45233

ORGANISATION OF AFRICAN UNITY

NATIONS UNIES
COMMISSION ECONOMIQUE POUR L'AFRIQUE

منظمة الوحدة الافريقية
الامانة
الامم المتحدة
اللجنة الاقتصادية لافريقيا

ORGANISATION DE L'UNITE AFRICAINE

UNITED NATIONS
ECONOMIC COMMISSION FOR AFRICA

B.P. 3243

ADDIS-ABEBA
ETHIOPIA

P. O. Box 3001

Distr.
LIMITED

ECA/OAU/AMSA.VI/18
March 1992

Original: ENGLISH

ECONOMIC COMMISSION FOR AFRICA/ORGANIZATION OF AFRICAN UNITY

Sixth Meeting of African Ministers of Social Affairs (AMSA)

Addis Abeba (Ethiopia)
18 - 23 May 1992

THE SITUATION OF THE AGING POPULATION IN AFRICA

Introduction

As is well known, the process of population aging is a function of the interplay of mortality and fertility rates in which a shift from high to low levels of mortality and fertility takes place. In today's developed regions such shifts took place over a long period of time and subsequent to internally--generated improvements in the socio-economic conditions and the general standard of living of the people. The breakthroughs achieved in preventive and curative medicine resulted in significant industrial culture and urbanization engendered new attitudes and values, among which the preference for the smaller nuclear family was one. Consequently, the decline in mortality and fertility proceeded in tandem, albeit at different rates in the initial stages, leading to the reduction of the dependent youthful segment of the population and to the increase of the active age group.

In Africa, where statistical data in general is limited, the study of " aging" is a particularly difficult undertaking. As a field of interest to researchers and policy makers in Africa, it is a recent phenomenon. Prior to 1980-81, when a series of regional conferences were held in preparation for the 1982 Vienna World Assembly on Aging, no systematic study was carried out in Africa. Some studies may have existed, but were unknown, and those which were known were of little or no value. There is general agreement, nevertheless, that the continent has recently experienced some decline in mortality rates across all the age spectrum, in spite of the fact that internally-generated economic and social improvements, which are considered the conditions sine qua non in the earlier declines in mortality rates in today's developed countries, are demonstrably absent in Africa. This reversal of sequence in Africa is due to the introduction of disease control techniques from the developed countries.

The same quick-fix could not be applied as easily, however, to the other side of the equation - fertility. Any meaningful decline in fertility rates could be achieved only through the long and slow process of industrialization, urbanization and the new set of attitudes, ethos and values arising therefrom. Consequently, an anomalous situation is developing in Africa: increased life expectancy (declining mortality) for all age groups setting in motion the process of population aging, and the continuing high fertility rates, resulting in a largely youthful population. Thus, Africa, the least developed of the developing regions, seems headed for a dramatic increase both in its youthful and elderly populations.

The United Nations has estimated that Africa's elderly population will quadruple by 2025, growing at an average of between 3.1 and 3.4% annually from 1985 to 2025. The 60 + age group which numbered 12 million and constituted 5.4% of Africa's total population in 1950, will number over 100 million and make up 6.4% of the total population in 2025. At the same time, Africa is expected to continue having the highest fertility rate of all the developing regions. It is estimated that this will decline from 6.61 in 1950-55 to 5.6 in 1995-2000 and to 3.05 in 2025. Such a slow decline in fertility would result in the continent's having, of all the developing regions, the lowest median age - 22.6 years, and the largest youth (0-14 age group) population - 34.2% of total population in 2025.

Taking 65 as the lower boundary of old age, the United Nations estimates that the total Dependency Ratio in Africa - (The number of persons in the 0-14 age group, plus those 65 years and over per 100 active population aged 15-64) - which was 84.4 in 1950 will reach 90.1 in 2000 and 62.2 in 2025. As it stands, this is the highest total Dependency Ratio in the world. It is obvious, however, that if the more realistic 60 years is taken as the lower boundary of old age instead of 65, as is done in this paper, the ratio would be even much higher. In fact, several African states have fixed the mandatory age of retirement at 55. And it that is used as the lower boundary of old age instead of 60 or 65, the ratio would shoot up.

That these trends confront the continent with serious implications is obvious. It is also equally obvious that the implications will have to work themselves out not in a prosperous or prospering region of the world, but in a continent suffering from environmental degradation, high illiteracy, high level of unemployment, huge debt-burden, run-down infrastructures, nutritional deficiency and massive balance of payment disequilibria. There is no indication that there would be dramatic improvement in these conditions any time soon. Neither is there any indication that the underlying conditions responsible for the patterns of the demographic structure forecast by the United Nations would change in the foreseeable future.

The time has come, therefore, to carry out detailed studies with a view to ascertaining the situation of aging in Africa as well as the responses of the states and the communities to it, so that certain salient features could be made clearer and useful to that the United nations Economic Commission for Africa (UNECA) has recently commissioned country studies on aging in Nigeria, Mali, Ethiopia, Sudan, Tanzania and Burkina Faso, on which this paper is based.

The purpose of this paper is to examine these six studies with a view to comparing and synthesizing the findings of the researchers. The objective of the exercise is a modest one. It is strongly believed that, given the high degree of similarity existing among African countries in terms of culture, geo-ecological factors, stages of socio-economic and political development, the current situations and future trends on aging indicated in the six studies could apply not only to those six, but also to other African countries as well. It is hoped, therefore, that a close look at the six countries could lead to the emergence of a tentative regional profile on aging in Africa.

This paper is divided into six sections. Section I presents a brief demographic overview of the selected countries. Section II discuses the national infrastructures dealing with aging in those countries, while section III describes the overall living conditions of the elderly in section IV are discussed the national policies aging. The status of international cooperation in the field of aging is taken up in section V. Finally, conclusions and recommendations are spelt out in section VI.

I. Brief Demographic Overvies of Aging Population (60+)

According to population estimates by the Federal Office of Statistics in Lagos, 4.54% of the population of Nigeria was 60 years of age and over in 1985, consisting 5.1% of the rural and 3.79% of the urban population.

In Mali, according to the census of 1976 which was published in 1985, the elderly - those 60 years of age and over - were 6.25% of the total population of the country. They constituted 6.64% of the rural and 4.34% of the urban population of Mali.

Quoting the Central Statistical Authority in Addis Ababa, the study on Ethiopia states that in 1989 the aging constituted 6.2% of the total population of Ethiopia. They constituted 6.5% of the rural and 4.5% the urban population.

According to the 1983 census which was published in 1989 the elderly in the Sudan were 4.72% of the total population. Of the rural population, 4.86% were 60 years and over, while the elderly made up 4.19% of the urban population.

Projections based on the 1978 national census maintain that 4.3% of the total population of Tanzania is aged 60 and over in 1990. Similarly, the 1985 Census in Burkina Faso estimates that 6.16% of the total population of that country would be 60 years and over in 1990. The country studies for both Tanzania and Burkina Faso do not give the rural-urban distribution of the elderly. But, there is no ground for assuming any divergence between the ratio of rural-urban distribution of the elderly in these two countries on the one hand and the other four countries mentioned earlier, i.e. that the majority of the elderly lives in the rural areas. This situation also conforms to the usual patterns of demographic structures and modes of living in the developing countries.

it is apparent that the situation of the aging populations in Africa does not pose a serious problem at the present time. But this state of affairs cannot continue indefinitely. According tot he United Nations Global Estimates and Projections of Population of Sex and Age (1988 Revision) the absolute number of the elderly (60+) in each of the six countries will almost double by the year 2025, and will constitute a high percentage of the total population.

The rural - urban migration which is already underway in African countries would probably be accelerated by further socio-economic transformation, expansion of the educational system and urbanization. Since such migration is usually selective, drawing better educated and able-bodied males from the rural into urban areas, its implication for the traditional extended family and community support for the elderly is obvious. Those remaining behind in the rural areas would most likely be illiterate old persons and dependent children.

These two significant trends - the increasing proportion of the elderly and the rapid rate of rural-urban migration - make it imperative for governments and societies in general to begin taking steps now with a view to having some of the necessary infrastructures in place enabling them to deal with the situation effectively when the needs become more acute sometime in the not too distant future. In this regard, the six countries with which this paper is dealing are cognizant of this fact, and to the extent possible, are in the process of formulating policies and laying the foundation of the necessary infrastructures in anticipation of the tasks ahead as the following remarks will show.

II. National Infrastructures Dealing with Aging in Nigeria, Mali, Ethiopia, Sudan, Tanzania and Burkina Faso

The Government

The six countries have participated in and accepted the recommendations of the world Assembly on Aging which was held in vienna in 1982 as well as the vienna Plan of Action which emerged from it. Similarly, with the exception of Sudan, they have participated in the African Conference on Gerontology which was held in Dakar in December 1984 and have adopted the recommendations resulting therefrom. Yet, none of these countries has so far created a special state organ or ministry exclusively charged to deal with the specific needs of the elderly. The view that old people and their problems are adequately taken care of by countries both at the level of society and Government. There are, however, various ministries and agencies which do contribute, directly or indirectly, to the welfare of the elderly.

In Nigeria, for instance, the Ministry of Social Development, Youth, Sports and Culture (now culture and Social Welfare) shows concern and commitment to the alleviation of the misery of the destitute and the handicapped. It is recognized that some of the elderly belong to this category of the population. In this regard, the Ministry declared in the Fourth National development Plan (volume 1, p.312), that "The process of social transformation has brought in its wake the weakening of the system of informal social security based on kinship obligations and extended family ties particularly among youths in the urban centres. This has led to increasing number of destitute and handicapped all over the country roaming the towns and cities". Although the Ministry's concern is clear, financial and other constraints severely limit its ability to help. It must be pointed out in this connection that the Government of Nigeria has established only one Old People's Home which is located in Yaba, Lagos.

The Nigerian Ministry of Health benefits the elderly indirectly through its Basic Health Service Scheme (BHSS) which is population. The Department of Population Activities within the Ministry is, however, engaged in doing research, generating and analyzing data about the elderly (60+).

The Ministry of Education, through its adult education programme, endeavours to promote literacy among adults, including the elderly.

The State Governments limit their activities in the field of aging to the provision of inadequate yearly subsidies to voluntary organizations providing welfare services.

In Mali, the Ministry of Public Health and Social Welfare has been charged to undertake a study on the socio-economic and health conditions of the aging. To this end, a study entitled "Formulation and Implementation of An Experimental Policy to Benefit the Elderly "has been completed in cooperation with the International Centre of Social Gerontology and the Institute of Health and Development in Paris. The result of the study will be discussed in a national seminar and its recommendations presented to the Government.

Another multi-disciplinary study "Research on Intergenerational Communication in a Changing culture for Better Understanding the Social Problems of the Elderly" is being carried out in cooperation with the Ludwig Beltzmann Institute of Gerontology of Vienna, Austria.

In Ethiopia, the national organ charged with conducting studies on the aging is the Rehabilitation Agency of the Ministry of Labour and Social Affairs. The agency is also mandated to take steps in cooperation with other Government departments to expand services for those elderly without means of support; and to supervise, support and coordinate the activities in this field of private welfare organizations. The agency is running two Old Peoples Homes - the Abraha Bahta Home in the city of Harar and the Beteselehome Home in Debre-Libanos, 108 kms. north of Addis Ababa - with a total resident population of 313 persons with no families to support them. Furthermore, it encourages the aging to stay with their families by providing support to some of them while they remain in the family environment.

The national primary health care scheme of The Ministry of Public Health which is aimed at the entire population, including the elderly, as well the successful adult literacy campaign of the Ministry of Education, are benefiting the elderly in Ethiopia.

similar situations exist in Sudan as well. Re solution number 374 of the Council of Ministers of November 1, 1987 makes The Ministry of Health and Social Welfare "responsible for taking care of and rehabilitating " several categories of people, including the Agencies in Sudan (January 10, 1988) also makes the Ministry the focal point in all matters relating to the well-being of the elderly. The Ministry is fully, committed to the provision of services to the elderly within the family and community environment, while running currently 5 old peoples' Homes in different parts of the country for homeless elderly persons with a total resident population of 155.

In Tanzania, welfare activities for the aged were essentially based on voluntary efforts, supervised by local authorities. In 1972, these were put under the Central Government. The

Department of Social Welfare, which was given the responsibility, provides services to the aged in their own homes as well as in the special homes run by the Department.

Aged persons living on their own or with relatives could receive assistance in the form of funds to start small businesses, while those who have no capacity for business may receive food, clothing and other basic needs. Both types of assistance could be obtained from the 20 Re Regional Welfare Offices in the country. currently, The Department of Social Welfare is maintaining 400 aged persons in this way.

Those aged persons with no homes or relatives able to support them are cared for by the Department in Geriatric Homes. There are 20 such homes in the country with 2,549 elderly residents.

Burkina Faso, on the other hand, does not have a specific policy directed towards the elderly. since 1987, however, the Government has set up a State Secretariat for Social Action (SEAS) with responsibility to identify the major social and cultural constraints which inhibit effective participation in national development. The main activity of The Secretariat is in the field of family planning. It, nevertheless, supports the activities of non-governmental organization to benefit the elderly. It attempts to provide relief supplies and medicines too those handicapped and aged persons in their regular places of residence, especially in the provinces. The Secretariat is planning together with other agencies, to build some Homes for homeless beggars and for the elderly.

Non-Governmental Organization (NGOs)

In Nigeria, non-governmental organizations, both foreign and national, do more for the specific needs of the elderly than the government. All the Old Peoples' Homes, for example, with the exception of the one at Yaba, Lagos, are owned and managed by NGOs, particularly church organizations, and financed by voluntary donations.

In Mali, on the other hand, there is no NGO which has activities in the field of the problems of the elderly. There is one welfare association whose assistance is directed only to one category of the elderly. It is the Centre for Assistance to Elderly and Lonely Victims of Leprosy, opened in 1986 by the Malian Association of Raoul Follereau (AMRF).

In Ethiopia, some Peasants Producers Cooperatives, such as the Yetnora in Eastern Gojam Province, are currently providing many services for their aging members. The Proclamation establishing Peasants Associations requires that the Associations cultivate the plots of land belonging to old/invalid members and to give the proceeds therefrom to the latter. Some of the urban areas, too, have embarked on similar activities to care for the elderly. Mother Theressa's Missionaries of Charity also has been providing humanitarian services to needy persons, including the elderly, since 1973.

Most of the NGOs in sudan carry out their activities among the displaced persons which in 1987/88 numbered almost 7 million according to the census taken by the Commission for the Displaced and by the Relief and Rehabilitation Commission of the country. It is reasonable to assume, therefore, that the elderly among the Displaced are cared for by these NGOs.

There is one NGO, however, which is specifically directing its assistance to the aged among the displaced persons. It is Help the Aged (U.K.). This NGO is providing medical and ophthalmological care only to the elderly. furthermore, it has rebuilt and re-equipped some Old Peoples' Homes and is training the staff servicing these Homes.

There are also in Sudan important indigenous NGOs such as the Sudan Council of Churches (SCC), the Islamic African Relief Agency (IARA), the Dawa Islamia, the El-Daw Hajouj, etc., which benefit the elderly.

In Tanzania, voluntary Agencies strongly supplement one efforts of the Government. There are 24 Geriatric Homes with 4710 residents run by Voluntary Agencies, mostly missionaries. The latter receive yearly subventions from the state which has declared the care of the disabled and the aged a national responsibility.

Although concrete data are unavailable at the moment, there are indications that there are several centres, run by missionaries, in Burkina Faso where handicapped and elderly persons are received and cared for. There is one centre, however, which is well known. The Delwende centre receives and cares for persons who are excluded from their own community as victims of the tradition which accuses as witches and sorcerers those who have lost members of their family in suspicious circumstances. The centre which is run by catholic missionaries receives support from the state through the State Secretariat for Social Action of the country.

Centres Carrying Out Research on the Elderly

As regards research on the problems of the elderly, Nigeria and Mali are far ahead of the other four countries in this report. The Department of Population Activities in the Nigerian Federal Ministry of health Serves as population information network and data bank. Institutions of higher learning in Nigeria also carry out research on various aspects of aging.

In Mali, the National Research Institute for Public Health and the National Directorate of Social Affairs collaborate in studying the socio-economic and health conditions as well as other problems of the elderly.

There are no centres engaged in research on the problems specific to the elderly in Ethiopia, Sudan, Tanzania and Burkina Faso.

Associations of Retired People

In Africa, usually, the formation of associations as formal organs is alien to traditional culture. Traditional communities have in-built associations known as age-grade or categories, and formal associations are mainly found in urban areas.

A national union of pensioners exists in Nigeria with branches at the state and local levels. There is also the Nigerian Legion, an association of ex-service men.

In Mali there are seven associations of retired peoples each with exclusive membership. They are the Associations of : Retired Civilians and the Widows of Retired Persons; Retired Railway Workers; Retired Workers of Poss, Telecommunication and Transport; Retired Civil Aviation and Meteorological Workers; Retired Workers of Public health and Social Affairs; Retired Workers of the National Institute of Social Security (I.N.P.S); Retired Teachers and other workers in the field of Education and Culture. These are in turn members of the National Federation of the Associations of Retired Persons which was created in July 1989.

There is the Association of Retired Civil Servants in Sudan, while such associations are non-existent in Ethiopia and Tanzania. There are, however, the Patriotic Association of Ethiopia which groups together the anti-Fascist veterans, and the Tanzanian Legion comprising of World War II veterans, which receive subsidies from their respective governments.

In Burkina Faso, there are the Associations of Retired Persons of Burkina Faso (ARBF) and the Association of Veterans, Old Soldiers and War Victims (AUAC AMVG). But, these go beyond the specific categories. By bringing together, the associations of women, youth, the elderly, retired persons, war veterans, etc., they evolve into political associations of the trade union type.

Training Institutions

The colleges of medicine train geriatricians in Nigeria while clinical students are given the opportunity of gaining work experience in the rural areas where most elderly live. Nurses in training are sometimes sent out to Old Peoples Homes to familiarize themselves with the specific problems of the elderly. Such specialized training aimed at the specific problems of the elderly do not yet exist in the other five countries - Mali, Ethiopia, Sudan, Tanzania and Burkina Faso.

III. The Overall Living Conditions of The Elderly

The Elderly and The Family

Nigeria, Mali, Ethiopia, Sudan, Tanzania and Burkina Faso, the principal subjects of this paper, have been experiencing during the last three decades, together with the rest of Africa, far-reaching economic, social and political changes as a result of forces generated internally and externally. According to western "modernization" theorists, when such changes occur traditional social bases begin to crumble, traditional social security system based on the extended family and the kinship group disappear, leading to the deterioration in the care and living conditions of the elderly.

This may be true for western industrial societies, in which, as Cowgill and Holmes noted in their review of aging and modernization, " the individualistic values system of western society tends to reduce the security and status of old people. But it is doubtful if it could hold for all societies and cultures. In fact, it could be argued that culturally-based national differences will persist among countries even if they happen to have attained the same level of industrialization. This becomes particularly evident when comparison is made between the living arrangements of the aged in highly industrialized Japan and those in the industrialized western countries less than one-quarter do so.

In the six African countries mentioned above as well as in the rest of Africa, the extended family, kinship groups and the community still remain the centre - piece in the care and support network for the elderly despite the fact that they have been exposed to the social, political and economic upheavals to which these countries have been and are being subjected. These traditional institutions owe their resilience, adaptability and efficacy under rapidly changing and challenging circumstances to the cultural values which determine the framework in which specific integrational roles, duties and obligations are carried out.

It is true that industrialization, urbanization and western type education, among others, have recently accelerated the movement of the young from the rural into the urban areas in search of wage employment and/or better educational opportunities. This has, in turn, created stresses and strains on the extended family system in its traditional rural setting, and on the role of the elderly within it. Land, which was key tot he economic power of the elderly, is not the most important source of wealth and status any more. The possession of cash has replaced land in that respect. And unlike land, cash is earned not by belonging to a given kinship group and on the basis of tribal law and custom. Wage labour in the modern industrial sector is entered into on the basis of a contract which derives its legitimacy from the modern legal system. Similarly, the state has taken over the socialization of the young through the modern educational system thereby depriving the elderly to some extent of their traditional monopoly as transmitters of the history, culture, skill and values of the tribe.

Nevertheless, on the basis of information gathered, the young persons moving from the rural into the urban areas still consider it their primary duty to see to it that the elderly members of the family which they had left behind are provided for. To this end, a portion of their earnings are sent to elderly parents at specific intervals. Periodic visits by the newly urbanized young persons to family members in the rural areas are also routinely made as a symbol of loyalty to one's original village and a concrete expression of continuing filial obligations. In other words, the physical distance between the village where the elderly were left and the urban centres to which the young offsprings migrated have greatly diminished intergenerational contact and intimacy but not the duty of the young to the elderly members of the family. The possibility exists, however, that the geographic distance which makes for infrequent visits, and the markedly different cultural and intellectual contexts which determine the outlooks of the urban dwellers and the rural folks could, over time, lead to the emergence of incompatible values between the two groups. This is however, unlikely, if the present could be regarded as reliable indication of future developments.

The newly-urbanized young couples invariably send their children home to the grand parents in the rural areas to be brought up there. Whatever may be the reasons for this on the part of the young parents, it affords the elderly and opportunity to continue their time-honoured role of transmitting the customs. history, wisdom and values of their forbears as well as the practical skills of the tribe to succeeding generations. Thus, the intergenerational symbiosis, which forms the foundation of the extended family and the kinship group, as well as the basis for the respect and difference shown to the elderly in general and to the latter's leadership role in the family in particular, continues to preserve the traditional system. further more, the presence of children and/or grandchildren in the house plays a critical role in supporting and caring for the elderly. It is they who do the cooking and washing as well as fetch water and fuel wood. Most importantly, by just being around, the children contribute greatly to the prevention of isolation and despair on the part of the elderly. In spite of all this, it is sometimes argued however that since old age is accompanied by general physical weakness which exposes the elderly to frequent and sometimes disabling ailments, neither the transfer of money nor the presence of children could replace the need for the able-bodied members of the family to take care of the elderly. This is a strong argument. But it could be countered by pointing out the possibility that the elderly might in fact have access to better health care which are usually available only in the urban areas precisely because they happen to have wage-earning relatives there.

The Elderly and the Community

In all African countries, the elderly constitute a particularly revered group because they combine secular and sacred roles. In their secular roles, they mediate social conflicts between members of the same family, between families and between groups on the basis of traditional law and customs. They also act as arbiters of cultural norms in their respective communities.

The sacred or ritual role of the elderly is an awesome one. Diverse events such as marriage, birth, circumcision, funeral, divorce, sacrifices, planting and harvesting times, etc., call for ceremonies which must be conducted by the elderly according to age-old procedures of which only they have the knowledge. They are also experts at traditional therapy when the physical or spiritual health of the community requires attending to. Moreover, as the representatives or even the embodiments of the ancestral spirit, the elderly are treated with deference and love land their benedictions are keenly sought by the community. Thus, the elderly constitute the vital centre around which the life of the community revolves and their traditional position of dignity and leadership is till maintained even in the urban environment.

The services available to the elderly in their communities are varied and many. To those elderly who have no family to support them and/or are, for one reason or another, unable to support themselves, the community in which they live extends various services, including food, shelter, clothing, and medical supplemented by young people taking turns to visit and talk to the elderly and to do household chores for them. Although some effort is deployed by formal and informal groups and organizations in the towns as well to provide a minimum amount of care for the elderly who have no family to support them, a lot more remains to be done. This is particularly true as regards the support and care of the unfortunate elderly who are forced to lead the desolate lives of mendicants in the towns and cities.

The Availability of Care for the Elderly And their Involvement in Obtaining them

In Africa the extended family and the community remain the most important institutions for the care and support of the elderly. Pension and social security schemes which are operated by the states are limited in their coverage to only those tiny minority who had wage-employment for a specified period of time in the public or private sector. Similarly, The Old Peoples' Homes serve only a minuscule segment of the total aging population and are resorted to only as a last resort.

The involvement of the elderly in obtaining the care available to them in the family and/or the community is, of course, determined by custom and tradition. The elderly carry out their multi-faceted roles as related above, while the family and the community discharge their responsibilities toward them. The process is smooth and continuous. Everyone fulfils his tasks on an automatic and non-self conscious manner.

When it comes to obtaining whatever care and support may be available outside the traditional framework, especially within the state sector, the elderly are totally out of their depth. The lack of adequate and precise information as to what are available and how to obtain them, the lengthy and complicated bureaucratic procedures make it quite difficult, if not impossible for the elderly to take even the first step. It is significant, therefore, that with the exception of Ethiopia, in many countries there are now established associations of retired persons which have

begun the dual task of promoting the interests of their members and informing them as to their rights and entitlement.

IV. National Policies to Help the Elderly

The population of Africa is relatively youthful and the traditional sub-national systems for the care and support of the elderly are still playing their role effectively. Aging or the problem of the elderly, therefore, is not one which has yet commanded the priority attention of the Governments of African countries. Consequently, there is no clearly formulated policy on aging in most of them. Analysis of the policies of the governments as they relate to the following fields of activities specifically of interest to the elderly will make clearer the absence of any coherent policy.

Housing and Environment

The rural elderly in many African countries mostly own their own houses and those living in the urban areas also make efforts to own their own places of residence. Those urban dwellers who can afford it also make it a point to build homes in the rural areas where they come rom. The governments do not have housing and environmental policies specifically directed at the elderly, but they do encourage traditional mutual self-help in constructing homes, including for the elderly.

In Mali, where more in depth study have been made in this respect, it is reported by Gaoussou Traore that the houses and furniture and the lightings used by the elderly do not always guarantee the best conditions for healthy living. Neither the Republic of Mali in its Urban Projects, nor the parastatal (S.E.M.A.) established by the government in 1962 in its housing policy, makes provisions in their construction designs for intergenerational living. Because of this, 18% of the elderly in Mali wish to have improvements in family contacts.

The governments do make efforts towards the provision of clean drinking water and electricity to the villages which, if realized, will contribute to the well-being of the elderly by improving the environment of the elderly. But improvement in the social environment is as important, if not more so, as improvements in the physical environment. Nothing is being done in this regard in these countries to create the necessary conditions and the proper social matrix to enable the elderly to feel totally integrated physically as well as spiritually, and free from idleness to feel productive and alive.

Health and Nutrition

It is often the case that disability increases with age. In Nigeria and Mali more elderly people living in the rural areas than those urban-dwelling elderly persons report some health problem. These problems usually consist of general weakness, vision impairment, bending,

arthritis, loss of hearing, digestive deficiency, etc. The elderly in the other four countries also could be assumed to suffer from the same problems although, not data is available for those countries at the present time. There is no health care scheme specifically directed to the elderly in any of the countries under discussion. Primary health care, which is aimed at the whole population is expected to benefit the elderly as well, however.

As regards nutrition, too, there are deficiencies, especially in protein, in all the countries. As in housing, the situation of the elderly in nutritional matters is determined by the economic situation of the community in which they happen to live. The six countries do not have any nutritional plans tailored to the specific needs of the elderly, and the resources at their disposal would not permit them to have one in the foreseeable future.

Information Programmes on Aging

There are generally no pre-retirement counselling in many countries except for the members of the Sudanese and Nigerian armed forces, in spite of the well-known fact that such counselling are essential in preventing post-retirement crisis.

Similarly, there are no programmes directed to the general public and particularly to the young sensitizing them to the needs of the elderly and to the valuable role they could continue to play.

Education and Literacy Programme

Except in Ethiopia, a successful programme of nation-wide literacy campaign does not exist in the other countries which had only limited campaigns from time to time. But, in none of the countries was three ever a literacy programme aimed specifically at the elderly. neither it known for a fact that literacy campaigns in any of the countries had increased the productivity, or enhanced the incomes, or lessened the idleness of the elderly population.

Legal Arrangements Enabling the Elderly to Carry Out Remunerative Activities

As was discussed in Part II of this paper, the African countries have a high youth dependency ratio. And as such, they need to make greater use of their retired people. Although Nigeria, mali and Sudan have raised the retirement age from 55 to 60 years, none has any legal provision to enable retirees to engage in remunerative activities. While in Ethiopia and Tanzania retirement is mandatory at 55, Burkina Faso has the lowest retirement age at 53. It must be emphasized, however, that none of these countries has laws specifically forbidding retirees from engaging in remunerative activities. But the opportunities are very limited.

To be re-employed by the governments, even on contract basis, is almost impossible because of the pressure from the unemployed youths. This leaves the private sector as a possible area of re-employment. But that sector is not only highly competitive but also prefers people who have connections in high places to use their channels to enhance the activities of the business concerned. Then the retiree must think in terms of starting his or her own business. In this, too, former senior civil servants and military officers stand a better chance because they are more likely to obtain bank loans which require reliable collaterals.

Thus, there are indications that in all the countries the situation favour retiring senior civil servants and military officers, and not the majority of retirees, who come from the rural areas and the informal sector.

The Social Security System

The studies confirm that there are, in all the countries, agencies of the governments charged with the administration of social security systems. But in all cases coverage is limited to those fortunate few who have been able to secure wage-employment in the private or public sector for the required minimum period prior to retirement, leaving more than 90% of the elderly out in the cold. Furthermore, even for those tiny segment of the elderly population that has been covered, pension benefits are so inadequate and are unrelated to rates of inflation that the retirees are compelled to search for some form of employment to enhance their income. They stop working only in case of severe illness or disability. given the few resources that are at the disposal of the Governments, it is difficult to imagine any improvement in the situation in the short term.

V. Status of International Cooperation in the Field of Aging

The African Conference on Gerontology, which was held in Dakar in 1984 had recommended the establishment of an African Society of Gerontology. Nothing has come out of that recommendation up to now. Therefore, intra-African cooperation is nil in the field of aging.

At the international level, there has been some concrete cooperation. The United States Agency for International Development (USAID) has sponsored the National Demographic and Health survey in Nigeria. The United Nations is supporting to the tune of 30 million dollars a study on the Socio-Economic Conditions and Health of the elderly in Mali, while the Paris-based Centre for International Gerontology and the Vienna-based Ludwig Boltzmann Institute of Social Gerontology are also collaborating in the effort. The United Nations Development Programme (UNDP) and the International Labour Organization (ILO) have provided the pension and social security authority of Ethiopia with technical assistance. Help the Aged (UK) has just begun a modest aid programme to the Sudan and Tanzania in the field of aging. There are several organizations such as the International Federation on Aging, the Centre for Policy Analysis and

Research , the Arab Association For Aging which share ideas with these countries by sending their publications to the relevant agencies.

VI. Conclusions and Recommendations

At the outset of this paper, it was stated that although only six country studies - Nigeria, Mali, Ethiopia, and Sudan - are examined, the similarity among African countries in terms of culture, stages of socio-economic and political development, geo-ecological factors, availability of human and material resources are such that some tentative generalizations could be formulated about the situation of the aging population in Africa as a whole on the basis of the six studies. Likewise, available data suggest that the basic social serviced needs of the elderly are, more

often than not, quite similar. It is with this in mind that the following general conclusions and recommendations are made.

Conclusions

1. The elderly (60+) constitute a small percentage of the African population, but all indications are that in the next three decades their absolute number and as proportion of the total population will grow progressively, resulting in a significant shift in the continent's demographic structure by 2025.

2. Population aging comes about when societies shift from high to low levels of mortality and fertility. In today's developed regions, such a shift took place in response to internally-generated improvements in socio-economic and health conditions of the populations. Mortality and fertility declines took place simultaneously, albeit at differing rates, over a long period of time, in a condition of rising prosperity and general economic expansion. It was therefore not difficult to provide employment for those in the active age-group while taking care of the youth and the elderly.

3. The process of population aging in Africa is following the opposite sequence. Mortality is rapidly declining not in response to internal dynamics, but as a result of the introduction of disease control technology from the developed countries. Fertility rates, which could not be so easily influenced by exogenous intervention, however, remain unaltered or decline at a much slower pace. Consequently, the aging of population is setting in while the 0-14 age group is on the increase, leading to high total dependency ratio. And this is happening in a continent where increasing deprivations rather than expanding economies are the salient features.

4. There are no national infrastructures or programmes specifically aimed at the needs of the elderly in most African countries. Social security covers only a tiny percentage of the

elderly, benefits are too small and unrelated to the cost of living. The elderly are thus forced to work to augment their pensions. Those Ministries and Agencies whose activities marginally benefit the elderly are weak in terms of organization, staffing and resources. Foreign and national Non-Governmental Organizations are doing more in the field of aging than the Governments..

5. The extended family and the community still remain the most important institutions for the care and support of the elderly. Institutionalized care is very rare and used only as last resort for the homeless elderly.

6. The rural-urban migration by the young has not attenuated the traditional filial obligations. Except in a few exceptional cases, the newly urbanized young continue to care for and support the elderly members of the family remaining in the rural areas by remitting to the latter a sum of money and some items which are unavailable in the rural areas. The amount of these remittances are of course determined by the income of the offspring. The position and leadership role both within the family and the community are still preserved.

7. The preponderant majority of the elderly population lives in the rural areas while only a tiny fraction is found in the urban areas. Concentrated in the rural areas, being mostly illiterate and lacking effective organization, the elderly in Africa have not yet attracted the serious attention of their governments. Consequently, in most African countries, there are neither centres carrying out research on aging, nor clearly formulated national policies regarding housing and environment, health and nutrition, information, educational and literacy programmes to benefit the elderly.

8. International cooperation in the field of aging is only beginning. At present, NGOs seem to be doing much more than intergovernmental organizations. There is very little, if any, intra-African cooperation.

Recommendations

1. Since mortality is rapidly declining, measures must be taken by African countries to bring about a faster rate of decline in fertility so that total dependency ratio would be less than what is currently being forecast. This will certainly be difficult to achieve unless those conditions which promote fertility decline - progressively improving socio-economic and health conditions, rising standards of living, rapid industrialization as well as the spread of industrial and urban cultures - are first created. It is imperative therefore to mobilize internal and external resources with a view to reversing the present bleak socio-economic and environmental trends, while pursuing vigorous population control policies.

2. The quality of the demographic data generated by African countries, especially those on the elderly, leaves much to be desired. It is therefore necessary to establish on priority basis multidisciplinary centres to carry out in depth research and analysis on the problems of aging. Such centres could be part of an existing institution such as the national universities to minimize cost. Their area of research focus should be determining: the number, sex and geographical distribution of the elderly; the kind and quality of care and support given by the family and the community; the hosing, health and nutritional needs of the elderly; their role and status in the family and the community; the specific needs of the elderly widows and widowers; the views of the elderly as to what they consider their essential needs, their priorities and their suggestions as to the best and cost-effective ways of satisfying those needs; their income and educational level.

3. national policies to benefit the elderly should be conceived not in terms of grand but unattainable intentions, but as realistic, low-cost, low-technology projects. The elderly must be involved at all stages of policy formulation, planning and implementation.

4. The educational systems and values must be re-oriented in such a way that young people would learn to think in terms of community interests and to develop ambitions to be educated modern farmers. This would retard the out-migration of young people and strengthen the traditional support network for the elderly within the regions of their habitual residence.

5. The family, the community and the population at large must be educated to the biological and psychological needs of the elderly. The news media, including television, could play a critical role in this regard. This must be priority task for policy makers and could be accomplished at low cost with very high pay-off.

6. Families and communities must be encouraged to continue their traditional role of caring for and supporting the elderly. Such encouragements could be given through tax rebates, disability allowances or exemption from certain obligations such as military service, etc.

7. Associations of retired workers and other senior citizens must be encouraged to be more active at the levels of policy formulation and implementation.

8. The elderly should be assisted to engage in income-enhancing activities. Easy to use and light implements would be most appropriate. Bee-keeping and fish farming are such easy but income-generating occupations in which the elderly could easily participate. Likewise, a lot could be achieved in terms of income and in preventing demoralizing idleness by introducing the elderly to modern but technologically uncomplicated small scale and cottage industries..

9. Primary health care workers as well as the traditional health workers in the villages should be given some training in the health and nutritional needs of the elderly, while

medical schools and nursing schools begin introducing geriatrics training into their curricula.

10. All government housing schemes, if any, must make some provisions which would preserve the independence of the elderly while permitting inter-generational contact.

11. The expertise of the elderly in socializing the young and in community development must be fully utilized. The news media also could avail themselves of the services of the elderly as commentators and story tellers to enhance the image of the elderly nationally while augmenting their incomes.

12. Every effort must be deployed to integrate the elderly into the family-community milieux. Even for those without families to support them, it is preferable to provide shelter and other necessities within communities. Institutionalization must remain a solution of last resort.

13. National Commissions on Aging should be established. Their membership extending all the way from Government officials to NGOs, business and academic personalities to representative of senior citizens, their task would be the coordination of all activities aimed at benefiting the elderly. Given Africa's present economic difficulties, the Commissions' budget would have to come from national and international voluntary contributions.

14 The Governments also must undertake some projects in favour of the elderly. These could be modest in terms of the expenditures involved, but continuity is important. It is therefore necessary to have a section dealing with the welfare of the elderly in the national plan.

15. Access to credit facilities, on concessionary terms if possible, would permit the elderly to continue productive participation in the national economy, especially in rural development.

16. Workshops, seminars, symposia, etc. should be held at the levels of the sub-regions and at the regional level in order to establish definitively the similarities and differences among countries within each sub-region as well as among the sub-regions of Africa with a view to elaborating a set of guidelines for policy formulation, implementation and evaluation specifically suited to the situation of aging in Africa.

17. It is essential that international, regional and non-governmental organizations support these activities as well as the establishment of an African Institute on Aging.

ANNEX I

Percentage distribution of persons per household by age group sex and states 1984/85

RURAL

AGE GROUP / STATES &	0 - 4			5 - 14			15 - 29			30 - 44			45 - 59			60 AND OVER			GRAND
SEX	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	MASC.	FEM.	TOTAL	MASC.	FEM.	TOTAL	TOTAL
ANANBRA	7.46	6.59	14.05	15.91	17.55	33.46	7.01	13.46	20.47	5.42	9.80	15.22	6.31	5.30	11.61	2.91	2.28	5.19	100.00
BAUCHI	7.98	7.69	15.67	14.30	11.11	25.49	9.12	13.33	22.45	8.08	7.93	16.01	4.21	2.13	6.34	2.13	11.91	14.04	100.00
BENI	5.83	5.83	11.66	19.39	17.12	36.50	9.17	11.82	20.99	4.21	9.27	13.48	6.58	4.83	11.41	3.72	2.24	5.96	100.00
BENUE	8.55	9.52	18.07	17.79	14.50	32.29	6.74	11.52	18.26	6.20	9.75	15.95	5.84	4.83	10.67	2.63	2.13	4.76	100.00
BORNO	8.36	8.26	16.62	13.93	12.77	26.70	9.55	13.05	22.60	8.86	10.94	19.80	5.07	4.33	9.40	3.59	1.29	4.88	100.00
CROSS RIVER	7.26	6.99	14.25	17.87	16.25	34.12	9.66	11.04	20.70	6.51	9.74	16.25	6.10	5.48	11.58	1.62	1.48	3.10	100.00
GONGOLA	6.87	7.48	14.35	13.33	13.20	26.53	10.19	15.31	25.50	8.34	10.11	18.45	5.03	4.72	9.80	3.26	2.11	5.37	100.00
IMO	7.32	8.52	15.84	15.60	14.60	30.20	9.11	14.12	23.23	5.00	9.01	14.01	5.74	6.02	11.76	2.93	2.03	4.96	100.00
KADUNA	8.45	8.01	16.46	15.76	14.21	29.97	10.26	13.13	23.39	7.44	9.37	16.81	4.61	3.43	8.04	3.30	2.03	5.33	100.00
KANO	8.11	8.43	16.54	11.62	11.06	22.68	11.57	14.33	25.90	7.99	12.00	19.99	7.17	3.23	10.40	2.58	1.91	4.49	100.00
KWARA	7.18	7.07	14.25	19.15	14.44	33.59	6.38	10.22	16.60	6.95	11.86	18.81	5.78	5.17	10.95	2.87	2.93	5.80	100.00
LAGOS	6.30	5.53	11.90	16.88	13.14	30.02	10.61	11.83	22.44	8.86	9.46	18.32	4.28	5.96	10.24	4.86	2.22	7.08	100.00
NIGER	7.28	7.07	14.35	17.63	11.08	28.71	8.57	14.39	22.96	7.85	10.59	18.44	4.14	3.71	7.85	5.24	2.24	7.69	100.00
OGUN	5.51	5.27	10.78	14.49	15.22	29.71	7.27	7.28	14.55	6.24	11.42	17.66	9.07	6.88	15.95	4.48	2.36	6.84	100.00
ONDO	6.66	6.04	12.70	16.21	15.49	31.70	9.50	10.22	19.72	6.12	10.77	16.89	6.29	5.86	12.15	4.48	2.36	6.84	100.00
OYO	5.96	6.67	12.63	18.51	15.58	34.09	8.20	6.93	15.13	4.04	10.49	14.53	6.47	6.67	13.14	6.85	3.63	10.48	100.00
PLATEAU	8.75	8.20	16.95	17.91	13.74	31.65	7.26	13.70	20.96	8.23	10.86	19.09	5.12	2.90	8.02	2.02	1.31	3.33	100.00
RIUERS	6.94	8.81	15.75	16.05	15.57	31.62	12.36	13.26	25.62	7.54	8.17	15.71	4.14	3.72	7.86	1.58	1.84	3.42	100.00
SOKOTO	8.27	7.54	15.81	15.07	12.33	27.40	12.09	15.13	27.22	9.35	7.87	17.22	3.98	3.46	7.44	3.08	1.83	4.91	100.00
TOTAL	7.60	7.66	15.26	15.78	14.23	30.01	9.37	13.42	22.79	6.93	9.87	16.80	5.59	4.45	10.04	3.09	2.01	5.10	100.00

Source: Social statistics in Nigeria 1985 Federal Office of Statistics Lagos. Federal Republic of Nigeria 1985.

ANNEX II

Percentage distribution of persons per household by age group sex and states 1984/85

URBAN

AGE GROUP / STATES &	0 - 4			5 - 14			15 - 29			30 - 44			45 - 59			60 AND OVER			GRAND
SEX	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	MALE.	FEM.	TOTAL	MALE	FEM.	TOTAL	MALE	FEM.	TOTAL	TOTAL
ANANBRA	7.76	7.44	15.20	15.98	16.84	32.82	12.97	14.87	27.84	7.25	7.16	14.41	4.50	2.79	7.29	1.59	0.86	2.44	100.00
BAUCHI	10.29	10.55	20.84	14.95	15.21	30.16	9.37	13.05	22.42	8.20	8.73	17.01	4.99	2.40	7.39	1.55	0.62	2.18	100.00
BENI	8.76	9.96	16.72	17.15	15.09	32.24	13.48	14.53	28.01	7.94	6.52	14.46	3.67	2.35	6.02	1.SO	1.05	2.55	100.0
BENUE	10.71	9.73	20.44	15.69	15.17	30.86	10.93	14.97	25.80	8.61	7.23	15.84	3.14	1.68	4.82	1.20	1.04	2.24	100.00
BORNO	8.57	8.52	17.09	15.21	11.68	26.89	11.78	15.03	26.81	9.75	10.73	29.48	5.09	1.98	7.07	1.45	1.21	2.66	100.00
CROSS RIVER	8.30	8.18	16.48	20.16	18.40	38.56	8.00	7.26	15.26	11.12	9.23	20.35	4.76	2.41	7.17	1.19	0.94	2.18	100.00
GONGOLA	9.62	8.77	18.39	14.46	12.13	26.59	13.08	16.21	29.29	9.83	8.03	17.86	3.57	1.81	5.38	1.48	1.01	2.49	100.00
INO	7.57	8.60	16.17	17.89	16.76	34.56	12.93	14.18	27.11	7.41	6.77	14.18	4.73	1.86	6.59	0.83	0.56	1.39	100.00
KADUNA	9.32	10.11	19.43	16.67	14.11	30.78	10.01	14.70	24.71	8.43	7.66	16.09	4.26	1.88	6.14	1.54	1.31	2.85	100.00
KANO	9.67	8.99	18.66	16.56	14.69	31.25	10.62	12.04	22.66	6.48	8.55	15.03	4.44	3.37	7.81	3.55	1.04	4.59	100.00
KWARA	8.00	6.32	14.32	17.72	14.99	32.71	8.84	10.66	19.50	9.49	12.99	22.48	5.12	4.15	9.27	0.80	0.84	1.72	100.00
LAGOS	6.92	7.24	14.16	12.57	13.65	26.22	16.42	15.17	31.59	10.68	8.70	19.38	4.32	2.63	6.95	0.93	0.77	1.70	100.00
NIGER	10.83	8.80	19.63	14.73	13.30	28.03	11.51	16.84	28.45	9.59	7.83	17.42	3.39	1.31	4.70	1.44	0.33	1.77	100.00
OGUN	7.63	8.22	15.85	14.74	11.68	26.42	8.15	9.46	17.61	6.71	9.77	16.48	6.15	7.29	13.44	4.76	5.44	10.20	100.00
ONDO	7.90	6.64	14.54	14.51	15.82	30.33	9.85	12.20	22.05	7.06	10.69	17.75	4.13	4.75	8.88	3.57	2.88	6.45	100.00
OYO	6.30	5.02	11.32	17.09	15.05	32.14	13.12	10.08	23.20	4.53	8.95	13.48	5.08	6.05	11.13	4.36	4.37	8.73	100.00
PLATEAU	9.04	9.28	18.32	16.26	14.43	30.69	10.50	15.17	25.67	8.02	8.74	16.76	4.61	1.68	6.29	1.51	0.76	2.27	100.00
RIUERS	7.11	6.70	13.81	17.64	17.40	35.04	12.41	12.22	24.63	8.10	9.13	17.23	4.42	3.06	7.48	1.24	0.57	1.81	100.00
SOKOTO	9.43	8.44	17.87	16.20	12.93	29.13	8.92	16.37	25.29	9.04	8.53	17.57	4.45	2.53	6.98	1.91	1.25	3.16	100.00
TOTAL	8.10	7.59	15.69	16.04	14.75	30.79	11.86	12.96	24.82	7.78	8.92	16.70	4.54	3.49	8.03	2.25	1.72	3.97	100.00

Source: Social statistics in Nigeria 1985 Federal Office of Statistics Lagos, Federal Republic of Nigeria 1985.

ANNEX III

Population Aged 60 and Over in Mali by geographical Distribution

Age Group	Total Number			As Percentage of Population		
60 and Over	Mali	Urban	Rural	Mali	Urban	rural
	399,618	46,717	352,907	6.25	4.34	6.64

Source: Census of 1976 published in 1985.

ANNEX IV

Aging Population (60 and Over) in Mali: Distribution by Sex and Geography

RURAL				URBAN			
Age	Male	Female	Total	Age	Male	Female	Total
60	0.71	0.91	1.62	60	0.34	0.48	0.82
61	0.13	0.11	0.24	61	0.11	0.10	0.21
62	0.17	0.14	0.31	62	0.15	0.12	0.27
63	0.15	0.11	0.26	63	0.10	0.09	0.17
64	0.12	0.09	0.21	64	0.1	0.07	0.17
65	0.26	0.27	0.53	65	0.14	0.18	0.32
66	0.14	0.13	0.27	66	0.13	0.12	0.25
67	0.11	0.07	0.18	67	0.07	0.06	0.13
68	0.10	0.08	0.18	68	0.07	0.07	0.14
69	0.05	0.05	0.1	69	0.04	0.04	0.08
70	0.36	0.48	0.84	70	0.16	0.28	0.44
71	0.05	0.04	0.09	71	0.04	0.04	0.08
72	0.06	0.05	0.11	72	0.05	0.05	0.1
73	0.04	0.03	0.07	73	0.03	0.03	0.06
74	0.04	0.03	0.07	74	0.04	0.02	0.06
75	0.11	0.11	0.22	75	0.05	0.08	0.13
76	0.08	0.08	0.16	76	0.07	0.1	0.17
77	0.03	0.02	0.05	77	0.02	0.02	0.04
78	0.05	0.04	0.09	78	0.04	0.04	0.08
79	0.02	0.01	0.03	79	0.01	0.01	0.02
80	0.19	0.26	0.45	80	0.06	0.01	0.02

81	0.01	0.01	0.02	81	0.01	0.01	0.02
82	0.02	0.02	0.04	82	0.01	0.01	0.02
83	0.01	0.01	0.02	83	0.01	0.01	0.02
84	0.01	0.01	0.02	84	0.01	0.01	0.02
85	0.04	0.04	0.08	85	0.01	0.03	0.04
86	0.01	0.01	0.02	86	0.01	0.02	0.03
87	0.01	0.01	0.02	87	0.01	0.01	0.02
88	0.01	0.01	0.02	88	0.01	0.01	0.02
89	0.01	-	0.01	89	-	-	-
90	0.06	0.07	0.13	90	0.02	0.04	0.06
91	0.01	-	0.01	91	-	-	-
92	-	0.01	0.01	92	-	-	-
93	-	-	-	93	-	-	-
94	-	-	-	94	-	-	-
95+	0.09	0.10	0.19	95+	0.04	0.06	0.10
				N.D *	0.01	0.01	0.02

ANNEX V

Brief Demographic Overview of Ageing Population (60+) in Ethiopia

AGE GROUP	MALE	FEMALE	M+F	MALE	FEMALE	M+F	MALE	FEMALE	M+F
60 - 64	494,975	395,445	890,420	36,576	45,116	81,692	531,551	440,561	972,112
65 - 69	375,011	296,337	671,348	21,943	28,197	50,140	396,954	324,534	721,488
70 - 74	276,628	197,429	474,057	19,504	19,733	39,237	296,132	217,162	513,294
75 - 79	188,274	134,791	323,065	9,749	14,095	23,844	198,023	148,886	346,909
80+	255,665	187,207	442,872	19,498	22,549	42,044	275,163	209,753	484,916
Total 60-80+	1,590,553	1,211,209	2,801,762	107,270	129,687	236,957	1,697,823	1,340,896	3,038,719
% out of Total country	7.3 %	5.6 %	6.5 %	4.4 %	4.5 %	4.5 %	6.4 %	5.5 %	6.2 %
TOTAL COUNTRY	21,884,251	21,552,659	43,436,910	2,438,903	2,820,265	5,259,168	24,323,154	24,372,924	48,696,078

Source : Central Statistical Authority, 1989

ANNEX VI

Population by five year groups and sex, urban, rural and nomadic, 1983

SOUDAN

	TOTAL			URBAN			RURAL			NOMADIC		
Age in (years)	BOTH SEXES	MALES	FEMALES	BOTH SEXES	MALES	FEMALES	BOTH SEXES	MALES	FEMALES	BOTH SEXES	MALES	FEMALES
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALL AGES	20594197	10512884	10081313	4219826	2228350	1991476	14109541	7095714	7013827	2264830	1188820	1076010
0 - 4	2833939	1423309	1410630	584965	295933	289032	1959702	987959	971743	209272	139417	149855
5 - 9	3401373	1757625	1643748	604282	304476	299306	2403366	1247576	1155790	393725	205573	188152
10 - 14	2829573	1505415	1324158	540669	275548	265121	1978901	1055790	923111	310003	174077	135926
15 - 19	2335549	1216307	1119242	523680	277867	245813	1565406	800294	765112	246463	138146	108317
20 - 24	1599359	781655	817704	414353	231387	182466	1022490	469860	553630	162516	68903	81608
25 - 29	1603025	722101	880924	368853	196241	172612	1060072	447100	612972	174100	78760	95340
30 - 34	1168578	532865	635713	247320	134209	113111	795438	336442	448996	135820	62214	73606
35 - 39	1265477	624181	661296	259049	139325	119724	880653	413256	467397	145775	71600	74175
40 - 44	907636	464286	443550	175389	97901	77488	618485	305960	312525	113962	60425	53537
45 - 49	754444	416795	337649	148763	81697	67069	521987	285813	236174	83694	49285	34409
50 - 54	587475	322423	265047	112393	61165	51228	405190	220064	185126	699892	41199	28693
55 - 59	315072	182820	132252	63287	35211	23076	219490	128144	91346	32295	19465	12830
60 - 64	355606	205100	150505	63486	35030	28386	250366	143707	106659	41773	26313	15460
65 - 69	194493	115603	79990	37510	21020	16490	136937	82004	54933	20046	12579	7487
70 - 74	181879	104702	77177	32634	17279	15405	128425	73829	54597	20770	13595	7175
75 - 79	83435	49296	34139	15594	8305	7289	59628	35553	24075	8213	5438	2775
80 - 84	74164	41967	32197	13238	6984	6254	53577	30326	23251	7349	4657	2692
85 - 89	24594	13857	10737	4751	2487	2264	17951	10303	7648	1892	1067	825
90 - 94	16923	9201	7722	3349	1832	1716	12140	6687	5453	1435	882	553
95 & over	10562	5892	4670	2230	1167	1063	7683	4276	3327	729	280	280
Not stated	30842	30842	13363	4082	2936	1566	21734	11772	9962	5106	2771	2335

Source: Census of 1983 published in 1989.

ANNEX VI I

Regional Distribution of the Aged and Children (Non-Working Population) in comparison to the Working Population Tanzani(1980 Projection Based on 1978 Census)

Region	Population of Non-Working Age		Working Age Population	Total
	0 - 14 Years	55+ Years	15 - 54 Years	
1. Arusha	439,085	992,519	420,842	1,852,446
2. Coast	220,546	108,885	227,155	329,658
3. D'Salaam	1,035,307	38,476	474,507	1,548,290
4. Dodoma	442,872	35,220	433,913	962,005
5. Iringa	457,284	60,579	407,181	925,044
6. Kigoma	308,567	50,579	289,963	649,109
7. Kagera	160,666	106,431	442,670	1,009,767
8. Kilimanjaro	132,481	77,784	380,414	590,679
9. Mara	360,992	55,828	307,007	723,827
10. Mbeya	505,115	82,634	492,415	1,080,164
11. Mtwara	321,234	36,223	378,248	735,705
12. Morogoro	411,771	79,738	447,755	939,264
13. Mwahza	677,576	103,661	546,142	1,327,379
14. Lindi	219,409	55,192	255,023	529,624
15. Rukwa	28,358	3,138	26,306	57,802
16. Ruvuma	260,192	44,824	256,556	561,572
17. Shinyanga	636,044	99,363	588,128	1,323,535
18. Singida	278,149	84,894	270,907	633,950
19. Tabora	363,048	73,846	381,013	817,907
20. Tanga	485,099	86,617	466,051	1,037,767

ANNEX VIII

Distribution of Aging Population(60 and Over) in Burkina Faso

	Male		Female		Total		Population	
Province	Population	%	Population	%	Population	%	Total	%
BAM	5,268	3.24	6,239	3.84	11,507	2.34	162,575	7.08
BAZEGA	10,298	3.39	12,235	4.02	22,533	4.59	303,941	7.41
BOUGOURIBA	5,121	2.32	6,546	2.96	11,667	2.38	220,895	4.7
BOULGOU	10,997	2.73	13,549	3.37	24,546	5	402,236	6.1
COULKIEMDE	12,688	3.47	14,945	4.10	27,633	5.63	365,223	7.56
COMOE	5,804	2.32	7,570	3.03	13,374	2.73	249,967	5.35
GANZOURGOU	6,606	3.38	7,350	3.75	13,960	2.84	195,652	7.13
GNAGNA	6,169	2.70	5,875	2.56	12,044	2.45	229,152	5.26
GOURMA	7,496	2.55	7,693	2.61	15,189	3.1	214,235	5.16
HOUET	12,414	2.13	13,039	2.24	25,453	5.2	581,722	4.37
KADIOGO	5,494	1.19	8,255	1.8	13,749	2.8	459,826	3.99
KENEDOUGOU	3,866	2.75	8,710	2.65	7,570	1.54	139,973	5.4
KOSSI	9,501	2.85	9,988	3	19,489	9.97	332,960	5.85
KOURITIENGA	7,127	3.6	8,311	4.20	15,428	3.15	198,486	7.8
MOUHOUN	8,625	3	9,382	3.25	18,007	3.70	288,735	6.25
NAHOURI	2,927	2.77	3,555	3.37	6,482	1.32	105,509	6.14
NAMENTENGA	5,420	2.72	5,870	2.95	11,290	2.30	198,890	5.67
OUBRITENGA	10,935	3.60	12,226	4	23,161	4.72	304,265	7.6
OUDALAN	2,715	2.56	2,620	2.48	5,335	1.1	106,194	5.04
PASSORE	8,404	3.75	8,641	3.86	17,045	3.5	223,830	7.61
PONI	5,983	2.54	6,463	2.73	12,406	2.53	235,480	5.27
SANMATENGA	11,982	3.26	13,071	3.55	25,053	5	367,724	6.81
SENO	6,451	2.82	6,943	3.03	13,394	2.73	228,905	5.85
SISSILI	5,816	2.37	5,978	2.44	11,735	2.39	244,919	4.81
SOUM	4,962	2.66	5,452	2.92	10,414	2.12	186,812	5.58
SOUROU	10,039	3.74	12,237	4.56	22,276	4.54	268,108	8.3
TAPOUA	3,666	2.37	3,925	2.47	7,591	1.55	158,859	5.07
YATENGA	20,077	3.74	23,422	4.36	43,499	8.86	536,578	8.1
ZOUNDWEGA	5,558	3.57	7,036	4.52	12,594	2.57	155,777	8.09
TOTAL	229,070		261,509		490,579		7,964,705	

Source: National Census of 1985.