

Section II – Forum

Research on Ageing in Africa: What Do We Have, Not Have and Should We Have?

Monica Ferreira

The situation of the majority of older persons in Africa is described as precarious or parlous, though we lack evidence of its severity. We know that the majority is chronically poor and has poor access to health care. At the same time, it is marginalized in numerous arenas and deprioritised in government policies and programmes (see e.g. HelpAge International, 2002a). Poor availability of quality data and under-utilisation of available data (see e.g. WHO, 2003) on the older population no doubt exacerbate its marginalisation. Expanded research is therefore urgently needed to address challenges of ageing in the continent appropriately – in tandem with policy makers.

A vibrant and integrated research enterprise on ageing can serve as a catalyst for local, national and regional expertise, knowledge production, and informed policy development and implementation. However, the attainment of these goals will be an extended process and require multiple strategies. An assessment of the state of knowledge and its utilisation in the region, as summarised in this paper, is an apposite start to the process.

What do we have?

The body of knowledge on ageing and older persons in Africa is probably less expansive than in other regions – a function of both scarce resources and impediments to communication, which inhibit research development and knowledge diffusion. Limited theoretical and methodological orientations employed in earlier research may also have impeded knowledge production. This early research largely comprised of demographic or household surveys, typically reliant on modernisation theory (Cowgill and Holmes, 1972) and written up as country reports, purportedly to inform national governments. The dominant perspective was that the changes wrought by modernisation render older Africans extremely vulnerable and their situation abject (Ferreira, 1999; Aboderin, 2004). This view and its over-use in African settings have been criticised for being overly deterministic (Albert and Cattell, 1994; Sagner, 1999) and unhelpful, simply resulting in a reiteration of stereotypical “problems” (Ferreira, 1999).

More recent research has included inter-disciplinary

epidemiological and health surveys, co-ordinated largely by the World Health Organization and other global research agencies (see e.g. Velkoff and Kowal, 2003; WHO, 2003, 2004), and an evolving anthropological track, which provides a counterbalance to a past neglect of the individual as actor or agent (see e.g. Makoni and Stroeken, 2002). Participatory appraisal studies have been conducted in a diversity of settings, driven largely by HelpAge International to inform its programmes and action (see e.g. HAI, 2002a).

Nonetheless, research output has tended to be poorly mounted and disseminated, and the information under-utilised, due to a range of constraints to be discussed below.

What else do we have?

We have an array of international frameworks, which informed or emanated from the second UN World Assembly on Ageing 2002, and promote the development of ageing policy or research initiatives to support it. The frameworks, all of which have relevance for Africa, include the Madrid International Plan of Action on Ageing 2002 (United Nations, 2003a, 2003b); a global ‘research agenda on ageing for the 21st century’ (RAA 21) and a more specific RAA 21 for the Africa region developed by the UN and the International Association of Gerontology (UN/IAG, 2002, 2003); the African Union Policy Framework and Plan of Action on Ageing (AU, 2003); the African Common Position on Ageing (HelpAge International, 2002b); and a report of the African Gerontological Society (AGES, 2002).

The two UN/IAG (2002, 2003) research agendas were specifically linked to the Madrid Plan, intending to foster its implementation through evidence generation (Sidorenko, 2004). The AU Plan of Action on Ageing (2003) as well as the other African documents, however, only give scant attention to the need for research to support policy development.

Finally, we have the Millennium Development Goals declaration (UN, 2000), which also promotes research and has a strong bearing on development in Africa, but does not refer to older persons per se.

Despite the broad relevance of the above frameworks for ageing research in Africa, their usefulness of the above frameworks for stimulating and facilitating a joint, concerted and effective research endeavour may be limited. Collectively, they possibly amount to no

more than a very long and often overlapping list of themes to explore and challenges which research must face. Commendable in that they constitute a valuable first step towards an expansion of research, the frameworks however fail to pinpoint a sufficiently manageable and focused number of priority questions, which research needs to answer in order to act as a catalyst for and inform policy. Nor do the frameworks pinpoint what researchers could or should do concretely and specifically, in terms of organisation and building links and partnerships, to have a more effective input into the content of policies; to enhance actual research capacity and know-how; and to build a mutually supportive ageing research community with a common focus.

We, furthermore, have the beginnings of a minimum data set (MDS) on ageing and older persons, from a multi-country project co-ordinated by the World Health Organization (2003), which aimed overall to provide baseline evidence to African governments on the health and well-being of the older population. The project identified core and expanded sets of indicators to constitute the MDS, data sources from which indicators may be populated, gaps in data, and barriers to access to available data.¹ But, while an MDS may have a potential to contribute to the advancement of policy and research in the region, the WHO project may have been overly ambitious and too technically complex for meaningful use in individual countries. Certainly, the MDS remains far from complete; only limited data have been identified or accessed, and data are often not available to populate indicators. Similarly, the directory of completed and current African research on ageing (WHO, 2004) compiled under the MDS project remains incomplete and under-representative.

Finally, we have fairly extensive popularisation of much research information in the region, driven largely by HelpAge International's Africa Regional Development Centre, which forges knowledge diffusion and utilisation, and informs practitioners and empowers older persons. HAI's effort in this regard thus contributes peripherally to research development but in a good measure to the development of policy and practice.

What do we not have?

The broad current resource and capacity constraints to expanded ageing research and knowledge utilisation in Africa are fairly self-evident: a scarcity of funds for research; low priority given to older persons in policy making; consequent low government investment in ageing research; and limited capacity of public institutions to translate research findings into policy. More specific constraints include poor dissemination of research information; poor communication and networking among researchers; and a relative lack of African scientific discourse on ageing. The main underlying limitations include the following:

1. The continent no longer has a gerontology journal, which would provide an important vehicle for research dissemination and consolidation, networking and leadership.² Only a few African researchers succeed in having papers published in western scientific journals. The journals' editors may perceive a low interest among international readers in ageing in Africa

and thus accord a low priority to the placement of papers, which emanate from Africa. However, it is more likely that much of the research upon which the papers are based is of poor quality, and can neither stand up to rigorous scientific scrutiny nor compete with academic standards set by the international discourse. This situation no doubt reflects a lack of resources and a low priority given to gerontology in tertiary education as well as to training and capacity development in research – which are additional constraints.

2. A lack of resources also impacts researchers' access to literature – not only in gerontology, but also in social science theory and methods, and in research methodology per se. The procurement of western publications is largely unaffordable to the majority of African institutions and researchers. African researchers thus face a triple jeopardy in their work: of having few opportunities for training, poor access to literature, and only occasional acceptance and publication of papers in scientific journals. As a result, the dissemination of research information generated in Africa is limited, which in turn impacts on policy development. Sub-regional language accessibility barriers also mitigate against knowledge sharing – among researchers and with policy makers alike.
3. With academic training in gerontology offered in only a handful of institutions, not only are research capacity and output constrained, but so also is scholarship stymied, as are there few opportunities for the development of an African discourse on ageing. Few researchers have the resources to participate in international conferences, either to disseminate their work and to table African issues of ageing in global arena, or to engage in the international discourse.
4. On a national level, research on ageing is neither a priority for African governments nor for national research funding agencies. Numerous governments, moreover, lack co-ordinated and centralised research agencies, while schisms in sectoral responsibilities (e.g. between health care and social services) both militate against comprehensive research and result in tenuous policy linkages and fragmented policy responses.

What should we have?

What broad orientations are needed, to address the multiple present constraints and to foster African ageing research and knowledge utilisation? The following strategies are proposed, which, together could help to simultaneously develop research capacity, build stronger linkages with policy makers, and achieve a balance in addressing science, policy and practice.

1. An initial broad strategy should be the development of a research strategy plan itself. This initiative must be led by Africans; should interface with policy; and should include a determination of a sufficiently specific and focused research agenda. The strategic planning process should include internal and

external agreement on the process; an assessment of the internal and external environments; and dissemination of the agenda and assessment outcome to national ministries, the research community, global funding agencies and other stakeholders. A plan should moreover outline concrete practical steps towards increased capacity building and the building of partnerships to influence policy. It should be of such a nature that researchers are able to build jointly and effectively on the plan. A co-ordinating structure should be identified (or established) to promote the plan; to market the agenda; to broker funding and collaboration; to archive, consolidate and disseminate information; to build critical mass; to link research with policy and practice; and to monitor the implementation of the plan.

Specifically, provision should be made within the plan for more integrated research with a high degree of implementability; more interdisciplinary research conducted by consortia of investigators – possibly in partnership with investigators abroad and/or local non-governmental organisations; greater multisectoral involvement in research; and knowledge production that is responsive and innovative, is local and national, involves strong community and social engagement and responsiveness, and serves development priorities as well as incorporates older persons in development processes.

2. Another strategy should be to lobby governments to become involved in research and policy development; both global agencies and non-governmental organisations have important roles to play in this regard.

To advance the processes we should therefore have: stronger regionally inclusive communication and networking among researchers and with stakeholders; the establishment of gerontological research and teaching centres of excellence; and exchange fora or meeting grounds to promote discourse among and collaboration between researchers, academics, educationists, professionals, practitioners, legislators, policy makers and older persons.

3. Lastly, African researchers should be encouraged to employ more varied and innovative theoretical orientations and appropriate research methodologies. The employment of perspectives which can account for the lived experience of older people in Africa, at a micro level of analysis, will help to refute some of the stereotypes that abound and have been unhelpful in policy making (Ferreira, 1999; Sagner, 1999). In addition, the development of appropriate measurement tools for employment in African settings and populations should be ongoing, as should researchers be encouraged

to work within local paradigms and to conduct comparative analyses.

What do we not want?

A scarcity of funds will remain a major impediment to expanded research in the region. African researchers will therefore often remain reliant on financial support funding from ‘western’ bodies or partners. While such assistance is extremely valuable, it may come with a price tag. For example, African scientists may be vulnerable to external formulation of research problems within a western paradigm and the employment of research models that are less appropriate in African settings. This is not acceptable: Africans reject prescriptive attempts from abroad to effect linear development in poorly understood local situations and they maintain that Africans should seek indigenous solutions to remedy their situations.

A further price tag may involve a “rape and plunder” approach, in which northern partners collect copious data in a host country, often insensitively and to serve personal research hunches, for analysis and publication in a western country, typically with skewed and paternalistic interpretation of the data and often without acknowledgement of the southern partners. Research outcomes in these cases seldom inform policy development, or indeed development processes in the host country; and poor consideration may have been given to the country’s real information needs in the first place.

In entering into collaboration or funding agreements with developed world partners, therefore, – and despite looking to such partners for research capacity development - African researchers must strive to ensure that the research is Africa-appropriate and Africa-led, and serves to develop African gerontology, knowledge and practice.

Conclusions

Research on ageing has begun in many African countries, but an overall strategy is needed to focus, strengthen and integrate the research, and to build the critical mass to generate and utilise knowledge. The principal goals of future research must be to make a strong case for the importance of responding to population ageing as an integral part of countries’ development efforts, and to provide the kind of evidence to answer key questions with which policy makers will need to grapple. A first step to these ends must be the setting of a focused regional agenda in which all key stakeholders – researchers, policy makers and practitioners are involved.

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Notes

- ¹ The WHO minimum data set (MDS) project (2003) identified data and research needs in sub-Saharan Africa as follows: demographic, morbidity and risk factor data; assessment and screening tools; improved accessibility of available data; improved data collection systems (vital registration, sample registration, demographic surveillance); training workshops (in data collection, data preparation, data use and grant writing); and expanded data collection efforts (at country level, by global research agencies, etc.) (see also Velkoff and Kowal, 2003).
- ² Publication of the *Southern African Journal of Gerontology* ceased in 2000 at the end of a ten-year funding cycle. The journal was published at the University of Cape Town and funded by South Africa's Human Sciences Research Council.
- ³ Apart from numerous indigenous languages spoken in the continent, Africa comprises, as a legacy of colonisation, four broad linguistic regions: Anglophone, Francophone, Lusophone or Arabic.

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