

Population Aging and Informal Social Support: Towards Mobilizing Potentialities of Local Practices in African Societies

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Abstract:

Population aging poses a series of challenges across developing countries within the context of eldercare needs and services. This is mainly arising from acute shortage in the availability of formal protective measures. The situation across most African countries makes it imperative for alternatives in eldercare to be sought for as matter of urgency. For such alternatives to be effective, the issue of searching within existing cultures and similar practices from other societies can be a viable option. This paper maintains that, traditional practices can serve as sources of support which can be cross culturally adapted to suit the needs elderly persons across African countries. Throughout the paper the potentials of these sources in relation to need and challenges arising from population aging and elderly persons wellbeing are highlighted

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1.2. Challenges and Implications of Population Aging

Studies have indicated that across all the regions of the world, the elderly population is increasing rapidly and persons of the age grade of 65 years and above presently constitute the most significant portion of the world population more than any period

in history of human demography (Bloom, Canning, & Lubet, 2015; Bloom, Mitgang, & Osher, 2016). Further, the group will continue to expand in both absolute and relative terms in relation to the rest of the population. (Agarwal et al., 2016; Bloom, Chatterji, et al., 2016; Bremner et al., 2010; P. G. Lloyd-Sherlock, Ebrahim, McKee, & Prince, 2016; Strange, Bremner,

Fisher, Howat, & Wood, 2016; Yakubu, 2018).

Studies on the socio-economic impact of population aging have noted implications like rising wellbeing care costs and increase in demand for both formal and informal wellbeing care needs as the common consequences of population aging across human societies in all the corners of the world (Animasahun & Chapman, 2017). Given the ubiquity of population aging and increasing longevity, specific ways in which wellbeing in old age can be promoted are now of paramount concern to wellbeing professionals, researchers and policy makers worldwide (World Wellbeing Organization, 2015; Bloom, Chatterji, et al., (2015) capture what greying of the population implies as,

...challenges for countries' economies, and the health of older populations is of concern. Older people have greater health and long-term care needs than younger persons, leading to increased expenditure. They are also less likely to work if they are unhealthy and could impose an economic burden on families and society. Like everyone else, older people need both physical and economic security, but the burden of providing these securities will be falling on a smaller portion of the population (Lancet 2015: 385).

A fairly substantial body of knowledge supports the above position from studies on the challenges posed by changing population demographics. Such studies have noted that the demographic profiles of the 1990s are beginning to manifest in Africa. Even though Africa is yet to experience the full impact of the demographic transition (a period of declining birth and death rates), its elderly population is increasing rapidly (Chane &

Adamek, 2015; Nabalamba, A., & Chikoko, 2011).

Earlier studies (ONU, 2015 Amaike & Bammeke, 2014; Mba, 2007), pointed that the rise in the proportion of older adults in sub-Saharan Africa generally has serious implications for social support for the elderly over the coming years. The consequence of which means that families, policy makers and governments will need to confront a high increase in both the number and the proportion of older people in various countries. Importantly, a significant size of this segment may be without adequate care in later life, because the capacity of traditional social support systems to absorb this increase has been on the decline. A body of knowledge also exists showing the context within which population aging is occurring in Africa (Aboderin, 2012; Nabalamba, A., & Chikoko, 2011; Rowe, Fulmer, Jama, & Fried, 2016; Togonu-Bickersteth, 2014)). Common in these studies are that factors which might further compound issues of elderly wellbeing include the aging of African population occurring within a situation of economic strain and the threat of poverty. In addition, there is lack of access to formal income security and protection. Generally, these studies have explained that the life situations of older people remain precarious, because aging problems are seldom considered as important issues in the development agenda in many African countries. For example, in spite of the rapid economic growth, older adults have continued to exist in poor social and economic situations. As a result, most Sub-Saharan African countries are found in the bottom quarter of the older adult wellbeing index. Mauritius is ranked among the top ten overall ageing-friendly countries in the African region. South Africa is ranked 78

in the world, followed by Ghana 81 and Tanzania 91. Others are Mozambique 94 and Malawi 95; at the bottom five is Nigeria.

Building on the study by ILO (2010/11) that only an estimated 20 per cent of the world's working-age population and their families have effective access to comprehensive social protection, Mohanty (2011) suggests that since the provision of formal social protection is a common situation among developing countries due to policy deficits and low prioritization of the needs of older adults, there should be a focus on studies for alternative to address the gap by resorting to informal social protection.

2. Mobilizing Potentialities Informal Social Support

Informal social protection arises from values and norms of solidarity and supportive attitudes among group members (Bilecen & Barglowski, 2015; Sienkiewicz & Bilecen, 2015; Stavropoulou, Holmes, & Jones, 2017). Within a larger framework of social protection, it can be understood as a subset of coping strategies from which assistance is drawn for various purposes (Ayuso, Bravo&Holzmann, 2018; Yakubu & Aziz,2018). In this regard, informal social networks play a critical role in the availability of social protection. This is ensured through the structural set-up of social networks. Some authors (Devereux, S., & Getu, 2013; Devereux, Roelen, & Ulrichs, 2015; Steven Devereux, 1999) distinguish formal social Protection from informal social protection on the basis that the former is guided by economic and social principles and the latter religious and cultural principles, as well as community and family values.

An earlier primer study by Barrientos and Lloyd-Sherlock (2002) have noted that informal support networks provide social

protection for mostolder people in Africa. In this regard, children and the extended family have been the mainstay of traditional social protection systems. Their role has prevented large numbers of older people from sliding into destitution. In return, older people across most African communities perform care roles and pass on cultural knowledge to younger generations in their families and communities(Lloyd-Sherlock, 2000; Sadana, Blas, Budhwani, Koller, & Paraje, 2016). Similarly, other studies in the past (Caldwell & Caldwell, 1976; Delancey, 1990) recorded that informal support systems go beyond the extended family and also include benefits from membership of traditional solidarity networks, co-operative or social associations, such as burial societies, self-help groups and rotating savings and credit clubs, as well as cultural associations. However, studies (Faist & Bilecen, 2015; Kimani, Ettarrh, Kyobutungi, Mberu, & Muindi, 2012) have revealed that the effectiveness of these informal social protection systems is undermined by weak resource bases. They may therefore fail to adequately protect large numbers of older people from poverty. In addition, as noted throughout this paper review, the strength of familial and informal support systems has been diminishing across many countries for reasons associated with modernization already cited. Therefore, addressing the evident weakness by strengthening options in social protection programs is essential if Africa's older population is to be protected and cared for.

Studies on specific informal social protection practices from different religions and traditional practices across the globe offer further explanation into the relevance of these methods in protecting the elderly in addition to the

embeddedness in social capital. A primer study by Mpedi, (2008) postulated that majority of black Africans are guided by traditional values and symbols based on certain principles. In South Africa, for example,

the principle of ‘hlonipa’ (respect) requires individuals to respect one another during interactions. As such, children within the community are obliged to relate with old and senior members with complete respect. There is also the principle of ‘Simunye’, which refers to the spirit of oneness derived from traditional religious practices. Manifestations of Simunye include assistance to destitute family members if one has the subjective means to do so. Simunye as a principle also prescribes sanctions on any defaulter by risking the wrath of ancestors for abandoning responsibility. This rule has special regard to family members, parents and grandparents and its violation is believed to cause illness and bad luck. Similarly, the curse of an elderly person is feared by children, because it leads one to be socially ostracized. As such, in all circumstances the views of the elderly should be sought for and taken into consideration (Mpedi, 2008). The importance of this principle to old age care is the attachment to seniority. This aspect has the potential that can be mobilized towards further responsibility on the younger generation. This way, the availability of more support to the elderly can be secured.

Another dimension of the principle of simunye emphasizes group solidarity, with much concern on the welfare of vulnerable and weaker members of the community, family members, the sick and the aged. The term ‘‘Mokoduo go tsoiswa o itsosang’’ is an expression in Zulu that can be applied to offer support to those persons

who make attempts towards helping themselves (Mpedi, 2008). This also implies a potential that can be inclusive of the elderly in varied circumstances. Further, the principle of reciprocity guides Africans on norms of interpersonal behavior within families and among community members in native African societies. The principle of reciprocity is of great meaning in collaboration with other principles like respect and a higher sense of community (Mpedi, 2008). In Africa, reciprocity is a universal expectation that prevails in all communities (Mushunje & Kaseke, 2018). The principle can be extended to the good deeds on the elderly at different periods, occasions and reasons. A similar study by Biesele and Howell (1981) on the Hxaro system denotes a mutual exchange system that is both a source of social capital and socially supportive behavior found among the Ju/hoansi or Kung in the Kalahari Desert. Hxaro exchanges commence very early in a person’s life with close relatives in childhood. The system among the Ju/haonsi is a highly supportive framework for support to the elderly in later years. The elderly among Ju/’hoansi or Kung may have physical limitations, but they are frequently healthy and active contributors to their camps. Among various elderly roles, grandparents passed on the skills needed to take part in the hxaro system by giving away some of their possessions to foster social ties. The importance of the established relationship and delayed reciprocity is emphasized. As an individual becomes older and mobility decreases, spheres of Hxaro narrowed and upon death Hxaro partnerships were dropped or inherited by descendant (Meyer, 2018; Raufman, 2018) A recent study (Rahman & Yakubu, 2017; Yakubu, 2018), pointed another local elder

care practice from Nigeria known as the *Jeedopractice*. For more than two centuries, the *Jeedo* practice has served as social capital for elderly women. Over such period, the *Jeedo* has been the bases for coping, through the mobilization and investment of social capital in spiritual, self-help, networking, friendship, and reciprocity. Furthermore, the *Jeedo* practice is unique and peculiar practice to Bauchi Emirate in north eastern Nigeria , among elderly women in menopause. The *Jeedo* system constitutes a source of religious social capital embedded in social relations, and provides opportunities for trust, cooperation and mutual benefit. In addition to religion and spirituality, the *Jeedo* can serve as informal source of coping and assistance towards the wellbeing of the elderly women. Further , if support for the *Jeedo* practice can be restored, a significant number of elderly women can be preventing towards eventual drift into destitution.

Earlier, a primer study by Kaseke & Dhemba (2006) shows an African method of informal protection from Zimbabwe. The authors explained that the inadequacy of a formal social security system in Zimbabwe led to the rise of the non-formal social security arrangements. Such arrangements include burial societies and the “Zunde raMambo”. Both schemes address the needs of their members and can cater for them in old age. Both are informal safety nets with wider viability, coverage and protection to the vulnerable and the aged in communities across Zimbabwe. The *zunde* serves as an institution within the economic base of Zimbabwean society. It was created by traditional rulers to save their society against mishaps in the event of drought and famine. The collective nature with which the *zunde* is sustained portrays the

very nature African traditional socialism and high sense of community. The elderly, orphans, the disabled and members of the community in general were the beneficiaries (Kaseke, 2006a, 2013; Lunga & Musarurwa, 2016; Stavropoulou, Holmes, & Jones, 2017). Previous studies on the *zunde* have called for more studies to revive it for various purposes like women health care and girl empowerment. The model has recently been proposed as a social protection option in times of disaster for resilience among women in Zimbabwe (Mushunje & Kaseke, 2018). However, there is no evidence for a complete model of old-age care in relation to the *Zunde*.

Overall, the paper shows that the methods of the informal social protection strategies of elderly care vary in terms of the quality and dimensions of the care offered. The meaning attached to old age and how the elderly is valued form the motive behind each method and how it influences the dimension of care extended to them. As evident from the literature, while some of the methods rely on mutual exchange and offer material dimension of care, others are based on reciprocity. Some methods are more individualistic in approach, yet others are network-oriented. It is also evident that more can be mobilized in terms of social capital from some of the methods. Although a significant part of the literature on informal social protection (Barrington et al., 2018; Ramacake, 2010; Ratuva, 2006; Somogyi et al., 2015) was not specific on how social values extend care including its dimensions, a few other earlier studies like Biesele and Howell (1981) demonstrated, for example, how the Hxaro system operates a mutual exchange system that takes care of material dimensions. Similarly, the power of networking was presented by Mohanty (2011), and Hobbs

& Jackson (2016), noting how kinship networks are mobilized as social protection.

3. Conclusion and recommendation

In conclusion, a more responsive approach to population aging can be attained if informal social protection as a response to population aging can be mobilized based on evident limitations in the application of state-led welfare. Evidence from this paper indicates a general weakness in the practical application of the methods of old age care in Africa implying gaps in both policy and literature. Thus, there is the need for a deeper focus to uncover the actual sources of weakness in these methods and how to mobilize each for contemporary aging challenges.

Finally, since social values and traditional structures offer a wide range of options that can be mobilized towards more effective ways to cope with the challenges of aging, it is recommended that the elderly can be protected within traditional values, as noted in other societies. Generally, elements of social capital like reciprocity, networking, mutual exchange, goodwill, religious belief, religious participation, fellowship, sympathy and social intercourse are inherent concepts in these methods.

References

1. Aboderin, I. (2012). Ageing Africa: Opportunities for Development. *Global Population Ageing: Peril or Promise? Global Population Ageing: Peril or Promise?*, 161(242), 69.
2. Agarwal, Arunika, Lubet, Alyssa, Mitgang, Elizabeth, ... Bloom, D. E. (2016). *Population Aging in India: Facts, Issues, and Options*.
3. Amaïke, B., & Bammeke, F. (2014). Gender Differences in Seniors' Preferences and Expectations of Home Care in Lagos State, Nigeria. *The Journal of Aging in Emerging*

- Economies*, 4, 1-39., 4(1), 39.
4. Animasahun, V. J., & Chapman, H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: a narrative review. *African Health Sciences*, 17(2), 575–583. <https://doi.org/10.4314/ahs.v17i2.35>
5. Barrington, C., Gandhi, A., Gill, A., Villa Torres, L., Brietzke, M. P., & Hightow-Weidman, L. (2018). Social networks, migration, and HIV testing among Latinos in a new immigrant destination: Insights from a qualitative study. *Global Public Health*, 13(10), 1507–1519. <https://doi.org/10.1080/17441692.2017.1409783>
6. Bilecen, B., & Barglowski, K. (2015). On the Assemblages of Informal and Formal Transnational Social Protection. *Population, Space and Place*, 21(3), 203–214. <https://doi.org/10.1002/psp.1897>
7. Bloom, D. E., Canning, D., & Lubet, A. (2015). Global Population Aging: Facts, Challenges, Solutions & Perspectives. *Daedalus*, 144(2), 80–92. https://doi.org/10.1162/DAED_a_00332
8. Bloom, D. E., Chatterji, S., Kowal, P., Lloyd-Sherlock, P., McKee, M., Rechel, B., ... Smith, J. P. (2015). Macroeconomic implications of population ageing and selected policy responses. *The Lancet*, 385(9968), 649–657. [https://doi.org/10.1016/S0140-6736\(14\)61464-1](https://doi.org/10.1016/S0140-6736(14)61464-1)
9. Bloom, D. E., Chatterji, S., Kowal, P., Lloyd-sherlock, P., Mckee, M., Rosenberg, L., & Smith, J. P. (2016). Policy Responses, 385(9968), 649–657. [https://doi.org/10.1016/S0140-6736\(14\)61464-1](https://doi.org/10.1016/S0140-6736(14)61464-1). Macroeconomic

10. Bloom, D. E., Mitgang, E., & Osher, B. (2016). Demography of global aging. *IZA Discussion Paper Series*, (10164).
<https://doi.org/10.1007/s10273-011-1262-2>
11. Bremner, J., Frost, A., Haub, C., Mather, M., Ringheim, K., & Zuehlke, E. (2010). World Population Highlights :Population Reference Bureau. *Population Bulletin*, 65(2).
12. Caldwell, J. C., & Caldwell, P. (1976). Demographic and contraceptive innovators: A study of transitional african society. *Journal of Biosocial Science*, 8(4), 347–365.
<https://doi.org/10.1017/S002193200010853>
13. Chane, S., & Adamek, M. E. (2015). Factors contributing to elder abuse in Ethiopia. *The Journal of Adult Protection*, 17(2), 99–110.
<https://doi.org/10.1108/JAP-07-2014-0026>
14. Delancey, V. (1990). Socioeconomic consequences of high fertility for the family. *Population Growth and Reproduction in Sub-Saharan Africa*, 115–130.
15. Devereux, S., & Getu, M. (2013). *Informal and Formal Social Protection Systems in Sub-Saharan Africa - Google Books*. (M. Devereux, S., & Getu, Ed.). Addis Ababa and Kampala: OSSREA and Fountain Publishers.
16. Devereux, S., Roelen, K., & Ulrichs, M. (2016). Where Next for Social Protection? *IDS Bulletin*, 47(4).
<https://doi.org/10.19088/1968-2016.158>
17. Faist, T., & Bilecen, B. (2015). Social Inequalities Through the Lens of Social Protection: Notes on the Transnational Social Question. *Population, Space and Place*, 21(3), 282–293.
<https://doi.org/10.1002/psp.1879>
18. Holzmann, R. (2001). *Risk and vulnerability: the forward looking role of social protection in a globalizing world* (SP No. 23161). *World Bank Social Protection Discussion Paper* (Vol. 0109). New York.
19. Kimani, J. K., Ettarh, R., Kyobutungi, C., Mberu, B., & Muindi, K. (2012). Determinants for participation in a public health insurance program among residents of urban slums in Nairobi, Kenya: results from a cross-sectional survey. *BMC Health Services Research*, 12(1), 66.
<https://doi.org/10.1186/1472-6963-12-66>
20. Lloyd-Sherlock, P. (2000). Old Age and Poverty in Developing Countries, 28(12).
21. Lloyd-Sherlock, P. G., Ebrahim, S., McKee, M., & Prince, M. J. (2016). Institutional ageism in global health policy. *Bmj*, i4514.
<https://doi.org/10.1136/bmj.i4514>
22. Mba, C. J. (2007). Elder abuse in parts of Africa and the way forward. *Gerontechnology*, 6(4), 230–235.
<https://doi.org/10.4017/gt.2007.06.04.006.00>
23. Meyer, P. (2018). *Cooperation Without Coercion?Books.Google.Com*.
24. Mpedi, L. G. (2008). The Role of Religious Values in Extending Social Protection: A South African Perspective, (November 2005), 10–11.
25. Mushunje, M., & Kaseke, E. (2018). *Indigenous Social Security Systems*

- in Zimbabwe: Strengths, Challenges and Prospects. Books.Google.Com.
26. Nabalamba, A., & Chikoko, M. (2011). Aging population challenges in Africa. *Chief Economist Complex*.
 27. ONU. (2015). World population, ageing. *Suggested Citation: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Ageing, United Nat((ST/ESA/SER.A/390), 164. https://doi.org/ST/ESA/SER.A/390*
 28. Paitoonpong, S., Abe, S., & Puopongsakorn, N. (2008). The meaning of “social safety nets.” *Journal of Asian Economics, 19*, 467–473.
 29. Rahman, A., & Yakubu, A. (2017). Jeedo Practice Among Elderly Women in Bauchi: a Social Capital Prospects Study. *International Journal of Social Science and Economic Research, 2*(12), 5627–5647.
 30. Ramacake, S. (2010). Fijian social work practice. *Aotearoa New Zealand Social Work*.
 31. Ratuva, S. (2006). Traditional social protection systems in the Pacific-culture, customs and safety nets. *Social Protection of All Men and Women: A*.
 32. Raufman, R. (2018). *Fairy Tales and the Social Unconscious: The Hidden Language*.
 33. Rowe, J., Fulmer, T., Jama, & Fried, L. (2016). Preparing for better health and health care for an aging population. *Jamanetwork.Com, 316*(16), 1643–1644.
 34. Sadana, R., Blas, E., Budhwani, S., Koller, T., & Paraje, G. (2016). Healthy Ageing: Raising awareness of inequalities, determinants, and what could be done to improve health equity. *Gerontologist, 56*, S178–S193. <https://doi.org/10.1093/geront/gnw034>
 35. Sienkiewicz, J., & Bilecen, B. (2015). Informal Social Protection Networks of Migrants: Typical Patterns in Different Transnational Social Spaces. *Population, Space and Place, 21*, 227–243.
 36. Somogyi, B. K., Barker, M., MacLean, C., & Grischkan, P. (2015). Inuit Elderly: A Systematic Review of Peer Reviewed Journal Articles. *Journal of Gerontological Social Work, 58*(5), 484–502. <https://doi.org/10.1080/01634372.2015.1032469>
 37. Southern, B. S.-I. S. S. S. in, & 2018, undefined. (n.d.). Indigenous Social Security Systems: a South African Perspective. Books.Google.Com.
 38. Stavropoulou, M., Holmes, R., & Jones, N. (2017). Harnessing informal institutions to strengthen social protection for the rural poor. *Global Food Security*.
 39. Steven Devereux. (1999). *Making Less Last Longer ; Informal Safety Net In Malawi* (No. ISBN 1858642868).
 40. Strange, C., Bremner, A., Fisher, C., Howat, P., & Wood, L. (2016). Mothers’ group participation: associations with social capital, social support and mental well-being. *Journal of Advanced Nursing, 72*(1), 85–98. <https://doi.org/10.1111/jan.12809>
 41. Tainter, J. A., & Rautman, A. E. (2018). Risk, Reciprocity, and the Operation of Social Networks. *Evolving Complexity and Environmental Risk in the*

- Prehistoric Southwest*, 197–222.
<https://doi.org/10.1201/9780429492587-8>
42. Togonu-Bickersteth, F. (2014). Ageing and national development in Nigeria: Costly assumptions and challenges for the future. *Etude de La Population*.
43. Yakubu, A. (2018). 3S Framework for Elderly Care: A Prospect Analysis. *Researchgate.Net*.