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**Presenter: Job Ogonda, HelpAge International (Africa) on behalf
of Dr Tavengwa M Nhongo.**

Age Discrimination in Africa

Prepared By Dr Tavengwa M Nhongo

INTRODUCTION

It is now common knowledge that the population older people in Africa is increasing rapidly and many countries are experiencing increases in both the proportion and the absolute number of older people. In East Africa, the number of people aged over 60 increased from just over 3 million in 1950 to more than 11 million in 2000 and is projected to rise to more than 56 million by 2050. In North Africa, the older population is projected to increase from almost 11 million people in 2000 to more than 60 million in 2050 and, at the same time, increase as a proportion of the total population from 6.2% to 19.9%. Dramatic changes are also projected in other parts of the continent with, for example, projected increases from 5.7% to 13.2% in Southern Africa and 4.7% to 9.5% in West Africa (UN, 2002¹). As Disney (2003) shows, although sub-Saharan Africa is set to arrive by a very different route, it may end up with an age structure like those of other ageing nations as high fertility combines with rising longevity, civil war and HIV/AIDS to create a situation in which 'falling life expectancy at birth is associated with rising life expectancy at later ages'.

Unfortunately, these increases are taking place in a situation where society is least prepared for the challenges that older people are presenting and will present as the demand to meet their needs grows. The range of problems that older people in Africa are facing is constantly increasing as societies are locked up in conflicts, experience huge economic problems, natural disasters, disease and a deterioration of family relationships. The negative attitudes that society has towards older people has meant that solutions are being sought for all other population groups except older people. National governments, planners and key stakeholders in society have shown a frightening discrimination of older people. The level of mistreatment, neglect and abandonment of older people are growing to quite alarming levels. The contributions that older people have made to the development and sustenance of their nations are hardly noticed. The contributions that they make in the face of such deadly pandemics like AIDS; the fact that they look after the children of those that die of AIDS and that in that way, may be the group that may sustain the other population groups, is hardly taken into consideration.

Until recently, the situation of older people was, quite simply, not on the agenda of many individuals or organisations in Africa. Very slowly, that situation is changing. Older people are now starting along the path previously travelled by other groups formerly considered 'minorities', including people with disabilities and women, as they sought recognition and inclusion.

When seeking to convince policy makers of the need to address issues of ageing in Africa, a range of reasons are given for inaction. Arguments often include the fact that older people are only a small proportion of the population and that other, more urgent, issues need to be addressed. In addition, romanticised notions that all older people are cared for by their families ignore the fact that increasing numbers of older people can no longer rely on traditional patterns of care and support. As Apt (1996, 1997), Ferreria, Keikelame and Mosaval (2001), Nhongo (2000, 2002), (Baryayebwa 2002) and many others have shown, older men and women are often among the most vulnerable members of society and they are frequently among the poorest of the poor. Older people who are routinely excluded from credit and other development programmes find it hard to survive in an increasingly competitive and non supportive environment. The impact of ageist attitudes not only denies older people their rights but also serves to exacerbate their vulnerability (Peachey, 1999).

With the impact of international instruments such as the MIPA, the AU Policy Framework and Plan of Action on Ageing, an emergence of the interest in developing policies on ageing by the AU member states and the work of international and local organisations such as HelpAge International and its partners, this situation is slowly changing.

AGE DISCRIMINATION

A few definitions of age discrimination have been advanced; ranging from the simple ones to the more elaborate ones (see HAI 2001). For the situation in Africa I would hazard the following definition.

Age discrimination is the systematic and institutionalised denial of the rights of older people on the basis of their age by individuals, groups, organisations and institutions.

Contrary to assertions that have been made on this subject that some of the abuse is as a result of ignorance, thoughtlessness, prejudice and stereotyping, the biggest problem we face in Africa is when discrimination is perpetrated as a matter of policy by people knowing exactly what they are doing. The discrimination of older people and the denial of their rights is a worrying phenomenon in Africa, a continent famed for the respect and support provided

to older people. There is a continued denial of the fact that older people deserve the same attention and support as other population groups; denial of the fact that they must enjoy the protection and assistance from the state as other population groups and denial of the fact that they must participate (as they did in building their nations) in the development debates, processes and activities that shape their countries. Older people's rights as human beings are neither recognised nor valued. As such, older people suffer abuse, assaults and murders at the hands of those from whom they should expect support and protection. They are accused of all forms of witchcraft, from causing deaths, HIV/AIDS, traffic accidents, too much or too little rainfall. They are denied the opportunities for employment and access to property. They are disinherited of or killed for their land and property and are not given adequate legal protection. There are no policies or legal frameworks that can protect the rights of older people in the majority of African countries.

The discrimination of older people goes on despite the existence of key United Nations and International Declarations, Conventions and Charters, to which African nations have appended their signatures. Some of them are as follows:

- UN Universal Declaration of Human Rights - 1948
- Africa Charter of Human and People's Rights
- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- UN Declaration on the Right to Development - 1986
- The Convention on the Elimination of Racial Discrimination (CERD) – 1965
- The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) – 1979
- The Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – 1984
- The Convention on the Rights of the Child (CRC) - 1989
- International Labour Organisation Conventions (Various)
- UN Plan of Action on Ageing – 1981
- UN Principles for older Persons – 1991
- UN Proclamation on Ageing – 1992
- AU Policy Framework and Plan of Action on Ageing n- 2002
- Madrid Plan of Action on Ageing - 2002

Article 1 of the Universal Declaration of Human Rights says:

“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood “

Article 2 of the same declaration says:

“Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or any other status. Furthermore, no distinction shall be made on the basis of political, jurisdictional or international status of the country, or territory to which a person belongs, whether it is independent, trust, non-self-governing or other limitations of sovereignty”.

Article 6 of the UN Declaration on the Right to Development states, very clearly as follows:

“All human rights and fundamental freedoms are indivisible and interdependent; equal attention and urgent consideration should be given to the implementation, promotion and protection of civil, political, economic, social and cultural rights.”

“States should take steps to eliminate obstacles to development resulting from failure to observe civil and political rights, as well as economic, social and cultural rights”.

HOW AGE DISCRIMINATION IS BEING EXPERIENCED

The various areas in which older people are experiencing age discrimination in Africa will now be examined briefly below.

Gender

“In no society do women enjoy the same opportunities as men,” (Human Development Report, UNDP, 1995)

The above quotation is true of Africa as it is elsewhere in the world. The impact of gender differences and inequalities in education, employment and other key areas increases through every stage of the life of an African, hitting hardest in old age. Apart from women not

enjoying the same opportunities as man in education and other sectors, in the majority of African countries, older women cannot get loans or credit facilities in some banks nor can they buy houses through mortgage and housing institutions. Older women in Africa are therefore, more likely than men to be poor as it is not culturally acceptable for them to own property. In addition, widows are denied the right to inherit the property they shared with their husbands. The older ones are more susceptible to all forms of abuse, including murder, in the quest by relatives, including sons, to disinherit them of property entitled to them after their husbands pass away. In many cases family resources (land, the house and money) are allocated to a male relative, often along with the widow herself, especially if she is young. The older ones are usually abandoned by a society that sees no need for them.

Older women who refuse to be inherited after their husbands' death end up losing all their life-long acquired matrimonial assets after being chased by the deceased husbands' relatives and this impoverishes them even further.

Emergencies and disasters

The African continent is known for its man made and natural disasters. Between 1990 and 2001 there were 57 armed conflicts in 45 locations around the world, killing an estimated 3.6 million people. The majority of these were from Africa. Disasters such as earthquakes, droughts, and other natural calamities heavily disrupt the existing survival patterns of any community group, but older people are always hardest hit (Apt, Bester & Insley, 1995). Regardless of which calamity hits communities, older people are affected at the time of occurrence of the disaster, the point of rescue, resettlement and repatriation. Their situation becomes worse than any other population group because of the discrimination that they face. In a programme supporting older refugees in Zimbabwe (1988), it was found that in the refugee camps older people were not provided with food and shelter as did other population groups. Because of a shortage of shelter at one of the refugee camps (Nyangombe, near the town of Nyanga), an older woman was forced to leave with four men in one tent, thereby exposing her to possible abuse (Nhongo 2001).

In HelpAge International's work in Ethiopia, Tanzania, Rwanda, DR Congo, Mozambique, Zimbabwe, Sierra Leone, the common finding is that, older people are the last to receive assistance at the place where the disaster has occurred and are the last to be considered for assistance at the new place of settlement. The specific needs of older people are never taken into account by donors, governments NGO's and those people called upon to assist (HAI, 2000). Even with such basic needs of food and shelter, older people are always the last to receive.

“To be a refugee is distressing enough, but to be an elderly refugee is double agony, the most tragic fate imaginable”. (Dr E. Q. Blavo in Apt, Bester & Insley, 1995).

Employment

Article 23 of the UDHR states that everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment and to just and favourable remuneration. The observation across Africa is that older people are never given a fair chance in terms of employment opportunities. In many countries of the continent, including Nigeria, it is rare for anyone to get employment in the public service at age 45 or above as a new entrant. A random sample of advertisements placed in the two main newspapers in Kenya between January and December 2005 showed huge levels of age discrimination. Out of a total of 4600 advertisements specifying age, 4587 or 99.7% required people below the age of 40 (Nhongo 2005). In the event of retrenchments, and there have been many occasioned by the implementation of the World Bank driven Economic Structural Adjustment Programmes in most of Eastern, Southern African countries and Ghana, those above the age of 55 have been the first to be retrenched (Mupedziswa, 1999). At the time of writing this paper, retrenchments are taking place in several sectors in Kenya including the Telecommunications and the National Railways. Those aged 55 years and above have been singled out as the first to go.

Economic isolation

In most of Africa, older people are the poorest as they usually do not have a regular source of income as has been demonstrated under employment above.

The right to own property, [Article 17 of UDHR], is one set of rights which is massively violated. Land acquisition and resettlement programmes taking place in countries such as Zimbabwe and South Africa do not take into account the needs of older people. In the resettlement programme implemented in the mid 80's in Zimbabwe, those above 60 years would not qualify for resettlement. Older people resorted to using their children or their younger wives to qualify. HAI's work in various parts of Africa has revealed cases where older people have lost their lifelong acquisitions through cheating, victimization and civil strife. The story of a Kenyan woman, who ended up staying on the streets of Nairobi because her land had been grabbed by a local businessman, is a case in point.

An older man who lost his livestock as a result of tribal clashes in Kenya, had this to say, *“When my case went to Court, they continuously spoke in English and I could not understand the proceedings. In the end I was told that my case was closed and I came empty handed.”* (HAI/WHO, 2005)

In Accra, Ghana, an 80-year-old woman lost her house to a tenant who forged title deeds. In a survey carried out in Kenya, older women reported cases of loss of property as a result of abuse including false land deals and removal of deceased children’s property by landlords under the pretext of rent arrears (HAI/WHO, 2005).

Age discrimination is rife in institutions that provide financial support to groups and individuals in Africa. Those aged 60 years and above are denied access to loans and other credit facilities. Since the majority of them are employed in the informal sector, their ventures do not usually thrive as they are not provided with financial support.

Since its inception in 1983, HAI has found it hard to raise funding for programmes aimed at supporting the initiatives of older people, particularly if they are not related to the provision of relief. Even donor organisations shy away from funding older people’s activities because they perceive them to be worthless.

Social security

It has been established that in the majority of countries worldwide, but particularly in the developing countries, older people are typically the poorest members of society and live far below the poverty line (ILO 1997). They usually do not have a regular source of income and do not enjoy any social security provisions.

- They are the poorest in every country. Poverty rates in older people’s households are 29% higher than in other households
- They are part of the 100 million in developing countries that live on less than a dollar per day.
- 80 % of them have no regular income
- They are struggling to cope in failing and struggling health care and social provisions systems
- According to recent studies, the majority of them are food poor. In Zambia for instance, FAO estimates that 50% of households are food poor and the majority are older people
- They are excluded from those programmes aimed at addressing poverty

In Africa, apart from the lack of income support to older people, the vast majority of them are not covered by any social security provisions. Kaseke (2003) has demonstrated that only between 5 and 10 % of all workers in Africa are covered by social security arrangements. Only a tiny fraction of this percentage represents older people. Of that small percentage that manage to have a pension, the majority struggle to have their pensions paid for several years with others dying without ever receiving their pensions. This has been reported in Cameroon, Kenya and several other countries. Administration problems often mean that even when the pensions are being received, they can be terminated without notice. The other concern is that older people are prevented from joining private social security schemes and those that do allow them to join make monthly payments prohibitively high.

By far the biggest problem for older people with respect to pensions is the absence of universal pensions for older people. In sub Saharan African countries, only South Africa, Namibia, Botswana, Lesotho and Mauritius pay a universal pension of varying amounts to their older citizens.

Health

By far the biggest problem older people face in the area of health is the cost and access to health services. This ranges from knowledge regarding prevention and management of common diseases to very difficult access to curative services. By and large, the attitude of health personnel is so negative that older people prefer to die rather than go to the nearest clinics. Case studies collected since 1996 (Nhongo, 2001) and studies carried out by HAI, WHO and other bodies (HAI, 2001) reveal deep rooted age discrimination within the health delivery sector. This ranged from the denial of medication, rebuke, slapping, isolation, abandonment, neglect, lack of bedding and linen, unsuitable food and negative attitudes by health personnel towards older people.

Research findings have consistently found cases where older people are told that their illnesses were not the ones they presented but old age and that they are wasting drugs for the younger people. In many cases, the older people go back to their homes and die.

In 2001, HAI carried out research in Health institutions in Kenya, including Kiambu, Nanyuki, Kenyatta, Nakuru and Mysisiani, aimed at establishing the following.

- a. Does abuse occur in the hospitals
- b. Is abuse or some form of it unique to older persons

- c. How does this abuse affect the older persons
- d. What causes this abuse (policy, structure, economics, social-such as attitude)
- e. Who perpetrates the abuse
- f. Can anything be done to intervene and if so, what is it that can be done?

The survey delineated several issues. While it is impossible to categorize all of them, the most concerning (for older persons) were identified as:

a. Abandonment

The African family structure has changed and as such, fewer younger people are willing to care for the older family members. This has led to an alarming number of older persons being abandoned in hospitals without any family member responsible. This has serious healthcare implications for older persons given that they (or their families) are expected to pay for healthcare before it is provided.

It was found that about 30% of older people are abandoned at the health institutions. They are dumped and their guardians then disappear without paying for the fees or making arrangements for the older people to go back home. Older people spoken to indicated high levels of stress as a result of this. Those with urgent medical needs deteriorated tremendously or died while they waited for admission into the hospital. An older woman at Misyani hospital waited 6 hours for medical attention because she did not have the medical fees required. When a Good Samaritan eventually intervened and paid the requisite fees, the illness and the stress had taken its toll on her and she succumbed and died 30 minutes later.

In Nanyuki, the Chief Nursing Officer observed that 90% of abandoned older people go into depression. In Kenyatta national hospital, the matron revealed that the depression makes older persons uncooperative in the treatment process. The medicines are thus rendered ineffective and they often refuse to sign for necessary procedures that require their permission.

b. Attitudes of Healthcare workers being a reflection of the attitude of society

In all the hospitals visited, ALL hospital staff concurred that 50%-70% of the conditions of older persons were brought about or aggravated by malnutrition. This was brought about by the fact that in food scarce communities, older people were either denied access to food or got that food after all the other population groups had obtained it.

The research found overwhelming cases of negative attitudes from the health personnel. Nurses admitted that when older people are admitted, they would be heard saying, "There is trouble on bed xxx". Older people indicated that they have often been turned away and told that they were not sick but were just old. It was also found that sometimes older people are injected with water even when a drug has been purchased for them. The drugs would then be used on a younger patient. Older people also indicated having witnessed hospital staff hitting, slapping, rudely rebuking and pushing patients.

In ALL the hospitals, the management staff recommended specialist geriatric facilities not in the spirit of desiring for better care for older persons, but so as to get the older persons out of their systems. In a confidential interview with the head of one of the hospitals, he confided that 'older people are a big headache and a waste of scarce resources, the biggest favour you could do to me as an Older People's Organisation is to get them out of my hospital'.

The research also found major problems related to scarcity of resources at the hospitals resulting in older people not being prioritised in treatment and care. For instance, it was found that they would sleep on the floor instead of being provided with beds.

c) Hospital policies and Structures

Staff in all the hospitals visited indicated that it would be difficult, if not impossible, to police abuse of older persons within the current hospital policy frameworks and it would be next to impossible to punish perpetrators. It was observed that some staff members were closing their sections 2 hours or more earlier than the closing time. This affected older people adversely who may not be able to travel to the hospital and arrive before the sections are closed.

Cases were reported of older people being charged more than the regulated hospital fees. In one such case, an older woman waited for six hours for the medicine as health workers attended to other issues and cases. A Good Samaritan paid for her because she was incapable of raising the required money for medication. Even after someone had paid for her the inflated charges, she waited for so long and died four hours later before receiving the medication. The research also found the following.

- Patients were treated on a case by case basis, without any guiding policies or principles. This left older persons vulnerable to the whims and mood of the staff.

- Results of tests are at times not disclosed to patients. The patients are merely given reports to hand over to doctors who prescribe medicine without explaining to the elderly what the problem could be. Medical students carry out procedures like taking out blood samples without supervision. The procedure takes long, is painful and ineffective.
- Incidents of corruption and conflict of interest were mentioned in all the hospitals surveyed. It was reported that many senior nurses and doctors have opened their own clinics and some of the respondents alluded to the fact that the medicine and other materials that disappear in public hospitals end up in these private clinics. Another interesting observation was that when these doctors and nurses are in their private clinics or working as consultants in private hospitals, they handle patients with a lot of care and professionalism compared to when they are in public hospitals.
- Some health workers expect some bribe before they can attend to patients. In cases where older people cannot produce the money, they go away without being treated.
- Upon recovery, abandoned/homeless older patients are forcibly evicted 'to create room for other patients'

d. Training of healthcare workers

The research found that specific training on the needs of older people was not provided to health workers and this hindered their performance.

e. Gender perspective

The abuse of older persons within the healthcare system was observed to be taking a gender dimension. The Social worker at Nanyuki observed that the 60% to 70% of the abandoned older patients were male. This was generally attributed to their having abandoned their families during their youth. The perception is that they squandered their youth and because of that negative attitude they get even less favourable treatment than their abandoned female counterparts. Also, due to traditions (of men keeping emotional distance from their children) and the tendency towards extravagant habits such as alcohol, the children often tend to support their mothers more often and better than their fathers. In the same discussions, the participants also observed that female children were more supportive of their parents than the male ones.

HIV/AIDS

HIV/AIDS has and will continue to have a huge impact on older people. Like any other population group, they might get infected with HIV. This unfortunately is a fact that many cannot accept. The sexual needs of older people are not considered seriously since many people believe that older people should not have sexual desires and should not engage in sexual activities. The fact of the matter is that they do have those needs. As a result of this, current HIV/AIDS education campaigns do not target them even when they need the information for themselves and the grand children under their care... They are constructed and disseminated in inaccessible media and language and basically fly above older people.

HAI partners in Southern and East African countries have reported cases where older people are not tested for HIV even if they request for the tests. They are consequently denied the opportunity to know their status and then take measures to prolong their lives or prevent the spread of HIV.

The law

In research carried out in South Africa (Ferreira et al, 2000), Zimbabwe (HelpAge Zimbabwe, 2003), Zambia (Kamwengo, 2004), Uganda (HAI, 2000), Kenya, Ghana and many parts of Africa, the increasing numbers of crime perpetrated against older people has been highlighted. This ranges from assaults, theft, robbery rape and murder. The majority of perpetrators are never brought to book since the law enforcement agents are reluctant to take the cases forward. Attempts by a rape victim in Swaziland (2001) to report her ordeal to both the villagers and the police resulted in the same response – scorn and ridicule. They asked her why a fit young man would be interested in raping such an older woman. Such is the general approach taken by law enforcement agents across the continent. The overall lack of protection from the law enforcement bodies increases the vulnerability of older people and exposes them to abuse and exploitation.

Policies

It is almost without doubt that the plight of older people in Africa is directly linked to the absence of policies and legislation aimed at protecting their interests. Only a handful of countries in sub Saharan Africa have developed policies on ageing with a few others in the process of doing so. See table below.

Country	Policy status
Kenya	Submitted to Cabinet
Tanzania	Completed
Uganda	Before parliament
Zimbabwe	Back to Ministry for wider consultation
South Africa	In progress
Mauritius	In progress
Mozambique	Completed
Ghana	In progress
Cameroon	Process has started
Guinea	In progress
Benin	In progress
Mali	Completed
Egypt	Completed

Poverty is a central theme in all the policies developed thus far. Means of reducing vulnerability are addressed through recommendations that expand older people's opportunities to participate in poverty reduction interventions and enhance social protection programs. In a number of cases, policy recommendations include the existing social security provisions to extended coverage both within the formal and non-formal sectors. Neo-liberal ideologies that champion individual responsibility for old age planning, which arguably are unrealistic for the poorest of the poor, vie with recommendations that propose universal state provision of social security benefits (Nhongo and Peachey, 2004). The means by which these provisions are to be funded and implemented are not specified but, increasingly, the case is being made that social protection measures, including social security, are both an affordable and a viable means of tackling poverty (Barrientos 2002; HelpAge International 2002, 2003).

The impact of structural adjustment programmes on older people features in the AU Policy Framework and Plan of Action and is reiterated in most of the national policies. Although it draws its recommendations from the AU document, the draft Uganda policy gives more emphasis to the impact of SAPs by placing them in a separate section. It is without question that SAPs have had a negative impact in the lives of poor people in Sub Saharan countries. A review of the United Nations Development reports for the last 10 years provides a clear

link between the development of the SAPs with increasing poverty in every one of the countries they have been introduced (Nhongo and Peachey, 2004).

The policies of Mauritius, Mozambique and Tanzania all recognise and seek to address violations of the rights of older people. In Mozambique and Tanzania, witchcraft allegations and associated abuse are specifically identified among the rights violations that affect older persons, particularly older women. The inclusion of witchcraft in these, and other policies still in development, highlights the extent to which the policies reflect local realities since witchcraft was excluded from the Second International Plan of Action on Ageing. In all three policies, rights violations include references to civil, political, social and economic rights. Alongside issues of physical abuse and ill treatment, there are issues of employment discrimination, denial of land rights and the lack of political representation. The Older People's Policy of Mozambique makes an explicit link between development and rights as it seeks 'to assure the protection and the full practice of the fundamental human rights that this vulnerable population group is entitled to' as part of its strategy to 'fight against absolute poverty and social exclusion' (Republic of Mozambique, 2002). In many cases, implementation strategies are based on the principles of participation, empowerment and the need to end the discrimination. Issues of accountability are addressed through recommendations that seek to strengthen the regulatory environment and through the establishment of coordinating mechanisms. This move towards a rights based approach (UNHCHR, 2004) represents a distinct shift away from the welfarist approaches that have underpinned social welfare policies in the past.

As with the situation regarding national governments, most regional bodies in Africa demonstrate little recognition of the needs of older people or the impact, both present and future, of the increasing number of older people. A notable exception is the African Union (formerly the Organisation of African Unity) that, in recent years, has demonstrated an active commitment to ageing culminating in the adoption of a continental Policy Framework and Plan of Action on Ageing in 2002.

By contrast, the treaties, policies and protocols of the Regional Economic Communities (such as SADC, ECOWAS, COMESA, EAC, EGAD, etc) and NEPAD remain, almost completely, older people-insensitive. The position of the UN-ECA, which together with the ADB and Africa Union supports the African Population Commission, is more ambiguous. Although it has produced some valuable reports on ageing, actions to address the issues highlighted in its own reports have been limited (Nhongo & Peachey, 2004).

As one of the five regional commissions of the United Nations (UN), the ECA is the regional arm of the UN in Africa. The ECA is mandated to support economic and social development, foster regional integration, and promote international cooperation for Africa's development (ECA, 2004). Population issues have been an integral part of the ECA's mandate for many years with changes in policy emphasis broadly in line with the development trends in the continent. Thus although ECA population discussions remain dominated by fertility and reproductive health issues, some attention has been paid to the impact of demographic change on other population groups. In its 1998 review of progress on the implementation of the DND and ICPD, a brief mention was made of the 'special groups, such as the disabled and the elderly who may also require special attention', the review found that 'where traditional family support systems are weakening ...elderly persons may find it difficult to satisfy their basic needs' (ECA, 1998:23).

However since that time, despite the fact that the ECA has produced a number of valuable documents related to issues of demographic transition and has referred to aspects of ageing in a number of documents, ageing remains very low on the ECA's agenda. An exception to this is the commitment shown by the organisation's sub-Regional Development Centre for Southern Africa that participated in the preparatory meetings of the AU Policy Framework and Plan of Action. In 2002, the ECA's limited response was demonstrated by the fact that it was the only regional commission not to attend the UN World Assembly on Ageing. This, it is argued, can only demonstrate the ECA's attitude towards older people's issues.

The lack of policies and national legislation specifically addressing the strategic interests of older people in a majority of African countries can be interpreted as a rights violation, because if there are no specific legal provisions for older people, the probability of systematic omission of older people from protection and inclusion in national development agenda is high. It is argued here that this general lack of policies and legislation on older people is indicative of entrenched institutional age discrimination. Almost all those deemed to be vulnerable groups have had policies and legislation developed for them – children, women, people with disabilities, etc, but not older people.

Social abuse

In a society that is supposed to be protecting its members, Africa is witnessing some strange wave of abuse and discrimination perpetrated against older people by members of society. This is the area that has been well documented but the scope of the paper is such that it will not be possible to go deep into details.

A study carried out in Kenya showed that 60% of older women were facing abuses at the hands of their daughters in law who were preventing them from getting regular food, warm clothes, medical attention and adequate shelter (HAI/WHO, 2005). An example given was an older woman who was sharing a room with two goats when there was adequate shelter in the compound. Stories of older people being denied their basic rights and being mistreated and in most cases by close relatives are rife across the continent.

One of the ugliest forms of discrimination that older people are suffering relates to witchcraft accusations and their consequent exposure to degrading and inhuman treatment, in most cases, without being given the opportunity for a fair hearing.

The list of abuses against older persons being accused of being witches or witchcraft can go on and on. Below is a very small sample of some of the cases that have taken place in parts of Africa.

- Statistics collected by Tanzania Women's Media Association (TAMWA), showed that 194 women were killed due to witchcraft accusations in 1997 alone.
- February 10, 1999: A 50-year old man went missing after irate villagers burnt down his home after accusing him of practicing witchcraft. (East African Standard)
- August 26, 1999: Two elderly women were stabbed to death with spears after being accused of being witches in the Eastern Cape bringing the number to ten since July of the same year. (Daily Nation)
- September 28, 1999: An 80-year old man was killed when his house was set ablaze at night. (East African Standard)
- November 1, 1999: Twelve older persons, three of them women, escaped death narrowly after being accused of being witches. (East African Standard)
- August 5, 2000: There are 5000 outcasts, mainly women that have been ostracized and who live in camps outside of their communities after being accused of witchcraft in Ghana. The Gambaga camp is an example. (The Mirror)
- December 12, 2000: Ibrahim Lubega, a successful widower, was attacked and his home and property destroyed after being accused of being a witch. (New Vision)
- February 10, 2002: A 61-year old man and his wife were lynched after being suspected of being witches. (Sunday Nation)
- In Malawi, an older woman was forced to eat a chameleon after being accused of having caused rain failure

- In one part of Ghana, an 80-year-old woman was accused and found guilty by a local traditional court for having cast a spell on local herbal doctor, condemning him to poverty and impotence. The trial took place at a market place in Peki-Avetile, in the Volta Region and was broadcast on a public address system. The woman was fined \$6 (ten times the daily minimum wage), a pot of wine, four bottles of gin and two sheep. Furthermore, her two children who used to look after her were barred from seeing her. The woman had this to say, *“My life has been ruined and my image is in tatters”*.

In a small piece of research in Kenya and Zimbabwe, Nhongo & Tewodros (2002) found that the belief in witchcraft was rife with 96.7% of the respondents indicating that they believed in it even when they were Christians. Asked what image immediately came to their minds when they heard the word “witch”, 75% said it was an old woman, ugly, with a wrinkled face and rotten, protruding teeth and shabby looking. Asked what should be done to witches, 66% said that they should be killed while the remainder either said they should be jailed for life, sent to isolated places or paraded in public. Nine percent said that they should be pardoned. Interestingly, a question seeking to find out what would happen if the respondent’s close relatives were accused of witchcraft, the answer did not vary significantly with the majority still saying that they should be punished heavily. The work of HelpAge International in the Sukumaland region of Tanzania has clearly demonstrated that the practice is not only rife but mostly targets older women, who have been attacked with machetes, badly injured and, in most cases, killed (HAI 2001).

Dr Catherine Payze and Dr Anthony Minnaar examining the background to witchcraft in Venda, South Africa found that at least 75% of the women who appeared as victims in witchcraft cases in the Thohoyandou Magistrate’s Court in Venda, were older people and that the physical appearance of older women often lends itself to accusations of them being witches.

Witchcraft accusations and the targeting of older people is a brutal breach of older people’s basic human rights. It is becoming increasingly reported in countries across Africa and the incidents are becoming more prevalent and severe.

Recognition of the discrimination issues

By and large, the majority of governmental and non governmental institutions in Africa have still not taken the issues of older people on board. Consequently, championing the issues regarding discrimination of older people has remained with HAI, its affiliates and partners and a handful of local organizations working on issues of older people. The main stream human rights, women’s rights and other lobbying organizations have remained aloof in the face of increasing evidence of abuse and discrimination of older people.

Apart from UNICEF, which has now started researching on the issues affecting older people with respect to HIV/AIDS, the majority of UN agencies have turned a deaf ear on the plight of older people. Such bodies as UNDP and ECA have been particularly conspicuous by their absence in fora and activities focusing on older people. In 2001, UNHCR, in collaboration with HAI published a policy for working with older people, but the implementation of that policy has not seen the light of day.

The civil society movement, of mainly NGOs, FBOs and CBOs focusing on a variety of issues related to vulnerable groups have by and large not taken the issues of older people on board. The interventions being pursued to address poverty, inequality and distress caused by disasters still exclude older people. HIV/AIDS focused organisations that are championing various aspects of the pandemic have still not mainstreamed older people in their policies and programmes despite the pivotal role being played by older people in the fight against the scourge.

The African Regional Economic Communities (RECS), including NEPAD have failed to mainstream and address issues of older people in their policies and activities.

The African Union is the exception though. After passing the Policy Framework and Plan of action on Ageing, the body has mainstreamed ageing into the activities of its department of Social Affairs and the Labour and Social Affairs Commission. Ratified by the entire 53 AU member States, the Policy Framework and Plan of Action on Ageing has been rolled out to the members states and a few of them are developing policies on ageing. The development and implementation of the policies on ageing is crucial as it provides a framework upon which the discrimination of older people can be addressed. The number of governments taking this route is, however, still worryingly small.

Almost all the governments in sub Saharan Africa, especially those affected by the HIV/AIDS pandemic have developed HIV/AIDS policies that have failed to address the discrimination of older people in issues related to prevention, treatment and care. Orphan care policies have also been developed that have remained silent on the crucial role being played by older people in the care and upkeep of orphans and vulnerable children.

What is being done to address the issue of discrimination?

The continent has seen a steady increase of organisations and efforts aimed at addressing older people's issues since the mid 80's. Catalysing that situation was the United Nations

Plan of Action on Ageing, developed at the first Assembly of Ageing in, Vienna, Austria in 1982. For instance, in 1982, over 15 countries from sub Saharan Africa converged in Kenya to discuss ageing issues, the first time that such a meeting was taking place. HelpAge Kenya, an organisation championing issues of ageing in Kenya was established that same year. In 1986, a national workshop aimed at addressing various issues facing older people was held at the School of Social Work in Zimbabwe and the first ever plan of action on ageing in that country was developed. HelpAge Zimbabwe, a national organisation for older persons was established in 1988. Helpage Ghana followed in 1989 and the Sudanese Support in Care of Older Persons followed a few months after. This trend heralded a situation where older people's organisations sprang up in various African countries. Today, HAI works with over 60 organisations, some of them quite small from all over the continent.

The main focus of the work of HAI and its partner organisations in Africa has been threefold.

- Advocating the issues of older people and creating as much awareness about the issues as possible.
- Developing and implementing direct programmes that support older people and those that depend on them.
- Collaboration with other organisations including those focusing on human rights

With respect to advocacy, HAI has supported awareness programmes across the continent for a number of years. The UN Day of older people, 1st October, was celebrated in Zimbabwe for the first time in 1992 after the proclamation of the day by the UN in 1991. This has become an important event in the calendar of partner organisations throughout Africa. The day is marked by activities that include walks, marches, media events and presentations by key government and UN personalities. The UN International Year of Older Persons, 1999, marked a watershed in respect of putting issues of older people on the African map. It is the year that the AU agreed to collaborate with HAI in addressing ageing issues and saw a large critical mass of effort and action towards discussing and taking some action on ageing issues. Since 1993, HAI holds annual Africa wide workshops bringing together NGOs, governments and other partners in one place to discuss ageing issues.

Internationally, the world body fighting the abuse of older people, INPEA in collaboration with WHO, started making inroads into the African continent in 1999 and has continued to write about the issues relating to the abuse of older people. Advocacy has remained an important tool by which the discrimination of older people has been brought to the fore and challenged.

Publications such as “Ageing in Africa” published by HAI as well as others published by partner organisations are helping to bring the issue of age discrimination out.

With respect to direct programmes, a good example is the regional programme addressing the rights of older women and men in Africa, which was initiated by the HelpAge International, Africa Regional Development Centre in 2000 after consultations with partner organisations across the continent. The aim of this programme, which ran between 2000 and 2004, was to increase understanding of the nature of the violations of the rights of older men and women in Africa and to develop appropriate interventions by which Civil Society Organisations could address these issues. This project included a diverse range of activities including the following:

- a. Direct projects addressing various rights violations affecting older people, e.g.
 - Work seeking to understand and address widowhood and inheritance issues in Tanzania
 - Promoting the rights of older people through community education in Zimbabwe, Lesotho and Ghana.
 - Promoting older people’s access to justice through paralegal training and services in South Africa and Ghana.
- b. Establishment of a legal challenge fund to enable partner organisations to challenge the barriers that inhibit older people’s access to their rights in Kenya, South Africa, Sudan and Swaziland.
- c. Training and awareness creation on ageing and the rights of older people among rights-based organisations by holding regional workshops in West, Southern and Eastern Africa.
- d. Research and documentation of rights violations of older people in Swaziland, Zimbabwe, Lesotho, Ghana and Sudan.
- e. Lobbying and advocacy programme in Ghana.
- f. Creation of ageing issues among the media

In terms of collaborating and creating linkages with other organisations HAI and its partners across the continent have been working with human rights organisations in addressing ageing issues. Of note is the collaboration between SAHRIT and HelpAge Zimbabwe. The two organisations implemented a project in a rural part of Zimbabwe aimed at raising awareness on rights issues and training communities on the legal steps to take in combating the rights violations. In Ghana, HelpAge Ghana is working with the Ghana Bar Association to achieve similar objectives.

Another programme worth mentioning here is the Older Citizens Monitoring Programme being implemented by HelpAge International in collaboration with its partner organisations in Kenya and Tanzania. The programme aims at empowering older people to monitor access to those services they are entitled to getting from their government and local authorities. In the two years of the implementation of the programme, older people are now demanding services from health and other institutions, challenging abuses in hospitals and clinics and lobbying for free services where there are none.

Conclusion

In conclusion, it is important to reiterate the fact that age discrimination is rife in the African continent. The abuse is both institutionalised as well as endemic among societies in the continent. Older people suffer abuse in many material aspects of their lives and have to struggle with little support from institutions that should provide support and protection. It is also worth noting that the recognition of the issues facing older people and the discrimination they experience is slowly coming to the table of most organisations and governments. A lot still needs to be done to combat this problem.

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