. A one stop service where a multi-disciplinary team is available to assist the elderly and the community is thus becoming increasingly important. These supportive and recreational services enable older persons to stay independent, lead a dignified life and to remain fully functional members of the community. Elderly care is a speciality and not everyone knows how to support older persons by means of these services. Potchefstroom Service Centre for the Aged exists since 1983 as a supportive structure in the community. Due to the success and needs of this centre a manual was written to assist others to develop similar service centres across South Africa. To help ensure that the best possible services are available to older persons, the necessity of service centres as a supportive structure in the community needs to be emphasised.

PS9.3 Pilot Community Volunteers Programme in Uganda

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Background. The Aged Family Uganda (TAFU) is a registered, voluntary not-for-profit organization that has provided a range of supportive services for older persons and their grand orphaned children. In 2007, with the assistance of the International Federation of Aging, TAFU conducted a Needs Assessment Survey of isolated older persons in Uganda which found that 40% were isolated and lacked basic home care. Alongside advocacy and other project initiatives, TAFU has initiated a community volunteers program. Pilot Community Volunteers Program TAFU has attracted a small amount of funding from individual donors to pilot a community volunteers program. The pilot commenced in Wakiso district in May 2012. TAFU is training 10 volunteers who will each see two isolated older persons twice a week, two hours per visit, for a 12 month period. Community leaders will be sensitized to promote the project and assist in the identification of isolated older persons. The project will cover the expenses of volunteers including the supply of a first aid kit. Volunteers will carry out tasks such cleaning, providing personal care (including bathing, removing jiggers and lice, cutting hair and nails), engaging in conversations and encouraging their involvement in the community. TAFU will contact the local leaders and relatives if more assistance outside of TAFU's scope is required, such as housing or hospital care. The expected outcomes are happier and healthier older persons staying in a healthy environment. The pilot project will be carefully evaluated through baseline and one-year follow-up interviews and regular data collected at each home visit. The process of establishing and implementing the project will be documented so that barriers and critical success factors can be identified.

PS9.4 The Community of Sant'Egidio's program for the elderly in sub-Saharan Africa: Adding value to the society

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Background. The Community of Sant'Egidio has been running an informal care program for the elderly for the last 20 years in 21 sub-Saharan African countries. The programs are run by about 1,000 volunteers and are free-of-charge. The main objective is to address the poverty, loneliness and stigma that the elderly people are often subjected to. The Community of Sant'Egidio program have been taking care of about 15,000 old people.

Design and implementation. The volunteers visit the elderly in their homes on a weekly basis, helping them in activities like bringing water, getting food, caring the children or other sick relatives, bathing and washing themselves, moving in and around their house, finding medical care, maintaining their houses if damaged.

Lessons learnt. 1) The elderly are among the poorest in the African society, because of their weakness and the lack of any public support like pension schemes or dedicated health care program. They are often considered witches because they survived too long and sometimes are suffering for violence and even lynching. 2) The elderly could still play a vital role to communicate to the young generation the meaning of life dedicated to the family and to the whole community. In fact many elderly, even if they are weak, are still supporting the family especially when their children are far or sometimes dead and they are taking care of their nephews. 3) The program is based on the friendship between young volunteers and elderly people in order to fill the gap between the different generation and to strengthen the society.

PS9.5 Ageing in Ghana: The cultural and societal implications awaiting a country's newest demographic

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Background. Ghana is experiencing significant shifts in the age structure of its population. As previously documented, Ghana has one of the highest proportions of age 60 and over population in Sub-Saharan Africa, which translates into some of the largest increases in the older population of developing nations. With this increase comes the complexity of defining and measuring key aspects of old age: cultural and self-perceptions of old age, social support and caregiving, and disability.

Objectives. First, I investigate how the concept of old age is perceived in previous literature. Second, I examine cultural perceptions of caregiving and disability and whether these perceptions appear to be changing as the number of older Ghanaians increases.

Method/Approach. I conducted a meta-analysis of previous demographic, health, and social research examining old age, caregiving, and disability over the past 10 years in the country.

Outcomes and conclusions. The results of this paper call for increased research in specific areas. First, future research must tackle the complexity of defining these constructs within the realm of definitions used in industrialized nations. Second, research also must evaluate intergenerational differences in the perception of old age. Researchers must understand not only how older Ghanaians conceptualize caregiving and disability but also how younger age groups view these concepts in relation to their roles within families and communities. Third, future research must address rural-urban differences in defining old age. Lastly, research considering the interplay of demographic methodology and indigenous knowledge are also vital to policies geared toward population aging in Ghana.

PS10 Older persons caring for younger generations

PS10.1 Social inclusion and contribution of older persons: A personal Senegalese experience

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My decision to contribute on this theme is mainly due to my personal experience, first as a child having been raised by my grandmother, illiterate but educated, and second, in due regard of my involvement and dedication to the intergenerational dialogue and solidarity among generations, as a daughter, a sister, a mother and a grandmother, not only in my native country: Senegal, but in other parts of the planet. I just happen to be an elderly person who has had the chance to hit the age range of the 65 and above, in good health and independent; who also is one of those fortunate few Africans, male or female, who are educated, had a career, retired and still active, committed and involved in actions for a better life and a brighter future for their communities, and more importantly the younger generations. All these are among the Principles set forth by the UN General Assembly in its Resolution 46/9, adopted in 1990, now over two decades ago, encouraging Governments to incorporate them into national programmes whenever possible: Independence, Participation, Care, Self-fulfilment and Dignity: How much has been achieved in Africa, more especially in Senegal, since then?

PS10.2 Experiences of grandparents caring for orphaned grandchildren in Botswana

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Background. Botswana has an HIV prevalence of 17.6 and an estimated 78000 orphans in a population of approximately two million people. Many of these orphans are cared for by their grandmothers. These grandmothers have over the years, witnessed their grandchildren die and taken over the care of the orphans. Yet, some of them are also in need of care.

Method. A descriptive qualitative design was used to interview 12 grandmothers aged 60 and above in a semi-urban village in Botswana. Content analysis was used to analyze the data.

Findings. The ages of the grandmothers interviewed ranged from 60 to 80 years, the number of orphans under their care ranged from one to nine. The themes that emerged included acceptance of the caregiver role, role transformation, financial hardships, government welfare and neglected health of older people. Although they accepted the caregiving role

and appreciated the government assistance, it was fraught with difficulties. Most were unemployed and depended on the limited government pension and welfare support (which ended at 18 years). They reported very limited or no support from the extended family. Their health concerns were often neglected. They expressed anxiety over the future of the orphans, delinquent tendencies, and in some instances teenage pregnancies of some of the orphans under their care.

Conclusion. Although the grandmothers accepted this role, it was described as difficult, and fraught with many challenges which affected their health. Recommendations include comprehensive support for grandmothers that include psychological support and health promotion.

PS10.3 Older South Africans' experiences of care and caring, and of being old in a transitional period

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Background. With an increasing number of older people in Africa, studies on the individual experiences may benefit the development of care which is more sensitively based on the needs for older people in a changing Southern Africa context.

Objectives of study. This ethnographic study, which was conducted from 2001 to 2006, in a semi-rural area of South Africa, aimed to describe a group of older South Africans' experiences of care and caring and of being old in a transitional period.

Method/approach. Data were collected through focus group and individual in-depth interviews and participant observations which involved 16 individuals, aged 52–76. Data were analysed using a qualitative content analysis.

Outcomes and conclusion. The study showed two interrelated themes; reflections on life and an orientation towards others. Findings were discussed from the viewpoint of the theory of gerotranscendence, showing similarities as well as dissimilarities, possibly due to societal and cultural differences. Lack of formal care for older people living in poor conditions in Southern Africa gave rise to the discussion for the need of a contextualized development of gerontological care. To enhance knowledge on the theory of gerotranscendence and develop guidelines for nursing in home-based care/community-based care in a South African context may be a first step to support older people in their process towards gerotranscendence.

PS10.4 Applying the Mmogo-method® to explore the psycho-social experiences of coloured grandmothers who care for their grandchildren

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Older people and grandmothers, specifically, act as primary caregivers because the parents of their grandchildren are deceased, have abandoned their children or lack financial resources to care for their own children. Traditional data gathering methods often lack nuanced descriptions of the psycho-social experiences of older people. For the purpose of this study, 12 coloured grandmothers (50 years and older) from Groenheuwel, South Africa, who are primarily responsible for caring for their grandchildren, were purposively selected to participate in the research. The Mmogo-method®, a visual data gathering instrument, consisting of clay, straws and beads was applied. The Mmogo-method® is based on the principles of projection. Participants were provided with the materials and then prompted to construct visual presentations of their experiences of being the primary caregiver of the grandchildren in their care. After completion of the visual representations, individual grandmothers explained their visual representations and clarifying questions were asked. A group discussion followed to complement the individual descriptions and to allow for member checking. Textual and visual data were obtained and analyzed thematically. Findings indicated that the Mmogo-method® elicited feelings of nostalgia about previous intergenerational relationships, ambivalence regarding caring for their grandchildren and adaptive coping strategies. The visual representations act as an external narrative which was used to identify and explore the psycho-social experiences of grandmothers in a non-threatening and accessible manner.

PS10.5 **Intergenerational relationships in the context of poverty and HIV/AIDS in South Africa: Differential gazes and negotiated spaces**

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More than 5.4 million people in South Africa live with HIV/AIDS. Of the estimated 1.2 million HIV/AIDS orphans, approximately 60% live in grandparent-headed multi-generational families where the older person often acts as a surrogate parent. Older persons also care for HIV positive adult children. In this study a generational sequential approach explores the complex nature of the relationships between the different generations based on 58 narratives from 20 multi-generational networks in Mpumalanga, South Africa. The study strongly indicates that both older and younger generations recognise the collective ideal of reciprocal support. The respective generations, however, depart from different positions towards implementing this ideal. Older carers contribute support despite the impact of context – their motivation being that younger generations should always enjoy precedence. Younger generations on their part argue that support to older generations is moderated by context: they are influenced by competing priorities for their time and resources, often leaving older generations without adequate support. These differential priorities and obligations have potential for ongoing generational tension or outright opposition. However, the distinctive historical and genealogical positioning of these generations also presents a unique opportunity for negotiation and learning from each other. Re-conceptualization, reconfiguration and regeneration of these relationships depend on mutual understanding of the “generational-other”.

PS11 **Drivers and risk of a non-communicable disease epidemic in Africa's older population**

PS11.1 **Understanding the start of the epidemiologic transition. The role of drinking water and socioeconomic status in rural Ghana**

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Many African regions are experiencing the epidemiologic transition, with morbidity patterns changing from infectious diseases at young age to chronic diseases at old age. In western countries the epidemiologic transition was primarily driven by an increase in wealth. The underlying mechanisms behind the epidemiologic transition are however still largely unknown. Generally it is hard to disentangle the effect of socioeconomic status from other determinants. In northern Ghana, we had the unique opportunity to unravel the effect of two major determinants, socioeconomic status and water source. Boreholes with safe drinking water were distributed by an NGO, independent from the socioeconomic status of the surrounding households. We studied the effect of socioeconomic status and water source on cause-specific mortality, stratified for age and sex. We followed a cohort of 30,000 people during eight years. In total, 1200 individuals died during that period of follow-up. We obtained the causes of death by making use of the standard verbal autopsy method, according to the World Health Organization. Studying cause-specific mortality at the start of the epidemiologic transition is of prime importance, since it can point at specific targets to improve public health.

PS11.2 **Obesity levels among free living older women in Kwazulu-Natal Umlazi**

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Oldewage-Theron W, Napier C

Background. Women of low socio-economic status are more likely to be overweight than those of high socio-economic status. Implications of obesity include serious medical complications and impaired quality of life as well as the health care costs.

Rationale and objectives. The objective of the study was to determine the nutritional status: included anthropometry to determine BMI, blood pressure and WHTR scores and dietary intake of community dwelling older women.

Methods. The study was descriptive in nature with a cross-sectional design and comprised of randomly selected 224 elderly women.

Outcomes. The majority of respondents were obese 60% (BMI = obese 1 >30 and obese 2 >35 obese 3 > 40), whilst 21.9% were overweight (BMI = 25-29.9), 14% being normal weight BMI (18.5- 24.9) and 4% underweight (< 18.5). The majority (83%) of the women were above the cut-off points for waist circumference (≥ 88 cm) while 17% were within the normal values. Metabolic syndrome risk was prevalent at (87.4%) in the respondents these exceeding >0.5 WHTR and only 12.6% were not. Correlation is significance at the 0.01 level. There is thus as highly significant relationship between BMI and WHTR ratio.

Conclusion. Trends of overweight, obesity and central obesity were very prevalent, in the older women. Nutrition knowledge is still lacking in this community and continuous nutrition education highlighting the importance of improving eating patterns, habits and weight management is critical.

PS11.3 Prevalence of and contributing factors to dyslipidemia among low-income older women in Sharpeville

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Objective. To determine the prevalence of dyslipidemia in low-income older (≥ 60 years) women voluntarily attending an elderly care centre in Sharpeville.

Research methods and procedures. A cross-sectional observational baseline survey study in 93 randomly selected older women with a mean \pm SD age of 68.6 \pm 7.3 years and a monthly household income of ZAR 910.74 \pm 346.52. Anthropometric measurements included weight and height. Venous, fasting blood samples were drawn and analyzed for total serum cholesterol, triglycerides and HDL-cholesterol. LDL-cholesterol was calculated. Body mass index (BMI) was calculated and descriptive statistics were performed for the blood variables and compared to cut-off points.

Results. The majority (82.3%) of the women was dyslipidemic. The majority of women was overweight (29.0%) and obese (58.0%) with no statistically significant difference ($p \geq 0.05$) in body mass index between the dyslipidemic and non-dyslipidemic groups. Although the mean \pm SD values for serum cholesterol and triglycerides indicated no risk of dyslipidemia in this sample of women, 10.5% and 20.4 % had abnormally high serum cholesterol and triglyceride levels respectively. Age ($\beta=0.032$, $p=0.000$) and diastolic blood pressure ($\beta=0.007$, $p=0.015$) were predictors of dyslipidemia among these older women.

Conclusions. Dyslipidemia was highly prevalent in these older women with high triglyceride and low HDL-cholesterol levels the most frequent abnormalities. Although positive associations existed between the prevalence of dyslipidemia and the known risk factors of CVD such as ageing, hypertension, obesity and an abnormal lipid profile, BMI, age and hypertension were the main predictors of dyslipidemia. Recommendation: A well-designed study is recommended to determine the prevalence of cardiovascular disease and the presence of risk factors in both men and women.

PS11.4 Vitamin C deficiency in African patients with heart failure in South Africa: Identifying the need for nutritional intervention in the urban African setting

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Background. Urbanisation in South Africa has led to changes in lifestyle and diet, which contribute to increasing levels of chronic diseases of lifestyle.

Objective: To describe dietary habits and potential nutritional deficiencies in African patients diagnosed with chronic heart failure (CHF) and then develop appropriate nutrition intervention strategies.

Methods. Demographic, anthropometric and clinical data were collected from 30 consecutive African patients with CHF from Soweto, South Africa enrolled in a HF management trial. Data from quantitative food frequency questionnaires was organised and analysed into macro- and micronutrient intake by using the MRC 'Food Finder 3' program. Plasma vitamin C was analyzed with high performance liquid chromatography and a photo-dioid-array detector at wavelength 245 nanometers.

Results. In 18 men (51 +/- 14; p<0.05) and 12 women (47 +/- 18 years; p<0.05), with a similar BMI profile (26 +/- 5 vs. 26 +/- 7 kg/m², respectively; p=ns) the predominant form of HF was hypertensive HF (58%). In men, vitamin C intake was 71 +/- 90 vs. 90 mg/d (- 19 mg /d / 79% of DRI). Similarly, in women vitamin C intake was 66 +/- 80 vs. 75 mg/d (- 9 mg /d / 88% of DRI). As a result, plasma vitamin C concentrations were markedly deficient in both men (7.6 +/- 5.1 µmol/L: normal range 23 – 85 µmol/L) and women (17.4 +/- 13.63 µmol/L: normal range 23 – 85 µmol/L).

Conclusions. These preliminary results highlight potentially inadequate consumption of vitamin C. A larger intake of vitamin C may especially be required in the elderly, as vitamin C levels decline with age. Given the potential importance of vitamin C in reducing oxidative stress and thereby providing cardio-protective benefits, a focus on improving fruit and vegetable consumption via "healthier food" programs may be particularly effective in this context.

PS11.5 Salient factors associated with the growth of palliative care around the world

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Palliative care has grown enormously across the world since the establishment of first modern hospice in the United Kingdom in late 1960s. The World Health Organization operationalized the first definition of palliative care in 1986. In 1990, the WHO also pioneered the Public Health Strategy, a model aimed at helping countries integrate palliative care into their national healthcare systems. The WHO initiatives in palliative care and other factors have contributed to the tremendous growth. However, there has been little systematic documentation and analysis of this growth, or of the current status of palliative care worldwide. This study therefore employs country-level data to investigate the salient factors associated with growth of palliative care. Population aging (a risk factor for chronic illnesses) and adequate healthcare personnel have led to growth of palliative care. HIV-mortality is also a predictor of growth of palliative care, typically in sub-Saharan African region. These two findings suggest a developed-developing nation divide in the factors that underlie the evolution of palliative care. In more developed nations, palliative care is correlated with well-developed health care systems and increasing prevalence of chronic diseases among aging populations; in developing nations, the emergence of palliative care is associated with HIV-mortality.

SPECIAL ROUNDTABLES

SR1 Implementation of the MIPAA and AU Plan in Africa: Government perspectives on progress

The ten-year anniversary of both the Madrid International Plan of Action on Ageing (MIPAA) and the African Union Plan (AU Plan) calls for a careful assessment of the progress that individual countries have made in implementing the Plans' recommendations and of the key challenges and drivers that have shaped the degree of success thus far. In this special roundtable leading role players from African national governments, the African Union and United Nations will examine developments, identify needs and opportunities, and forge concrete directions for advancing MIPAA and AU Plan implementation African countries' over the coming decade.

SR2 Building longitudinal and representative evidence on ageing in Africa

High-quality longitudinal and representative evidence on the social, economic and health situation of older populations in Africa is a prerequisite for robust knowledge creation and action on ageing in the continent. Thus far, a handful of sound national and/or panel studies have been conducted in African countries and a number of initiatives to expand the generation of large-scale and longitudinal evidence are being developed. To ensure that the extant research serves optimally as a basis for the generation of scientifically and policy-relevant knowledge and its translation into policy and practice, there is a need for critical reflection on (i) strengths and weaknesses in the breadth, depth, scale and utilization of generated data and (ii) strategic opportunities and directions for enhancing the scope and brokering of evidence produced across African countries. This special roundtable will foster such reflection and agenda setting by bringing together key scholars involved in current longitudinal/nationally representative research initiatives on ageing in Africa. Speakers will present their respective projects and engage in moderated discussion and exchange with the audience.

SR2.1 Enhancing the quality of care for institutionalised older persons through the use of a minimum data set

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The interRAI is a collaborative network of researchers in over 30 countries who are committed to improving the quality of care of people who have complex medical needs. The Long-term Care Facilities (LTCF) Assessment and Care Planning System is a comprehensive, standardized instrument for evaluating the needs, strengths and preferences of residents in institutional facilities. The mission is to promote evidence-informed clinical practice and policy decision making through the collection of high quality data about the characteristics and outcomes of the residents in institutional facilities. The interRAI assessment consists of a minimum data set which allows health care providers to assess domains of function, mental and physical health, social support and service utilization. It provides the tools to develop meaningful care plans for residents, to improve their quality of life, measure their trajectory of health, provide information to the management team of the facilities as well as to researchers, policy makers and funders. At present there is a paucity of information on the well-being of residents in aged care homes in South Africa. The interRAI is able to provide the tools required by all those involved in the care of older institutionalized persons so as to improve their quality of care & enhance their quality of life, and provides a benchmark for the care of elders. It has become the standard tool used in North America and many European countries. The presentation will focus on elements of the minimum data set, how the data can enable the development of care plans and tasks and how it can enable institutions and managers to improve the quality of care.

POSTERS

P1

Ageing and HIV&AIDS in Uganda: A case for Uganda Reach the Aged Association (URAA)

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It is estimated that by 2006, about one million people had died of HIV&AIDS; 1.1 million people were living with HIV&AIDS while 132,500 new infections were recorded in that year. The national HIV prevalence rate stands at 6.4 percent. It is estimated that HIV prevalence rate for the age group 50-59 years is 5.8%. While there is no data on infection rates among older persons, URAA and HelpAge International Rapid Survey on HIV&AIDS prevalence among older persons using static site data revealed that 7% of older persons had tested HIV positive. National AIDS Policy and Strategic Plan lay a firm foundation for preventing the transmission of HIV&AIDS in Uganda. A key strategy for HIV prevention has been Abstinence, Being faithful and Condom use (ABC) Strategy. Prevention activities have generally targeted a reproductive age group of 16-49 years which has always been classified as being sexually active and face high risk of HIV infection since many were found not to be practicing safe sex and sometimes having multiple sex partners. Besides the ABC, other strategies such as Prevention of Mother to Child Transmission (PMTCT) and Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) have been adopted to prevent infection of new born babies and among primary and secondary school students respectively.

Results. The National HIV&AIDS Strategic Plan recognizes older persons as a group that requires social support. However, no deliberate efforts have been made by Government of Uganda to target older persons as a special population highly exposed to HIV infection. Older persons are assumed to be sexually inactive and yet information from the field reveals majority of older persons are sexually active i.e. a baseline survey conducted by URAA and HelpAge in Kasese revealed that 64% of older persons were sexually active, of which 91% never used condoms during sexual intercourse. Many older persons remain unaware of different HIV preventive strategies such as HIV prevention messages developed by Ministry of Health for public information campaigns do not educate older persons on how to protect themselves hence leaving them at a high risk of HIV infection. It is estimated that older persons care for PLHIV (own children and grand children) at an average of 2-3 PLHIV and are likely to be infected if they do not prevent coming into direct contact with blood of a PLHIV. Research further indicates that no support groups have been initiated to help older persons who are HIV+ and caring for PLHIV. Despite being recognized in the National HIV&AIDS Strategic Plan, current HIV&AIDS interventions do not specifically address the needs of older persons. URAA responds to these challenges through capacity building of older persons groups and advocacy and policy influencing. So far, 50,000 older persons have been sensitized on HIV&AIDS; 540 have been trained as home based care givers and peer educators; 180 have been trained in memory book and will writing in the event of inheritance rights violation and another 180 have been trained as paralegal advisors. These trainings have effectively addressed older people HIV&AIDS needs in various communities ranging from prevention, treatment, care and support. Additionally, evidence has been generated from these interventions to inform advocacy efforts at various levels.

Conclusions. Strategic targeting of older persons and including them in Home Based Care and Peer Education Training Programs has contributed and continues to contribute to effective service delivery to and access by HIV&AIDS affected and infected older persons in Uganda.

P2

Ageing Namibia – thinking, opinions, reality and risk

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This "project" started in 2003 (still on-going) informally between academics with interests in ageing/gerontology at Karlstad University, Sweden (KAU), and University of Namibia (UNAM) because of the dearth of basic information and knowledge in the field of ageing build upon empirical base. This presentation is based on documentation in form of three BA essays written by students from KAU in Namibia, two conference papers written by me (Nordic Africa Institute 2007 and IAGG Europe 2010) unpublished lecturing manuscripts and governmental documents/statistics Namibia.

Methods/approach. All empirical material have been collected by interviews (both formal and non-formal), discussion groups, observations (with various content of participation), case studies, studies of organizations (both governmental and NGO:s), document search and studies.

Outcomes. Differences in generations about thinking and opinions: 1) Duties/responsibilities, expectations, family roles, and family life, kind of problems and problem solving. 2) Family values. 3) Alternatives to traditional home-based elderly care in different cultural systems. 4) Economy/housing. 5) Changing family system. Reality (both younger and elderly): 1) Helplessness in caregiving and care receiving in a "new context". 2) Lack of information and knowledge about ageing and elderly life. 3) Lack of options/alternatives. 4) Fear of conflicts/insecurity of relations 5) Insecurity of ability. Risk: 1) Neglect. 2) Poverty. 3) Poor housing. 4) Isolation. 5) High risk for different elderly abuse.

Conclusion. Namibia has a relatively good Constitutional policy/base for elderly life but poor implementation, practical initiative and shortage of needed knowledge to meet the increasing number of elderly. A book manuscript is in preparation.

P3

Intergenerational relationships between young adults and older people in a rural South African community

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This presentation explores the nature of intergenerational relationships between young adults and older people in a rural African community. A qualitative research method was used and an availability sample was applied that consisted of 11 young adults and six older people. Data was collected by using the Mmogo-method® and informal group discussions were held according to the intergenerational reflecting group technique. Data were analysed by using thematic analysis and visual analysis. The results indicated that the relationships between young adults and older people consist of the ambivalent views of the young adults and mostly extreme negative perceptions of older people. As a result, the relationships between the young and older generations seem to be dissatisfying for both generations. In view of the importance of these relationships, suggestions regarding the planning of interventions are made and ideas for future research topics are also given.

P4

“Play it forward”.... The development and implementation of a board game to promote intergenerational relations between unrelated older people and young adults

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Intergenerational relations between older people (aged 60 years and older) and young adults are often based on negative perceptions of members of the other generation. Negative perceptions develop when people do not have regular contact; or the impact of interpersonal interactions are experienced as negative or when people do not have a clear picture of members of different generations. This presentation will report on the development and the implementation of a board game, which aimed to promote intergenerational interactions between unrelated older people and young adults. Board games are sources of enjoyment and play has psychological and health benefits. The board game, “Play it forward”, does not have a competitive nature and requires teams which consist of members of both the older and the younger generation to participate. The aim of the game is to exchange wisdom, knowledge, skills and interests so that members of both generations can learn from each other and ultimately to break down stereotypical perceptions of the other generation. The game takes place on a board, with prominent land marks of the physical environment in which the older people and the young adults function. Figurines consisting of both an older person and a young adult, are moved along a path on the board and prompts are given on the board to initiate an action, written on different colour coded cards (yellow, green, red and blue). For example, the green card will ask the members to share information; the red card will focus on the sharing of wisdom; blue cards require participants to share skills and yellow cards require participants to share personal information such as: what is your most valuable possession? The board game was implemented with six functioning older people who are members of the Service Centre in Potchefstroom, South Africa and six young adults of the University in the same town. All participants from both generations reported how much they enjoyed the interaction and how much fun they had getting to know each other. One participant even suggested that the board game’s name be changed to: Get-to-know-each-other-game. Recommendations for improving the board game will be discussed.

P5

The role of physical activity on functional fitness and balance in a geriatric cohort

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Background. A physically active lifestyle prolongs the onset of physiological changes that accompany aging, increasing the functional capacity and, therefore, also independence of the elderly. Although the elderly are aware of these benefits, few of them engage in regular physical activity.

Purpose. To determine the association between physical activity, aerobic endurance, functional fitness and balance amongst senior citizens in a Caucasian South African community.

Methods. 58 senior citizens (32 females and 26 males) were tested non-recurrently. Participants completed a medical screening and physical activity questionnaire. The Rikli and Jones functional fitness test as well as a static balance and

a dynamic balance test were completed to determine functional fitness and balance. Partial correlations were used to determine associations between the variables.

Results. In the female participants, the perceived physical index, aerobic endurance and the dynamic balance test showed medium ($r = 0.3 - 0.49$) to high partial correlations ($r \geq 0.5$) with all functional fitness components. Males only show high partial correlations ($r \geq 0.5$) between aerobic endurance with lower body strength and dynamic balance and agility.

Conclusion. In conclusion this study indicated that aerobic endurance and dynamic balance are very important for better functional capacity in the elderly.

P6

Functional fitness and balance status in a geriatric cohort

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Background. The worldwide increases in the elderly segment of the population propose enormous health care and socio-economic challenges. Physical activity can have great benefits for the elderly, increasing their functional capacity to complete the normal activities of daily living and be more independent.

Purpose. To determine the functional fitness, static and dynamic balance status of senior citizens in a South African community.

Methods. 58 senior citizens (32 females and 26 males) were selected and tested non-recurrently. Participants completed a medical screening questionnaire. The Rikli and Jones functional fitness test as well as a static balance and a dynamic balance test were completed to determine the functional fitness and balance status of participants. Descriptive statistics (means, standard deviation and interquartile ranges) were determined to compare the population of the current study with normal ranges of the authors who developed the functional fitness test. A frequency distribution of the test results also showed the total number of weak test for males and females.

Results. Males performed better than females compared to USA normal ranges. Although 80.8% of the males performed poorly in more than four of the six functional fitness tests, 68.8% of females had more than four weak tests. The upper and lower body flexibility tests, showed the weakest results.

Conclusion. Overall the performances of the senior citizens in the functional fitness and balance tests were alarming. This emphasizes the need to establish percentile scales for functional capacity parameters and intervention in old age homes.

P7

The role of African older women in the elimination of mother-to-child transmission of HIV

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Background. Older women form the majority of Traditional Birth Attendants and caregivers of mothers and children in Africa, greatly influencing pre-and post-natal practices of child bearing women. Given that 63% of all births in sub-Saharan Africa occur without skilled birth attendants (UNICEF, 2011), 10% of all new HIV infections are from mother-to-child with 90% of these being in Africa and with African women constituting 60% of all new infections, the role of older women cannot be under-estimated.

Objectives (of study/project/practice/policy). Cultural norms, including those related to pregnancy and child feeding practices, have been passed down generations, mostly reinforced by older women. They have a critical role in facilitating the promotion of practices that prevent mother-to-child transmission, including prevention of the mother's initial infection.

Method/Approach. HelpAge supported several studies to better understand the impact of HIV on older people and how they address issues like their role in preventing HIV and mitigating its impact. HelpAge also implemented HIV prevention interventions in four countries in eastern Africa targeting older people with HIV information.

Outcomes and conclusion. From studies/programmes, it is evident that older people, often primary caregivers of PLHIV and OVC, represent a critical link with the formal healthcare system. Furthermore, older women often reinforce norms involving child health, from pre-pregnancy including sexual practices, to delivery and post-partum, including feeding practices. Policy and programmes must pay attention to older women through inclusion and provision of support and information.

P8**Population ageing in sub-Saharan Africa: Demographic determinants and socio-economic dimensions****Hantamalala Rafalimanana**, Department for Economic and Social Affairs, United Nations, New York. E-mail: rafalimanana@un.org

This paper describes the demographic determinants and the speed of population ageing, that is, the increasing share of older persons (defined as persons aged 60 years or older) in sub-Saharan Africa. It compares the trends to those in other less developed and more developed regions. (Determinants: decline in fertility and size of birth cohorts; increase in life expectancy Speed: increase in size of older population; fast rate of change in proportion of older population) This paper also analyzes country-specific trends and tries to explain why the older population (in size and proportion) is growing rapidly in many countries. Furthermore, this paper describes the demographic profile of the older population. (Age composition of the older population; sex ratio; marital status; independent living; old-age support ratio). This paper also shows that most socio-economic indicators for the older population in sub-Saharan Africa are low. In particular, poverty rates among the older population are significantly higher than the national average in many countries. Moreover, the incidence of poverty is higher among older persons than among children, especially in countries with a high prevalence of HIV/AIDS, where many households are increasingly headed by grandparents. This paper concludes with some policy recommendations that take full account of the ageing phenomenon in sub-Saharan Africa. In particular, it makes some recommendations in terms of healthcare systems, social and labor protection programmes, and public and private resources transfers.

P9**Confront mindsets and exploit valuable human resources in older persons****David Obot**, Uganda Reach the Aged Association (URAA), Uganda. E-mail: patrikobdd@gmail.com

Negative mindsets and attitudes of “older persons are those above sixty years” are both dispiriting and violation of human right of older persons and loss of valuable human resource contributions relevant to socio-economic development to the country’s population. Mindsets and attitudes such as “older persons are poor, weak, illiterate, live in squalid environments, widows, widowers, single-headed households, unemployable, lots that practice witchcraft and perpetual beggars of food and assistance” are horrible and depressing descriptions and labels. Once the negative portrayal of “older persons above sixty years” become the norm in the minds of policy and decision makers in national institutions, technocrats in government responsible for planning and implementing service delivery programmes, workers of civil society or faith based organizations, or individuals within families and communities, it is important that appropriate response be undertaken by all to protect older persons and provide them with motivation and support for their “last stretch” in terms of effective utilization of older persons human resource, protection of rights of older persons, empowerment, employment creation and for contributions to the country’s political, social and economic development. Otherwise, everything else about older persons will be in the negative, counter-productive and will provide opportunities for continued exploitation and violation of the rights of older persons. This presentation will isolate conditions that lead to negative mindsets and attitudes about older persons, the limitations that prevent gaining from the abundant valuable skills and resources of older persons, and how governments, communities and individuals should engage, collaborate and make partnerships that will protect the rights of older persons, create employment and generate income, and ensure sustainable conditions of living of older persons and that of the population at large.

P10**Family care and health status of older persons: A study of selected rural communities in Kaduna State****James Amos Akpokos**, Department of Sociology, Kaduna State University, Kaduna, Nigeria. E-mail: amosakpokosjames@yahoo.com

This study investigated the health status as well as the form and nature of care and support older persons (65 years and above) receive from their respective family members. The study made use of both questionnaires and focus group discussions to elicit information from sampled respondents. Thirty-five older people were selected from each of four rural communities in Kaduna State, Nigeria. On the whole a total number of 140 respondents (59.3 % women and 40.7 % men) were selected for the study. Results indicated that 132 (94.3 %) of the respondents surveyed depended solely on their children, wives, in-laws, and God. Older people express satisfaction with family care and they rarely live alone. They attach greater value to non-material (physical presence/emotional) support. About 47 (33.6%) of the respondents had been sick within the last six months preceding the study with 28 (20%) being sick all the time. The most prevalent acute and chronic illnesses of the elderly are, respectively, malaria 94(67.1%), followed by severe headache (113(80.7%), flu 89 (63.6%), sleeping problems 78 (55.7%); and rheumatism/arthritis 98(70%), followed by failing vision 86 (61.4), general weakness and hip problems 73(53.1%). The reported social problems include economic dependency (94.3 %), poor housing (72.8%), loneliness (62.8%) and feeling not needed (41.4%). In conclusion the study points out the need to formulate policies that will target the health needs of older people.

P11

Ageing in Mauritius: Challenges and opportunitiesVimla Hanoomanjee, Mauritius, E-mail: vimla_e@hotmail.com

Background. Mauritius, a multi-ethnic/religious, traditional, family-based society with a democratic political system, experienced a rapid demographic transition in the 1960's, resulting in an ageing population.

Objectives (of study/project/practice/policy). Options available to Mauritius: 1) Adopt a pro-population growth strategy to achieve higher working age population. 2) Reduce pensions and expenditure to the aged so as to reduce the "burden" of the ageing population. 3) Introduce measures to enable the continued employment of the over 60's in the formal or NGO/informal sectors.

Method. The main target of the study will be to obtain public opinion on the ageing issue. This is vital for Mauritius as it is facing a demographic issue as dramatic as the population explosion that it faced in the 1960s. To come out successfully of this, action has to be taken. As in the case of the 1960 population explosion, it is private individuals/associations – not government – that took the first action for solving the issue. Thus, this presentation/study will only propose i) what will be the costs of the ageing issue up to 2050 based on a report worked out by UK consultants; and ii) provide an alternative based on survey and desk study. The Mauritian example could be the first study of its kind in Africa and thus an example for replication elsewhere. The project will include a survey and a detailed desk study on the items included in each of the options.

Conclusion. The challenge: To extend the productive/active status of the 60+ population.

P12

Dementia SA. Managing Alzheimer's and dementia careKaren Borochowitz, DementiaSA, Cape Town, South Africa. E-mail: projects@dementiasa.org

As a leading South African authority on all forms of dementia, including Alzheimer's disease, DementiaSA strives to minimize the impact that dementia has on individuals, families and communities. By taking an innovative approach to service delivery that includes all relevant constituencies, DementiaSA strives to serve all people affected by dementia. The core services of DementiaSA include a 24 hour National Helpline, family counseling, capacity development through training, education, skills enhancement, awareness, lobbying and advocacy and partnership development networks. DementiaSA places premium on providing services in under-developed areas and vigorously advocates the rights and dignity of those living with dementia. All services are supported by ongoing research. Through lobbying parliament and other agencies, DementiaSA has ensured that the rights of people with dementia are acknowledged within the framework of human rights, for example, ensuring that dementia is included in the Older Persons Act (13/2006). We have worked closely with the SA Law Reform Commission and more recently at the United Nations Open Ended Working Group on Older Persons in New York. DementiaSA is partnering the School of Public Health at the University of Cape Town to undertake a comprehensive study to investigate the prevalence of dementia in a rural community in South Africa, and to determine the impact of the disease on individuals, carers and communities. Dementia SA (a Public Benefit Organisation) was formally registered in 2006 as a non-profit organization and holds B-BBEE status level 4. DementiaSA is also registered with the USA and UK Charities Trust and has (501 (c) 3) status.

P13

Issy Geshen Home, Lamontville: The practice of quality long-term careFelicity Crouch, Occupational Therapist, Durban, South Africa. E-mail: dacabs@telkomsa.net

This old age home was founded 50 years ago by Issy Geshen in Lamontville - a township of Durban. The Jewish community originally funded the home and to this day there are strong links. Today this vibrant home cares for 69 residents – there are frail and dementia clients, some physically disabled and others who were homeless or abused. Residents share accommodation in double rooms, enjoy home cooked meals and receive the necessary medical and nursing attention. A separate dementia unit was created 3 years ago to cater for their specific needs. All residents are involved in an activity programme planned by an OT and run by the activity assistant and carers. Each month there is a special topical event. Some residents and staff participate in the literacy programme, some disabled clients attend a nearby rehabilitation gymnasium and all enjoy shopping at the home's tuckshop. This poster will highlight this home and what makes it special and one of the best run homes in KwaZulu-Natal.

P14

“Activity Assistants” courses: “Let’s keep our Older Residents Active”Felicity Crouch, Occupational Therapist, Durban, South Africa. E-mail: dacabs@telkomsa.net

Many old age homes in KwaZulu-Natal do not offer an activity programme to stimulate their residents. Nobody takes responsibility to involve residents in regular activities. Some facilities rely on volunteers to play bingo or to entertain the old folk. I with the help of Tafta organised two Activity Assistants courses at the beginning of the year. Each course was run over 3 days. Participants were nurses, social workers, carers, volunteers and a few actually employed to involve residents in activities. These participants were drawn from rural, urban and peri-urban facilities. The course content included some theory, Rights of the older persons, the ageing process, dementia, arthritis, strokes and sensory stimulation and organising special events. In the practical part of the course the participants were taught exercises for the elderly and how to play bingo, picture bingo, battleships, dominoes, skittles and horse racing. They each made games from waste materials to take back to their work place. Feedback obtained recently from attendees has been positive with suggestions for further course material.

EXHIBITORS

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Selected contributions

- Evaluation and Treatment of Erectile Dysfunction in the Aging Male:
A Mini-Review: **Albersen, M.** (San Francisco, Calif./Leuven); **Orabi, H.**
(San Francisco, Calif./Assiut); **Lue, T.F.** (San Francisco, Calif.)
- Properties of the 'Timed Up and Go' Test: More than Meets the Eye: **Herman, T.; Giladi, N.** (Tel Aviv); **Hausdorff, J.M.** (Tel Aviv/Boston, Mass.)
- Positive Experience of a Mobile Radiography Service in Nursing Homes:
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- Molecular Basis of Arterial Stiffening: Role of Glycation – A Mini-Review:
Sell, D.R.; Monnier, V.M. (Cleveland, Ohio)
- PGC-1 α and Myokines in the Aging Muscle – A Mini-Review: **Arnold, A.-S.; Egger, A.; Handschin, C.** (Basel)
- The Grandmother Effect: **Lachmann, P.J.** (Cambridge)
- Middle-Aged Couples' Exchanges of Support with Aging Parents: Patterns and Association with Marital Satisfaction: **Lee, J.E.; Zarit, S.H.; Rovine, M.J.** (University Park, Pa.); **Birditt, K.S.** (Ann Arbor, Mich.); **Fingerman, K.L.** (West Lafayette, Ind.)
- Deer Antlers – A Model of Mammalian Appendage Regeneration: An Extensive Review: **Kierdorf, U.; Kierdorf, H.** (Hildesheim)
- Does Automatic Transmission Improve Driving Behavior in Older Drivers?
Selander, H. (Jönköping/Gothenburg); **Bolin, I.** (Gothenburg); **Falkmer, T.**
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