



## DRAFT

### Directory on Research on Older Adult Health and Ageing in Africa: 1995-2003

Last updated: 20 August 2003

#### Preface

All countries in Africa are experiencing demographic and epidemiological changes, which poses unique policy challenges and information needs. The demographic change includes the ageing of the population, with subsequent impact on the epidemiological profile. The burden of disease at older ages is then compounded by continued high levels of communicable disease, increased levels of chronic disease, high rates of injuries and violence, as well as diseases of poverty. Although the patterns and pace of the ageing of populations vary across sub-regions and countries, global ageing in less developed countries in the region continues despite the impacts of the pandemic of HIV/AIDS, forced migration caused by violent conflict, urbanization and other factors.

While some very good research has been done in Africa – across a very wide spectrum of topics and disciplines – **the coordination, collation and completeness of existing data are still inadequate to accurately and reliably inform policy formulation and implementation. Besides, for older adults and ageing, the data available to address these changes are still scant despite decades of encouragement to assemble the needed information.**

Collaborators on the WHO Minimum Data Set (MDS) Project on Adult Health and Ageing and Older Adults in sub-Saharan Africa agreed on the need to compile a Directory of Research on Ageing in Africa. The basic approach was adapted from that used by the UN Economic Commission for Europe to create the Directory of Population Ageing Research in Europe (1998). This Directory would also build on the efforts of Dr Monica Ferreira, Institute on Ageing in Africa at the University of Cape Town (Bibliography of Research on Ageing in Southern Africa, 1970-1994), and complement the work of HelpAge International (Annotated Bibliography on Ageing in Africa, 2001).

We were interested in identifying and including research conducted or ongoing from 1995 to 2003. We actively pursued research that included persons aged 50+ years from all disciplines/areas, resulting in quantitative and/or qualitative data.

This report provides a summary of submissions. Future reports will provide the conceptual and methodological background for the directory. Reviewing the contributions and all the excellent work in this area, we are encouraged yet once again aware that the scope and quantity of information available are still limited. Filling the data gaps requires concerted efforts from a pan-African community and individual countries with contributions from the international research community. We trust the Directory will enhance networking and political action and will facilitate collaborative research efforts to focus on older adults in Africa.

Paul Kowal  
Scientist  
World Health Organization

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**AFRICA**

## GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social Policy**

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**Title of the research project:**

Population ageing in Africa

**Expected beginning and ending dates of the project:**

May 2001 – 30 April 2002

**Main purpose of the research project:**

To provide baseline information and raise awareness about the emerging phenomenon of population ageing in Africa for possible policy interventions.

**Keywords that describe this project's substantive areas of investigation:**

Socio-economic and demographic characteristics of the elderly persons; modernization and living arrangements of elderly persons; future ageing trends (projections).

**General abstract for this project:**

**Background.** The project is oriented toward drawing the attention of the African policy makers and members of the research community to a neglected area of importance -the aged in Africa. Because of the present and future substantial numbers of persons aged 60 years and above in Africa, coupled with the gradual but steady erosion of traditional family support system particularly in urban dwellings, which is a product of changing economic and social environments, policy makers and researchers should further incorporate the needs and requirements of this population subgroup into the scheme of things. Much attention has been paid to rapid population growth and its antecedents of high fertility and declining mortality over the years. Now that rapid fertility reduction is sweeping through parts of Africa, it should be noted that declines in birth rates result in population aging. The two phenomena are inextricably linked together and have far-reaching social and economic consequences.

**Methods.** The project involved use of secondary data – data from censuses of African countries, as well as evidence presented by the United Nations (World Population Prospects).

**Results.** The project resulted in a number of publications on (i) Africa, (ii) Nigeria, and (iii) Lesotho: the absolute number of persons aged 60 years and over in Africa is large enough not to be ignored. Most of the national population policies of African governments say little or nothing about the aged and persons with disability. Due to the relative unimportance of the elderly within the overall demographic structure of the country, there is practically no attention paid to the issues concerning the rapidly expanding elderly subgroup in Nigeria. Population projection analysis by the component method has revealed that as a result of the demographic transition currently sweeping through Africa, Nigeria will witness dynamic changes in its age structure that should have implications for public policy. The findings show that by 2050, persons aged 60 years and over will be over 31 million, representing about one in every eight Nigerians. However, the elderly population will be concentrated more in

the age group 60-69 years. The findings show that Lesotho can expect increases in both the absolute number and proportion of elderly persons in the coming decades. Also, the results suggest that a majority of elderly persons in the country live in extended family households, unlike what obtains in the Western countries. However, the elderly persons are more likely to co-reside with their young children than the adult ones. The findings further indicate gender, place of residence, level of educational attainment, marital status, children's age, and advancing age of the elderly may be important factors contributing to kin co-residence of the Lesotho elderly populations.

**Conclusion.** The research was immensely beneficial and more research efforts are needed to sensitize policy makers in order to evolve programmes and strategies that target Africa's elderly populations.

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**Africa**

PERSONAL INFORMATION:

**Social policy**

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**Botswana**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Living Standards****Title of the research project:**

Health status and functional ability among the elderly in Botswana.

**Expected beginning and ending dates of the project:**

1 April 1998 – 31 July 2005

**Main purpose of the research project:**

To provide new information on health and living conditions in the population above 60 years of age, to conduct epidemiological research in an area previously scarcely covered, and to disseminate the information to policy- and decision-makers.

**Keywords that describe this project's substantive areas of investigation:**

Health and access to health care; nutrition; functional ability trends; substance abuse (alcohol and tobacco); mental health.

**General abstract for this project:**

**Background.** The present survey was a result of 10 years of collaboration between the Department of General Practice and Community Medicine, University of Oslo, and the University of Botswana. The Government of Botswana endorsed the survey, which was funded through Norwegian research and foreign aid institutions. Previous to the present national survey, a local-area survey had been carried out; through the course of data processing and presentations the need for national representative data on the 'health of the elderly' emerged. Questionnaires and methods from the local-area survey were used for the national survey, after adjusting and improving the format. **Aims.** To collect and evaluate nationally representative data on the health status and living conditions of the population over 60 years of age in Botswana. To document and report important health findings. To assess morbidity and corresponding socio-demographic correlates in this population. **Design.** Cross-sectional survey. Hospital-based sample from a sub-sample of the 1998 National Household Survey (N=1085). **Setting.** Ten rural areas and three urban centers. **Participants.** 372 respondents. 183 females and 189 males aged 60 to 109 years. **Methods.** The sample size of the National Household Survey was set to be 1% of the target population and selected by a multi-stage cluster technique. The sample size of the Medical Survey (sub-sample) was set to be 1/3<sup>rd</sup> of the size of the former. All participants were visited at home, with interviews using standard questionnaires and medical examinations (health screenings) were carried out. A senior medical student (Norwegian) and an experienced nurse (Botswana) carried out the medical examinations. In the questionnaire, basic 'background' and socio-demographic data were collected. In addition, more specific health-related questions and questionnaire-tools were used, including: Mini Mental Status Exam (MMSE), Montgomery and Aasberg Depression Rating Scale (MADRS), Alcohol Use Disorders Identification Test (AUDIT), evaluations of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), Food Frequency Tables, and self-reported health. The medical examination, a standardized general health screening, consisted of height and weight measurements, blood pressure recordings, vision tests, dental status, Peak Expiratory Flow tests (PEF), urine analysis and blood analysis (Haemoglobin and blood glucose) in addition to examination of the musculoskeletal system. **Preliminary Results** pending.

**Botswana**

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**Health  
Living Standards**

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**Egypt and Tunisia**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Older women**

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**Title of the research project:**

The power of older women and men in Egyptian and Tunisian families.

**Expected beginning and ending dates of the project:**

31 January 2001 - 31 January 2002

**Main purpose of the research project:**

Explore differences by gender in social status participation in family decisions using secondary data from a study conducted in Egypt and Tunisia.

**Keywords that describe this project's substantive areas of investigation:**

Aging, decision making, developing countries, family systems, gender differences

**General abstract for this project:**

**Background.** Women's increasing advantage in longevity in developing regions also means that a growing percentage of older adults are women. Yet, despite disparities among women and men in their social, material, and human resources, studies comparing their experiences in later life are lacking.

**Aims.** Few studies have compared the family power of older women and men, which along with filial obligation, is associated with the care that children provide to parents in many settings. Here, we compare aspects of the family power of older women and men and test for variation in the effects of resources on older women's and men's family power in the more patriarchal setting of Egypt and the more egalitarian setting of Tunisia, two countries where norms about marriage, parenthood, and kinship have differed at least since their independence in the 1950s.

**Methods.** This analysis is based on secondary data from age-stratified cluster samples of non-institutionalized adults aged 60 years and older in Egypt and Tunisia, collected as part of the WHO Collaborative Study on Social and Health Aspects of Aging (circa 1990). The final, weighted analytic samples include 1,004 cases in Egypt and 1,170 cases in Tunisia.

**Results.** In Egypt, women participate less often than men in most decisions, whereas participation is more gender equitable in Tunisia. Increasing age and declining health are negatively associated with participation in daily and life course decisions, particularly for Egyptian women. Although women participate less often than men in life course decisions in Egypt, involvement is more frequent among widows and those owning their home.

**Conclusions.** Future research should examine the relationship of resources, support, and the family power of older adults across normative contexts.

**Egypt and Tunisia**

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Older Women****MANAGER'S PERSONAL INFORMATION:**

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**Egypt and Tunisia**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Older women**

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**Title of the research project:**

Gender and use of formal care among older adults in Egypt and Tunisia

**Expected beginning and ending dates of the project:**

31 January 2001 - 31 January 2002

**Main purpose of the research project:**

Explore gender differences in use of health care using secondary data from a study conducted in Egypt and Tunisia. Findings will provide information on the mechanisms by which gender inequalities in reported well-being and use of modern services emerge in later life.

**Keywords that describe this project's substantive areas of investigation:**

Aging, developing countries, gender differences, use of medical care

**General abstract for this project:**

**Background & Aims.** In industrialized countries, women report using health services more often than do men. We explore the applicability of existing theory to explain gender differences in use of formal care among older adults in Egypt and Tunisia, where females have experienced poorer access to care in early life.

**Methods.** This analysis is based on secondary data from age-stratified cluster samples of non-institutionalized adults aged 60 years and older in Egypt and Tunisia, collected as part of the WHO Collaborative Study on Social and Health Aspects of Aging. Final, weighted samples with complete data on the variables of interest include ever-married older adults with any living children (1,067 respondents in Egypt and 1,192 respondents in Tunisia).

**Results & Conclusion.** Women report visiting providers and using medications more often than do men; however, adjusted odds of visiting doctors are comparable for women and men in Tunisia and lower for women than men in Egypt. Odds of using formal care are higher for women than men among those reporting no morbidity or functional impairment, but these relative odds diminish or reverse among those reporting multiple morbidities or severe impairments. The contributions of subjective and objective illness, quality of social support, and availability of services on gender differences in care in later life should be assessed in other settings where females face poorer prospects for survival than males in early life.

**Egypt and Tunisia**

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**Egypt and Tunisia**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Family**

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**Title of the research project:**

Reliability of reports of the support of older adults in Egypt and Tunisia

**Expected beginning and ending dates of the project:**

31 January 2001 - 31 January 2002

**Main purpose of the research project:**

Although the effects of social support on health are known, the reliability of reported social support is uncertain in studies of older adults, in which use of proxies is common. This study explores proxy-responder agreement on reported social support, variation in agreement by proxy type and respondent's gender, and variation by respondent's gender in effects of proxy type on reported social support.

**Keywords that describe this project's substantive areas of investigation:**

Aging, developing countries, gender differences, social support, reliability studies

**General abstract for this project:**

**Background.** Although effects of social support on health are known, the reliability of reported support is uncertain in studies of older adults.

**Methods.** This analysis is based on secondary data (circa 1990) from age-stratified cluster samples of non-institutionalized older adults aged 60 years and older from the World Health Organization's Collaborative Study of the Health and Social Aspects on Aging.

The final analytic samples consist of noninstitutionalized ever-married men and women aged 60 years and older in Egypt (n = 952) and Tunisia (n = 1126) with complete information on variables of interest.

**Results & Conclusion.** Most respondents and proxies perceive that support is available. Although proxies and respondents have a higher probability of agreeing than disagreeing about regularity and source of support, odds of disagreement about source are *higher* among women than men in both sites when spouses and sons are proxies and *lower* in Egypt among women than men when daughters are proxies. Thus, reliability varies by measure of support and the gendered quality of relationships in these settings.

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**Egypt and Tunisia**

PERSONAL INFORMATION:

**Health  
Older Women**

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**Egypt**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Older Women  
Family**

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**Title of the research project:**

The patriarchal bargain and intergenerational co-residence in Egypt

**Expected beginning and ending dates of the project:**

1 January 2003 - 31 June 2003

**Main purpose of the research project:**To examine variation in and the determinants of intergenerational coresidence among older women and men in Egypt using data from the *WHO Collaborative Study on the Social and Health Aspects of Aging*.**Keywords that describe this project's substantive areas of investigation:**

Aging, gender differences, living arrangements

**General abstract for this project:****Background..**

The family continues to be the central source of support for most Egyptians, and coresidence is one mechanism by which Egyptian families meet the needs of older adults because systems of public support for the elderly are nascent. Rarely does research on patterns of intergenerational coresidence in non-Western settings examine differences in the experiences of older women and men as a function of their positions in the family and society. This gap is surprising given that in many such settings, familial roles and obligations continue to be gendered, and women exhibit varying degrees of disadvantage in socioeconomic status and health in later life. In this paper, I describe and explain variation in patterns of intergenerational coresidence among older women and men in Egypt. Greater attention to intergenerational living arrangements in the Middle East is important because population aging is imminent in the region, and studies of intergenerational coresidence and other exchanges of support are rare.

**Methods.** The sample consists of non-institutionalized Egyptian male and female persons aged 60 years and older. Multistage, stratified cluster sampling procedures were used to identify eligible respondents. The analysis is based on ever-married women and men with any living children and complete information on variables of interest (weighted sample sizes are 481 women and 494 men).

**Results:** Residence with sons and daughters-in-law is preferred, although residence with daughters and sons-in-law occurs because patrilocal endogamy is common. Whereas residence with sons and daughters declines with age among men, it declines then increases with age among women. Residence with sons-in-law is uncommon among older men and becomes more frequent with age among older women. Findings are consistent with the idea that patriarchal bargaining, or women's exchange of kin-keeping tasks for protection from kin, gives older women greater access to normative and alternative forms of coresidence, even after accounting for differences by gender in need.

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**Egypt**

PERSONAL INFORMATION:

**Older Women  
Family**

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## The Gambia

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

Health  
Older Women

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### Title of the research project:

Osteoporosis, bone health and calcium nutrition.

### Expected beginning and ending dates of the project:

1991 – Ongoing

### Main purpose of the research project:

Low-trauma fractures are rare in The Gambia, despite low dietary calcium intakes throughout life, small stature and multiparity of women. A range of potential explanations are being explored, including the influence of bone mass and bone loss in Gambian women; the age of menopause and evolving frailty in old age as well as Vitamin D status.

### Keywords that describe this project's substantive areas of investigation:

Osteoporosis; women; calcium.

### General abstract for this project:

**Background.** The ageing population of Africa is at increasing risk of chronic diseases of which osteoporosis is an example. Black women worldwide have a lower fracture rate and in North America they have a higher bone mass than white women. This relationship may be causal. However we lack data relating fracture to bone mass in Africa.

**Aims.** As low-trauma fractures are rare in The Gambia, the following potential explanations are being explored, as hypotheses:

- Bone mass is higher in this population than in white Europeans;
- Gambian women lose bone at a slow rate;
- The age of menopause and associated bone loss occurs later;
- Gambians are not frail in old age and so are at lower risk of fracture;
- Gambian women have an advantageous vitamin D status.

**Methods.** A cross-sectional study of bone mineral status, measurements of calcium and bone metabolism and dietary intakes is being conducted in a sample of the female population of three rural Gambian villages representative of each 5 year age band over 45 years. (in detail: 12 between 45 and 49; 14 between 50 and 54; 24 between 55 and 59; 27 between 60 and 64; 13 between 65 and 69; 7 between 70 and 74; 8 over 75) and it was used a comparative young adult group of 11 (non pregnant and not lactating). 9 Cross-sectional studies and dietary calcium intake studies already and anticipated physiological investigation of a representative sample of Gambian women. A number of variables are being measured; bone mass, body size and shape, markers of bone-turnover, and health and socio-economic data. Further details pending.

**Results.** Bone mass is low in Gambian women at all anatomical sites, even after adjustment for bone and body size. The median age of menopause was 48.7 years, but climacteric symptoms were uncommon. In the fifth decade there was a rapid loss of bone mass, with an associated rise in bone turnover and a decline in oestradiol level. Frailty is common in elderly Gambian who have high levels of extra-skeletal risk factors for osteoporotic fracture. Low calcium intakes are associated with raised PTH and 1,25(OH)<sub>2</sub> levels, which both increase with age. However, 25(OH)D status remains satisfactory.

**Summary.** Low-trauma fractures are rare in The Gambia even though women have low BMD. Changes in diet and physical activity in childhood may contribute to differences in bone mass and trunk length. A secular shift in these factors may be seen as younger women reach older age. High levels of physical exercise may partially explain low fracture rates. High rates of bone turnover in this population do not appear to be related to fracture

risk, despite very low dietary calcium intakes and high levels of PTH. Vitamin D status is likely to be important in ensuring that dietary calcium absorption and renal re-absorption are optimised.

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**The Gambia**

PERSONAL INFORMATION:

**Health  
Inter. comp. studies**

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**Title of the research project:**

Ageing in rural Ghana: a needs assessment of rural elderly. Part 1

**Expected beginning and ending dates of the project:**

9 July 2001 – 31 January 2002.

**Main purpose of the research project:**

The purpose of this study was to identify the needs of the rural elderly being serviced by the Help the Aged Canada (HTAC) and Project Reach Out (PRO), Mobile Medical Clinic and Agro-Forestry programs. This needs assessment was intended to direct future program development according to needs of those being serviced and to provide baseline data on the older adults being serviced by the medical and income-generating projects, in order to demonstrate the likely benefits of these programs, when the study is repeated in approximately two years. Further details pending.

**Keywords that describe this project's substantive areas of investigation:**

Needs assessment; rural elderly; mobile health care; income generation; community development.

**General abstract for this project:**

**Background.** This survey represents the first round of a two-round longitudinal study of the needs of rural Ghanaians.

**Aims.** Assess the needs of older adults residing in rural Ghana; and the benefits of the Help the Aged (HTA) and Project Reach-out (PRO) health care and income-generating projects. The research is based on original data collected in interviews with older adults living in the rural villages in Ghana.

**Methods.** After conducting informal interviews with the rural elders of Ghana, designing and piloting the questionnaire in four villages, a 45-question survey instrument was developed to assess the health care, income, and psycho-social needs of adults aged 50+ years. Sample recruitment was completed via the HTA/PRO mobile medical clinic. Inclusion criteria: age 50+ years; and resident in a village serviced by the mobile medical clinic. Participants were interviewed at the various clinic sites, via an interpreter, or in English where possible. Both quantitative and qualitative coded data was collected and analysed in Microsoft Excel.

**Results.** N = 131 respondents from 17 different villages. Mean age of 65 years, 49% female, 63% married, and 96% living with family. Financial support and health care were reported as areas of great need. The most common reported financial need was a lack of sustainable income for the years when respondents were no longer able to work, and a need for future planning. The primary health concerns were clean drinking water, body aches and pains, heart disease, visual problems, headaches and dizziness, and high blood pressure.

**Summary.** The results indicate a need to continue mobile medical services, including vision care and health education (sanitation, nutrition and illness prevention), increasing the number of water taps would increase consumption of safe water. The findings regarding the psycho-social status reflect a population that is well integrated within their communities, with many social supports, and relatively satisfied with life. To address financial needs, income generation strategies that complement existing practices should be introduced and continued. To address health care needs, the mobile medical clinic should be maintained and expanded to include a comprehensive vision care program and "gerontology" educational program focused on nutrition, sanitation, and illness prevention. Patient-physician communication should be encouraged, with the intention that older adults will transfer this information to their children and grandchildren.

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**Ghana**

PERSONAL INFORMATION:

**Health  
Care provision**

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**Title of the research project:**

Nutritional status, dietary habits and nutritional vulnerability of the Ghanaian elderly.

**Expected beginning and ending dates of the project:**

1 April 2001 - 31 December 2001

**Main purpose of the research project:**

To provide country-specific nutrition information on elderly persons in Ghana and to assess their nutritional status and nutritional vulnerability.

**Keywords that describe this project's substantive areas of investigation:**

Armspan; body mass index; food consumption; food expenditure; nutritional status.

**General abstract for this project:**

**Background.** In view of the current accelerated pace and complexity of socio-economic challenges facing older persons in less developed countries, good nutritional status data is needed. A cross-sectional study on older Ghanaians was conducted with funding from HelpAge International and support from the University of Ghana.

**Aims.** 1) establish the prevalence of undernutrition among older persons using anthropometric measures such as mid upper-arm circumference (MUAC), BMI (body mass index) and BMA (body mass index generated from armspan); 2) examine dietary consumption and food habits; and 3) assess nutritional vulnerability. **Methods.** Cluster sampling techniques employed in 15 communities in Accra. Inclusion criteria: age 65+ years; not suffering from spinal curvature, limb contracture, oedema, memory loss; and, must have signed or been helped to sign an informed consent form. A study-specific semi-structured questionnaire was administered to obtain socio-economic, dietary habits and nutritional vulnerability information. A qualitative food frequency form was used to collect food consumption information. Anthropometric data collected involved measurements of armspan, halfspan (the length of the out-stretched arm from the mid sternal notch to the end of the middle or longest finger), MUAC, height and weight using standard procedures and trained fieldworkers (who were graduates from the Nutrition and Food Science Department and had received training in ethics and handling of human subjects, field data collection and in anthropometry and were also guided by a field manual for the study).

**Results.** N=519 persons aged 65-80 years. More than three-quarters of the 519 participants were not involved in any economic activity and relied solely on social support systems. About a quarter of the total of 519 elderly persons received retirement benefit, mainly a pension from Government sources that was inadequate to meet needs. Less than one-fifth of the total of 519 elderly persons had some form of investment, but more than half (of the 519 subjects) received regular remittance from relations, mainly the nuclear family. The extended family were the main providers of housing. However; 21% lived alone without visits from relations. Thirty-four percent of the older persons used prescription medications for various ailments. The main problem that prevented adequate food consumption was lack of finance. Most (85%) reported the market as the main source of foodstuff while 58% reported that street foods were the main source of cooked food. Even though it is recommended that elderly persons eat more than three times in a day, most respondents (97%) ate three times or less per day. On the average, most ate twice per day and the meal mostly skipped was lunch. The main sources of protein were fish and beans (legumes) while cereals, mainly corn, were the main sources of energy. When resources became depleted, the main coping strategies were starving, fasting or drinking sugar-water. Loneliness and depression were the major causes of appetite loss. On average, the same range of monthly income (US\$ 20-93) was observed for monthly food expenditure, meaning that all income was apparently spent on food. A large percentage of the studied population (48%) were undernourished. More men (62%) than women (41%) were undernourished. BMA was equally as sensitive as BMI in detecting undernutrition rates. The prevalence of under nutrition increased with advancing age and decreasing income.

**Conclusion.** It was concluded that these older persons were highly vulnerable to undernutrition with a large proportion of them being undernourished. It was recommended that pensions be made available to a surviving spouse upon the death of the qualified spouse and employment programmes be developed with elderly persons in mind.

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**Ghana****PERSONAL INFORMATION:****Nutrition  
Care provision**

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**Title of the research project:**

Accra Women's Health Study

**Expected beginning and ending dates of the project:**

June 2003 – November 2003

**Main purpose of the research project:**

To measure and account for the burden of non-communicable disease amongst older women living in Accra, Ghana.

**Keywords that describe this project's substantive areas of investigation:**

Physical assessment; health status.

**General abstract for this project:**

**Background.** Recent studies on the global and regional burden of disease have shown that women bear a disproportionate share of the total burden of morbidity despite their generally longer life expectancy than men. This study is designed to measure and describe the magnitude of the burden of communicable and non-communicable disease amongst a representative sample of adolescent and adult women aged 15 and over living in the Accra Metropolitan Area (AMA). The study involves the collection of information on both reproductive and general health from household interview surveys, comprehensive clinical history and physical examinations, laboratory and radiographic analyses. Initially designed as a single round cross-sectional study, the project intends to re-interview the participating women 12 months after the initial interview and thereafter convert the study into a longitudinal study of the changing health of the initial cohort of Accra women. The study will serve as a baseline for a subsequent series of more specific research and the evaluation of the impact of intervention projects on selected high priority health topics. In addition, the study will contribute to the development of the institutional capacity of the Ghana and Harvard Schools of Public Health to collect, analyse and translate into action information on population health obtained from resource-poor communities.

**Aims.** (1) To obtain information on the health of women beyond the reproductive ages and thus to provide the first description of morbidity amongst the elderly, here defined as 55 years old and over, in an African city; (2) To collect self-reported data on general health and specific health domains to allow comparison with similar data being collected internationally and in Ghana in 2003 by the World Health Survey supported by WHO<sup>1</sup>; (2) To evaluate the value of reference "health vignettes" as a way of correcting for reporting bias in self-assessments of health status; (3) To compare the self-reported morbidity data collected at home with the health assessments based on the physician's medical history and examinations and tests in the clinics; (4) To estimate the prevalence of disease from a comprehensive medical history and physical examination by combining reports on particular conditions with disease-specific constellations of symptoms, physical examination findings and the results of laboratory and radiographic testing; and (5) To create a baseline for a longer-term cohort study of women's health in Accra.

**Results.**

Illustration of the stratified sample distribution.

Socio- economic status	Age groups				All
	18-24	25-34	35-54	55 and over	
High class	200	200	200	200	800
Upper middle	200	200	200	200	800
Lower middle	200	200	200	200	800
Low class	200	200	200	200	800
Total	800	800	800	800	3200

**Conclusion.** Data collection ongoing.

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**Ghana****PERSONAL INFORMATION:****Health  
NCDs**

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**Madagascar**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social policy**  
**Care provision**

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**Title of the research project:**

Census of NGOs dealing with older persons and identification of older persons' needs.

**Expected beginning and ending dates of the project:**

July 2001- September 2001

**Main purpose of the research project:**

To contribute to the health of older persons and to provide a means for elaborating a policy focused on them. More specifically, the project aims at identifying the basic needs of older persons and at creating an inventory of the NGO's dealing with this population in Madagascar.

**Keywords that describe this project's substantive areas of investigation:**

Basic needs; family and social environment, functional ability; NGO.

**General abstract for this project:**

**Background.** The project consists of a survey identifying both the status of older persons and the NGOs that target or include this population on the island.

**Aims.** To provide baseline information on well-being of older persons and a basis for formulating a policy for older persons.

**Methods** Further details pending. The data is collected on survey forms completed by researchers. Out the 6 provinces 33 district survey sites were selected in a reasoned way. The survey questionnaires collect the following data for each individual: age, gender, residence, marital status, education level, profession and income.

**Results.** N=828 older persons from six autonomous provinces, 20% of whom live in rural settings and 80% in urban, 406 are males and 422 are females. There is an appreciation of the state of physical, mental and social health and a description of the measures taken in case of illness. Concerning leisure activities, the survey looks at the activities engaged and those that are inaccessible. It also takes into account the emotional situation of the individual, and his/her degree of independence.

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## Madagascar

### PERSONAL INFORMATION:

**Social policy**  
**Care provision**

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**Titre du projet de recherche:**

Recensement des ONGs s'occupant des personnes âgées et identification des besoins des personnes âgées.

**Dates prévues de début et de fin du projet:**

Juillet 2001 – Septembre 2001

**Objet principal du projet de recherche:**

Le but principal est de contribuer à la santé des personnes âgées et fournir des éléments pour l'élaboration d'une politique de prise en charge des personnes âgées. Plus spécifiquement il vise à identifier les besoins essentiels des personnes âgées et recenser les ONGs s'occupant des personnes âgées dans tout Madagascar.

**Mots clés qui décrivent les principaux domaines d'enquête de ce projet:**

Détermination des besoins des personnes âgées en milieu urbain et rural ; environnement familial et social ; capacités des personnes âgées – degré d'indépendance ; besoins des personnes âgées (santé, alimentation, loisirs, occupation, logement) ; ONG s'occupant des personnes âgées.

**Résumé général de ce projet:**

**Aperçu général .** Il s'agit d'une enquête transversale d'identification de la situation des personnes âgées et des ONGs qui le prennent en charge dans toute l'Ile. Cette enquête va fournir des éléments pour l'élaboration d'une politique de prise en charge des personnes âgées.

**Méthodes.** Les données sont recueillies sur des fiches d'enquêtes administrés par des enquêteurs. Les sites d'enquêtes sont au nombre de 33 districts répartis dans les 6 provinces, choisis de façon raisonnée. Les questionnaires d'enquête individuels recueillent : l'identification de l'enquêteur, l'âge, le sexe, la résidence, la situation matrimoniale, le niveau d'instruction et la profession, les revenus.

**Résultats.** Elle concerne 828 personnes âgées réparties dans les 6 provinces autonomes dont 20% en milieu rural et 80% en milieu urbain, 406 P.A de sexe masculin et 422 de sexe féminin. Il y a une appréciation de l'état de santé physique, mentale et sociale et une description des modalités de prise en charge en cas de maladie. Le volet alimentaire concerne les repas pris en période normale et en période de soudure. Pour les loisirs, le questionnaire concerne les loisirs pratiqués et les loisirs inaccessibles. Il apprécie également la situation affective de l'individu, son degré d'indépendance.

**Madagascar**

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**Malawi**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Nutrition  
Health**

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**Title of the research project:**

Nutritional status and functional ability of older people in rural Malawi

**Expected beginning and ending dates of the project:**

July 1994 – November 1998

**Main purpose of the research project:**

To ascertain the levels of malnutrition and functional impairment among older persons. In addition, the study also investigated the relationship between nutritional status and functional ability to find ways of assisting older persons to remain functionally independent as long as possible.

**Keywords that describe this project's substantive areas of investigation:**

Nutritional status; anthropometry/body mass index; functional ability; social support systems.

**General abstract for this project:**

**Background.** Until 1996, virtually no work had been done in Malawi to assess nutritional status and functional ability of older people although there was ample evidence suggesting that the population of older people was increasing. Until then, the focus had been on problems and programmes of children and pregnant women. **Aims.** The study was designed to assess nutritional status and functional ability, examine the interrelation between, and to identify risk factors for poor nutritional status.

**Methods.** A cross-sectional study. Respondents aged from 55 to 94 years in rural Malawi from April to July 1996. The study population comprised a total of 296 subjects: 97 men and 199 women selected from three traditional Authorities (Chiseka, Kabudula and Mazengera) in Lilongwe district. A total of 11 villages were selected.

Selected anthropometric measurements such as height, weight, arm-span, demi-span, mid upper arm circumference (MUAC) and triceps skin-fold thickness were measured and others were computed using standard equations to assess nutritional status. A general questionnaire was also administered to assess social vulnerability and a clinical examination was taken. Data analysis was carried out using SPSS (Statistical Package for Social Science), version 5.0 and version 6.1

**Results.** The study population comprised a total of 296 subjects: 97 men and 199 women selected from three traditional Authorities (Chiseka, Kabudula and Mazengera) in Lilongwe district. A total of 11 villages were selected. Men were significantly heavier and taller than women but had smaller mid-upper arm circumferences and triceps skin-folds than women. Prevalence of under-nutrition defined as body mass index (BMI) < 18.5 kg/m<sup>2</sup>, was 33.7% among males and 27.7% among females. Low BMI was associated with a history of smoking, fear of dependence and disability, poverty and living alone among males and among females. BMI was also associated with reduced food intake during the pre-harvest season and a history of anemia.

**Summary.** The study demonstrated for the first time that undernutrition is a significant problem among older people in Malawi.

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**Malawi**

## PERSONAL INFORMATION:

**Nutrition  
Health**

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**Nigeria**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Nutrition**

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**Title of the research project:**

Oral mucosa integrity and possible effect of nutrition in geriatric patients.

**Expected beginning and ending dates of the project:**

March 2001 – Ongoing

**Main purpose of the research project:**

One of the main purposes is to identify the specific role of nutrition in atrophic epithelium, often encountered in our geriatric denture wearers. Oral pyrhosis is also common among this group. The focus of the study was to analyse possible nutritional deficiencies that lead to atrophic epithelium in patients ages 50 years and above. The target group is denture wearers and those presenting with recurrent oral ulcers.

**Keywords that describe this project's substantive areas of investigation:**

Oral epithelium; integrity; nutritional deficiency; denture wearers; ulcers.

**General abstract for this project:**

**Background.** Atrophic oral epithelium has been associated with advancing age. However, several predisposing factors have been noted as catalysts in advancing the condition. Among these are malnutrition, habits such as chronic smoking, alcohol and cigar smoking. Literature abounds on the effect of alcohol and smoking on oral carcinogenesis. Nutritional effects on oral mucosa has also been looked into. On the other hand literature on effects of malnutrition on oral epithelium of ageing African population is scanty.

**Methods.** The population under study consist of cohorts ages 50 and above who are denture wearers, and they are local population, with adequate demographic strata, as Ibadan is a large metropolis, with people from all over the country represented. Further details will be forwarded once available.

**Results, Summary** pending.

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**Nigeria**

## PERSONAL INFORMATION:

**Oral Health  
Nutrition**

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**Nigeria**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Oral Health**

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**Title of the research project:**

Epidemiological pattern of oral Disease in geriatric patients seen in Ibadan Nigeria: a twenty year review.

**Expected beginning and ending dates of the project:**

10 January 2001 – 30 May 2002.

**Main purpose of the research project:**

To appreciate the main oral health problems among the aged in SouthWestern Nigeria. This is expected to facilitate awareness among dental clinicians, leading hopefully to a better planning.

**Keywords that describe this project's substantive areas of investigation:**

Epidemiological survey; oral disease; geriatric; awareness among clinicians.

**General abstract for this project:**

**Background.** The study was embarked upon to establish the exact epidemiological pattern of oral disease presentation in the geriatric population that attends the University College Hospital Dental Clinic, Ibadan. No previous study has been conducted in this part of the world specifically on geriatric oral pathology. The oral diagnosis clinic records were retrieved to collect data on age, sex, site and diagnosis on presentation. Results will be compared with similar studies from other parts of the world.

**Methods** . During the period under study (1996-2000), 6520 patients out of the 33,640 seen at the Oral Diagnosis/Oral Medicine Clinics of the University College Hospital (UCH) were between ages 60 and above, this represents a percentage of 19.4%.

**Results.** Inflammatory Lesion was predominant, 4245(65.1%), followed by Benign Soft Tissue (BST), Lesion 756 (11.6% ) Benign Hard Tissue (BHT) Lesion 639(9.8%), Malignant Lesion (ML) 228(3.5%), Oral Medicine 326(5.0%) and others 326(5.0%). An increase in the number of elderly patients seeking dental treatment is noted. This is thought to be possibly connected to improved life expectancy and awareness in the population group. Geriatric Dentistry as specialty is least understood and understudied in the Nigerian Dental Community.

**Conclusion.** It is now time to sensitize practitioners to the special need of this enlarging population group with a view to developing both long and short term measures in meeting the imminent challenge it might eventually pose.

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**Nigeria****PERSONAL INFORMATION:****Oral Health**

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**South Africa**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health****Demographic changes**

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**Title of the research project:**

National Burden of Disease Study for South Africa

**Expected beginning and ending dates of the project:**

January 2002 – December 2004

**Main purpose of the research project:**

To analyse available data sets to estimate the current burden of disease for South Africa, the future impact of HIV/AIDS and the attributable burden due to selected risk factors.

**Keywords that describe this project's substantive areas of investigation:**

Health status; burden of disease; health transition.

**General abstract for this project:**

Data from surveys, census and vital registration were analysed to describe demographic and epidemiological trends. Discrepancies between data sets were investigated so as to derive best estimates of the levels and causes of mortality experienced in South Africa. Due to the rapid mortality transition, a modeling approach will be used to derive more recent estimates-calibrated to the historical empirical data. Due to the paucity of morbidity data, a ratio method is used to estimate the years lived with disability (YLDs) from the estimates years of life lost (YLLs). The causes of the burden of diseases experienced by older persons will be examined and interpreted in the context of risk factors and lifestyle behaviours during adulthood.

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**South Africa**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Nutrition**

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**Title of the research project:**

Development and validation of a nutrition screening tool for use in older African adults.

**Expected beginning and ending dates of the project:**

March 2002 – December 2002

**Main purpose of the research project:**

To develop and validate a nutritional screening instrument for elder South Africans.

**Keywords that describe this project's substantive areas of investigation:**

Nutritional assessment; older; health status; physical functioning; dietary intake.

**General abstract for this project:**

**Background.** There is growing consensus that the nutritional status of older adults is a major determinant of both physical and cognitive functioning, as well as quality of life. Nutrition is implicated in the aetiology and management of some chronic disease such as cardiovascular disease and certain cancers. **Methods.** Cross-sectional validation study, the objectives of which were (1) To develop and validate a nutrition screening instrument for use in older black South Africans; (2) To describe the nutritional status, anthropometrical profile, levels of physical and cognitive functioning, and prevalence of hypertension and hypercholesterolaemia of community-dwelling and institutionalised older black South Africans. 283 subjects aged 60 + years were recruited from church groups, luncheon clubs and community health-centre facilities (i.e. community-dwelling) and from state subsidized homes for the aged and applicants applying for entry into category three (i.e. maximum care) homes (i.e. frail). The sample size was calculated, assuming a prevalence of malnutrition of 30% in the frail elderly group and 15% in the independent group (80% statistical power and alpha error of 5%), and accounting for an attrition rate of 15%. Trained field workers administered questionnaires in the subjects' home language (Xhosa), which included data gathering on the following items:

- Socio-economic factors: living arrangements, income, household food expenditure; Activities of Daily Living (ADL): bathing, personal grooming, toileting, continence, transferring, walking and eating; Assessment of Independent Activities of Daily Living (IADL): subjects' ability to perform eight tasks (motor disability); self reported health status and mobility, and health services utilization.
- Dietary intake was assessed using a 24-hour recall method, and nutritional status assessed using the 12-item DETERMINE nutrition screening questionnaire and the Mini Nutritional Assessment (MNA) questionnaire.
- The following physical and cognitive function tests were undertaken: Chair rise, balance, functional reach, get-up-and-go, and 2.4 m walk tests; grip strength, using a dynamometer; and revised 6-item cognitive impairment test.
- Trained nurses performed the following measurements: blood pressure; body weight and height, waist and hip circumference; mid upper-arm circumference; calf circumference; knee height; % body fat (bio-electrical impedance); skin fold measurements using Harpenden callipers.
- Fasting blood samples were drawn, for the following analyses of nutritional biochemical and haematological parameters; serum albumin; haemoglobin and full blood count; serum ferritin; vitamin B<sub>12</sub>; RBC folate, vitamin C and cholesterol.

**Results.** Reported dietary energy intake was low (25 % of men and 19 % of women had intakes below 67 % DRI), which was explained by a very low fat intake (20.1 % total energy). Regarding micronutrient intake, over half of the sample had inadequate intakes (i.e. < 67 % DRI) for the following vitamins: riboflavin, vitamins A, B<sub>6</sub>, C, D, E, K, folate, and biotin, and for the following minerals: calcium, magnesium, copper, selenium. Ten percent of subjects had low serum albumin concentrations (<35g/L), while almost a quarter were anaemic and two-thirds

had suboptimal plasma vitamin C concentrations. The highest prevalence (65 %) of obesity reported in older South African women to date was found in this study, while an additional 20 % of women were overweight. A fifth of men were underweight (BMI < 18.5), compared to only 2.2 % of women.

Using the MNA tool, 5 % of subjects were classified as being malnourished, 50.4 % at risk of malnutrition, while 44 % were considered to be well nourished. MNA score was positively and significantly associated with the following anthropometrical variables in both men and women: calf circumference, weight, BMI, waist and hip circumference, MUAC, mid-thigh circumference, triceps and biceps skinfold thickness, and corrected arm muscle area. Better cognitive function was associated with a higher MNA score. Of the nutrition-related blood parameters, plasma vitamin C was positively associated with MNA in women, while in men serum ferritin was inversely associated with MNA score. In women, both the indices of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scores were positively and significantly associated with MNA score, while in men a similar, but non significant, trend was seen.

The DETERMINE score, on the other hand, failed to characterize subjects in the expected direction, according to anthropometrical status, functional ability and other objective indicators of nutritional status. Sixty-two percent of subjects were classified as being at high risk of malnutrition using the DETERMINE tool; 28 % as being at “moderate risk of malnutrition,” while 10 % of subjects fell into the “good nutritional status” category. Compared to the MNA tool, the DETERMINE questionnaire was sensitive at being able to classify subjects who are either at high or moderate risk of malnutrition (sensitivity = 91 %). However, the very low specificity of the instrument (16 %) means that many subjects will be incorrectly classified as either being at risk of malnutrition, or actually malnourished, when they are, in fact, well nourished.

**Conclusion:** Our data demonstrates that, in its present format, the DETERMINE is not appropriate for use in black elderly South Africans. The MNA tool is associated with objective indicators of nutritional status, as well as functional ability, and is able to characterize subjects who are either malnourished, or at risk of malnutrition. A new, simplified 14-item screening tool was developed which encompasses 8 self-reported domains: (1) motor disability, (2) cognitive function, (3) self-perceived health status, (4) use or need for cane/crutch/walking frame, (5) number of meals a day, (6) dietary intake of fruit/vegetables, dairy products, beans/eggs, meat/fish/chicken, (7) recent psychological stress and acute illness, and (8) food security, as well as measurement of mid-upper arm circumference. The proposed new screening tool has content and criterion-related validity (at least against the MNA tool), and the individual items have been shown to have good internal consistency.

### Nutrition screening tool developed for use in older South Africans (Charlton, Kolbe & Nel)

#### Question 1: Motor disability:

Do you have difficulty to perform the following tasks?

Task	Yes	No
Walking up 10 steps	0	1
Doing HEAVY housework/yardwork	0	1

#### Question 2: Cognitive function (memory)

Please repeat the following phrase (address) after me:

*Pumla/ Zibi/ Z69/ Jama Road/ Khayelitsha*

(Note: This address phrase can be changed to be appropriate to the subjects' area of residence)

#### Question 3: Self-perceived health status

Would you say that your health is better, about the same, or not as good as that of most people your age?

	Score
Better	2
About the same	1
Not as good	0

#### Question 4: Use of and need for health aids

Do you use, or need to obtain the following:

	Yes/Refuses to say	No-but need to obtain this aid	No- do not need this aid
Cane/ crutch / walking frame	0	0.5	1

**Question 5: Cognitive function (repeat memory phrase)**

Please repeat the address I told you previously:

Pumla/ Zibi/ Z69/ Jama Road/ Khayelitsha

	Score
No errors in recalling the address	1
1 or more errors in recalling phrase	0

**Question 6: Number of meals per day**

I eat less than 2 meals per day

	Score
Yes/don't know	0
No	2
Don't know	0

**Question 7: Dietary intake: fruit and vegetables**

Do you eat

	Yes	No/ Don't know
Fruit and vegetables on <b>most days</b> ?	1	0
At least one serving of dairy products (milk/maas/sour milk/cheese) on <b>most days</b> ?	1	0
2 or more servings of beans or eggs <b>per week</b> ?	1	
Meat, fish or chicken <b>every day</b> ?	1	0

**Question 8: Food security**

My food runs out before I get money to buy more.

	Score
Never/Sometimes	2
About half the time	1
Often/Always	0

**Question 9: Psychological stress/illness**

Have you experienced the following:

	<b>Yes/ Don't know</b>	<b>No</b>
Suffered from psychological stress in the past 3 months	0	2
Suffered from an acute illness in the past 3 months (not including conditions that are chronic, such as high blood pressure)	0	2
Do you take 3 or more different prescribed and over-the-counter medicines per day?	0	2

**Question 10: Mid-upper arm circumference (MUAC) measurement**

	<b>Score</b>
MUAC = 24.0 cm	3
Arm < 24.0cm	0

**Scoring system for Charlton nutrition screening tool**

Possible score = 0 – 23

<b>Score</b>	<b>Malnourished</b>	<b>At risk of malnutrition</b>	<b>Well nourished</b>
<b>MEN</b>	<b>&lt;9.5</b>	<b>9.5 – 14.5</b>	<b>&gt;14.5</b>
<b>Women</b>	<b>&lt;9.5</b>	<b>9.5 – 16.0</b>	<b>&gt;16.0</b>

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**South Africa**

## PERSONAL INFORMATION:

**Health  
Nutrition**

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**South Africa**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Social Policy**

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**Title of the research project:**

Living circumstances of retired farm workers, farm evictions and the “dop” system in the Western Cape Province.

**Expected beginning and ending dates of the project:**

October 1997 – May 1998

**Main purpose of the research project:**

To investigate the living circumstances of retired farm workers in the Western Cape Province in a socio-historical context. Historically, the “dop” system (part remuneration of farm workers with tots of wine) was practised on farms in this sub-region, and it was hypothesized that as a result, farm workers suffered cumulative disadvantage over their life careers.

**Keywords that describe this project's substantive areas of investigation:**

Retired farm workers; farm evictions; the “dop” (tot) system; living circumstances; cumulative disadvantage

**General abstract for this project:**

**Aim.** The purpose of the study was to obtain knowledge on rural ageing in the Western Cape Province by investigating the living circumstances of coloured retired farm workers who may have been evicted from the farm on which they last worked, when they were no longer economically productive.

**Background.** Historically, farm workers were partly remunerated with alcohol (they were supplied tots of wine daily, known as the “dop” system). Retired farm workers were assumed to have suffered cumulative disadvantage over the life course.

**Method.** The study was conducted in three towns in the province: Grabouw, Genadendal and Robertson.

Exploratory field work showed that on retirement, farm workers tend to relocate to the nearest town. A convenient sample of 181 persons aged 60 years and over was drawn in the three towns. All towns are fairly large in the middle of prolific wine producing farm areas (thus, remuneration of farm workers with wine). As far as the respondents are concerned: sampling was conducted at pension pay points (post offices) in three towns on monthly pension pay day. Every tenth person in the queue was approached for an interview; if a refusal, the next person was approached and so on until a respondent was recruited; then every tenth person after that until the sample size was realised. Interviews were then conducted later with respondents, after they had collected their pension and left the pay point; some at their homes, some at other convenient venues.

Data were collected by specially trained interviewers of the same ethnic group using a structured survey questionnaire. In addition, case studies were conducted with six respondents.

**Results.** The study yielded knowledge on the impact of two historically iniquitous practices on the life course of the sample population: a lack of security of tenure on farms, and the social and health effects of the “dop” system. Although no evidence of cases of eviction was found, a lack of suitable alternative retirement accommodation for this sub-population was identified.

**Conclusion.** As the population is vulnerable and at risk of displacement, multisectoral strategies to alleviate its plight are indicated. The practice of the “dop” system on the farms in the areas surveyed appears to be virtually phased out.

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**SOUTH AFRICA**

## GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Work and retirement**

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**Title of the research project:**

Non-Contributory Pensions and Poverty Study (NCPSS). South African Survey

**Expected beginning and ending dates of the project:**

January 2001 – December 2003

**Main purpose of the research project:**

The comparative multinational study has assessed the impact of non-contributory pension income in poor households in Brazil and South Africa. The South African survey was conducted independently, with input from the NCPSS Group and co-ordinated at the University of Manchester, UK.

**Keywords that describe this project's substantive areas of investigation:**

Non-contributory old age pensions; poverty; pensioners; older households; impact on household poverty; older households;

**General abstract for this project:**

**Background.** Poverty remains a serious problem in developing countries and older persons are often victims of poverty. The study examines the role of non-contributory pensions in alleviating poverty in these countries. Very few developing countries have well-designed and sustainable non-contributory pension programmes. Brazil and South Africa have well-established, relatively similar programmes; the two countries are also similar in that both are middle income countries, have a vast poor population and have similar racial stratification. Similar surveys were conducted in the two countries to shed light on the impact of pension income on pensioner households in the countries.

**Methods.** The South African case study surveyed the living conditions, and financial and health situations of 1111 older households (at least one member of the household was 55 years and over) in the Cape Town metropole and in rural areas of the Eastern Cape. A multistage sampling design, a variation of the probability proportional-to-size sampling method, was used to select equal proportions of black and coloured households in the Cape Town area and rural black households in the rural areas. Data were collected using a structured questionnaire by interviewers of the same ethnic group as the respondents, in October/November 2002.

**Results.** The survey results are numerous, and are shown according to household profile, composition, economic activity, income and assets, expenditure, health and care, and perceived quality of life. Separate profiles are provided of household members aged 55 years and over (n= 1400) and of old age pensioners (n= 828). A gradient of disadvantage and contrasting poverty levels across the three subsamples are consistently evident in the data, with rural black households being worst off and urban coloured households the least disadvantaged, and urban black households falling in between. Pension income constitutes a major portion of total income in pension households. Pension sharing is found to be the norm in black households. Other government transfers, e.g. the child support grant, contribute less to poor households' income.

**Conclusion.** The report concludes that basic pension income should be supplemented with other government transfers to which poor households are entitled, so that pensioners may benefit individually from their pension income.

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**South Africa**

## PERSONAL INFORMATION:

## Work and retirement

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**SOUTH AFRICA**

## GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Work and retirement**

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**Title of the research project:**

Grandmothers as carers to children and grandchildren affected by HIV/AIDS: towards supporting the carers.

**Expected beginning and ending dates of the project:**

January 2000 - December 2001

**Main purpose of the research project:**

To investigate the circumstances of older women (grandmothers) in households on the Cape Flats (Western Cape Province, South Africa) who are challenged with caring for adult children and grandchildren afflicted with or affected by HIV/AIDS.

**Keywords that describe this project's substantive areas of investigation:**

Grandmothers; HIV/AIDS; caregiving; support needs; poverty.

**General abstract for this project:**

**Background.** Very little attention has been paid in southern Africa to the situation of older African women who are carers to adult children and grandchildren afflicted with or affected by HIV/AIDS. **Method.** A qualitative longitudinal study was conducted in 43 AIDS-affected households, to learn of the grandmothers' situations and caregiving burden. The study was conducted in four townships historically inhabited by Africans on the Cape Flats: Crossroads, Guguletu, Khayelitsha and Nyanga. Forty-three grandmothers aged 50 years and over were interviewed at baseline, with follow-up interviews conducted at 3 months and 6 months. Households were randomly sampled from lists of clients serviced by NGOs working in the townships which support AIDS-affected households. Totals of 156 children (<19 years) and 97 adult children (>19 years) co-resided in the sampled households. Data were collected by specially trained interviewers of the same ethnic group as the households, using semi-structured questionnaires. Questionnaire items were primarily open-ended and the qualitative data were content analysed, while fixed-item response data were quantified. **Results.** Main findings of analyses across the three series of interviews highlight (1) pervasive, desperate poverty in the households; (2) a lack of resources and bureaucratic barriers to the access of entitlements; (3) food poverty; (4) difficulty in paying school fees for grandchildren, transport for persons with AIDS (PWAs) to obtain medical treatment, and burial society dues for dying PWAs; (5) the physical and mental burden of caregiving and deterioration in the older women's health; and (6) the emotional trauma suffered by the grandmothers. Eight case studies demonstrated the situations and changes in the households over the 6-month study period. Overall, the households' perceived greatest needs were for money and food. The older women asked for training in business skills so that they might start income-generation projects to augment household income. **Conclusion.** An intervention to support such grandmothers was subsequently designed and implemented by an NGO, in consultation with the researchers, based on the study findings.

**South Africa**

## PERSONAL INFORMATION:

**Work and retirement  
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**Sudan**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Social policy**

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**Title of the research project:**

Impacts of diabetes on the elderly.

**Expected beginning and ending dates of the project:**

1 April 2002 – 1 July 2002

**Main purpose of the research project:**

To study the impact of diabetes on control of older diabetics, with some emphasis on social factors.

**Keywords that describe this project's substantive areas of investigation:**

Health care access; gender-specific factors; older persons with chronic diseases; community participation in elderly care.

**General abstract for this project:**

**Background** Many people in the world tend to survive for more advanced age than previously. There is good evidence that the health system in the developing countries pay little attention to the health problems of the 'senior citizens'. Even more, we feel that these people (especially those with chronic diseases) are poorly managed by the doctors at any level of the health service. In the recent years diabetes mellitus has become an increasingly important problem in Sudan (and the other countries) among all age groups of the population. The elderly pose particular problem to the diabetic services because they are less able to self-care and due to their diminished physical and cognitive abilities.

**Aim.** The aim of this study was to investigate the impacts of the diabetes on the elderly patients in regards to their physical and mental capacities, glycaemic control and their response to the prescribed treatments. This study aimed at investigating the impacts of diabetes mellitus in the elderly and then to identify the different factors that affect their control.

**Methods.** Our study involved primary data collection through a cross-sectional survey. The study was done at a referred clinic run by consultant physicians in Omdurman city, Sudan in the period April through July 2002. Our study population were all the known diabetic patients above the age of 65 years (140 individuals) who were consecutively seen in the clinic in the specified period. Two sets of data were collected from our patients who all gave their consent to participate.

**A. Clinical Characteristics:**

- i. Age, sex, living arrangements, blood pressure, body mass index (BMI), other chronic diseases.
- ii. Assessment of physical function here, as an instrument for assessment we used a modified version of Barthel Index (based on the assessment of the activities of the daily living). The instrument consists of the following items (the scoring points are given in parenthesis).
  - Feeding : independent (2), needs some help (1), dependent (0).
  - Grooming face, hair, teeth, shaving: independent (1), needs help (0).
  - Dressing: independent (2), can do half (1), dependent (0).
  - Transfer: independent (2), needs help (1), unable (0).
  - Toilet use: independent (2), needs some help (1), dependent (0).
  - Walking: independent (3), walk with a stick (2), on wheelchair (1), unable (0).

A score of 8-12 indicates functionally independent elderly, and a score of 0-7 indicates functional dependency.

- iii. Assessment of the cognitive function: here we applied an eight – question instrument about age, time (to the nearest hour), month, year, name of place, year of birth, name of the President, and counting back from 20 to 1. Each correct answer was given one mark. A score of 6-8 indicates a normal cognitive function, a score of 5 indicates probable abnormality and a score of 0-4 indicates clear abnormality.
- iv. Control Group.  
For the purpose of the control we recruited 35 age–matched patients who were referred to the clinic for minor or acute problems. None of them had a chronic disease. The points of comparisons were : physical and cognitive assessment, blood pressure, and BMI.

## B. Diabetes data

- i. Type, duration and current treatment of diabetes, degree of compliance to prescribed therapy. (and difficulties encountered and attitudes toward the therapy), and assessment of degree of the patient’s knowledge about the disease especially about hypo- and hyperglycaemia.
- ii. Assessment of the glycaemic control .  
The glycaemic control was considered poor at a fasting blood glucose (FBG) level above 8.8 mmol /l, and fair at FBG level below this figure.
  - iii. Assessment of chronic complications of diabetes (the minimal requirements)
    - Peripheral neuropathy: glove and stocking numbness or paraesthesia, absence of ankle reflex.
    - Ischaemic heart disease: ECG signs or history of angina or myocardial infarction.
    - Retinopathy: characteristic ophthalmoscopic finding of background or proliferative retinopathy.
    - Nephropathy: persistent proteinuria in absence of urinary infections.
    - Peripheral vascular disease: intermittent claudication, amputations

Data that are approximately normally distributed were given as means and standard deviations. A p- value of less than 0.05 was regarded as significant.

**Results A. Clinical characteristics.** Our study included 140 patients (81 female, 59 male) of age average of 72 years (range: 65-91 years). All of them were living with their families, The mental assessment showed that 17 patients (12.1%) had impaired cognitive function compared to 2 (5.7%) among the control group ( $p < 0.05$ ). The physical function assessment showed that 24 (17.1%) patient were physically dependent compared to 4 (11.4%) among the control group ( $p < 0.05$ ). The mean systolic blood pressure among the patients was  $162.40 \pm 33.07$  mmHg (range: 127-230) whereas the mean diastole was  $86.70 \pm 11.31$  mmHg (range: 55-115). Among the control the mean systolic pressure was  $121.43 \pm 25.75$  mmHg whereas the mean diastole was  $54.35 \pm 21.66$  mmHg (range: 50-95).The statistical analysis of the blood pressure in both groups showed that ( $p < 0.05$ ). The mean BMI among the patients was  $23.14 \pm 6.14$  and among the controls was  $19.1 \pm 5.36$  ( $p < 0.05$ ).

**B. Diabetes data.** The majority of the patients(131) had type 2 diabetes(93.5%) . The average duration of diabetes was 16 years (range 1-27 years). The current prescribed treatments of diabetes included diet in 26 patients (18.6%), oral hypoglycaemic agents (OHAs) in 85 patients (60.7%) and insulin 29 patients (20.7%). Sixty nine patients (49.2) were found to be non-compliant to their prescribed treatments. The distribution of non-compliance included 13 patients in the diet-treated group (50%), 37 in OHAs group (43.5%) and 19 in the insulin group (65.5%). The patients stated the following reasons for non-compliance: non-availability of drugs, difficulty of insulin storage and delivery and dietary difficulties. The poor glycaemic control of diabetes was encountered in 72 patients (51.4%) distributed as 9 in the dietary group (34.6%), 43 in the OHAs group (50.6%) and 20 in the insulin group (68.9%). The full range of chronic diabetic complications was encountered among our patients which included: peripheral neuropathy in 39 patients (27.8%), ischaemic heart disease in 24 patients (17.1%), retinopathy in 21 patients (15%), peripheral vascular disease (including amputations in 13 patients (9.2%) and nephropathy in 7 patients (5 %). Other chronic disease were detected among 81 patients (57.8%) which included hypertension, arthritis, dementia, senile enlargement of the prostate.

**Conclusions.** Our study indicated that the diabetic elderly patients in Sudan suffer severe deficiencies and problems that need to be meticulously addressed by both the policy makers and caregivers. These problems included poor control, poor compliance to prescribed treatments, high incidence of chronic complications and a lower cognitive and physical capacities compared to the non diabetic elderly. We suggest to adopt a multidisciplinary approach for health delivery system to ensure the participation of social workers, dietitians, diabetes educators, chiropodists in addition to diabetologists and other clinicians. The carers should pay great emphasis on the promotion of the well-being of the patient (physical and social) and not only to normalize their blood glucose levels. The patients need to create major changes in their life especially in aspects such as diet, exercise and regular visits to their doctors. Here we should be aware to the inherent tendency of the elderly to

resist changes. Sometimes failure to receive medical care at reasonable costs can be a real problem for the elderly. Attention should be made to the diabetic elderly in the few residential and nursing homes.

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**Sudan**

PERSONAL INFORMATION:

**Health  
Social policy**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Intergenerational relations  
Older women**

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**Title of the research project:**

Older People in the United Republic of Tanzania .

**Expected beginning and ending dates of the project:**

End September 1998.

**Main purpose of the research project:**

To understand the situation of older people in the United Republic of Tanzania leading to the development of a country programme.

**Keywords that describe this project's substantive areas of investigation:**

Community involvement; gender inequality.

**General abstract for this project:**

**Background.** Though older persons still have an important role in the community, their position have changed significantly. The traditional role of guarding traditional customs and ensuring youth are raised with tribe ethics and bondage has now changed. Older persons are now forced into more physically demanding roles including income generating activities and the upbringing of grandchildren. Equally the progressive increase number of old people can not be underscored.

**Aims.** To improve the understanding of the situation of older people in Tanzania for the purpose of designing old people projects by Help Age International Tanzania.

**Methods.** The study was conducted in 1998 in five regions in Tanzania namely: Dar es Salaam, Mwanza, Zanzibar, Kagera, and Mbeya. These regions were chosen purposeful because Help Age International had operated in these areas. Interviewing older persons was done in one district in each region. A total of 1500 older persons were interviewed, plus consultations with a number of other stakeholders who were selected randomly.

**Results.** Although the regions studied are geographically spread, the findings converge into similar opinion, showing that the findings may be representative. Older persons are concerned that the respect paid to them has now decreased. The change in roles has been caused by decreasing support and the rapid change in the socio-economic situation in Tanzania. The money economy, sons and daughters moving away to look for employment was also identified as a contributory cause. Lack of basic needs are met in nearly every encounter except water. Health care was made difficult by non-committed staff leading to further vulnerability of older persons. Gender inequality was seen to be age sensitive; many women have more work as compared with men and enjoy fewer benefits. More women are widowed and are struggling alone, those who have not been supplanted by a younger wife. Older women are also more likely to be accused of witchcraft than men. Traditional healers are more popular for health care, especially among old people. The issue of superstition is strong among old people and may affect health and housing.

**Conclusion.** A set of recommendations for material improvement in the quality of life include the following: Increase health care training for older persons and staff; Create access to income generating projects; Increase public awareness on roles and rights of older people; Develop government policy focused on older people; Change the government policy to support universal pensions; Provide support to specific organizations for older people; and, Offer training for formal and informal care providers in key organizations.

“It was impressive that old people were always available to people who wanted to talk to them.”

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Intergenerational relations  
Older women**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social policy  
Older women**

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**Title of the research project:**

Schools without Walls (Tamwa).

**Expected beginning and ending dates of the project:**

July 1997 - April 2001

**Main purpose of the research project:**

Sensitization, advocacy and lobbying to break free of gender violence.

**Keywords that describe this project's substantive areas of investigation:**

Gender violence; lobbying.

**General abstract for this project:**

Sensitization, advocacy and lobbying to break free of gender violence.

**Keywords that describe this project's substantive areas of investigation:**

Gender violence; lobbying.

**General abstract for this project:**

*Schools without walls*” was part of a school program in sensitization, advocacy and lobbying to break free of gender violence. The program started in May 1997 and ended in April 2001. It covered two regions, namely, Shinyanga and Kagera. The premises on which the program was structured were: create awareness on legal and human rights; build capacity through paralegal training.; establish effective networks for women’s groups in the district; organise women campaigns at national level. The out-reach activities included informal meetings, formal meetings, structured training, and workshops. Among the successes of the first phase of the program were the raise in the awareness among the public; i.e., many people started reporting gender violence and there was establishment of centres in the regions. Among gender violence documented, old age featured very prominently. It was clearly seen that old women were killed (Shinyanga) because they were thought to be wizards. In other areas of lake zone they were neglected/isolated by their spouse, neighbours, or family members. Widow’s properties were also taken.

TAMWA is a national organization operating in different parts of the country. It phased out handling the project to the community-based NGO in the region. The potential organizations to which the project was handled were Tanzania Women Volunteers Association (TAWOVA) and Women Legal Aid Center (WLAC).

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**United Republic of Tanzania**

PERSONAL INFORMATION:

**Social policy  
Older women**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social policy  
Work and retirement**

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**Title of the research project:**

Social security of retired workers in United Republic of Tanzania .

**Expected beginning and ending dates of the project:**

End 1995.

**Main purpose of the research project:**

To know how retirees in urban areas of the United Republic of Tanzania survive despite their low level of retirement benefits such as gratuities and pensions.

**Keywords that describe this project's substantive areas of investigation:**

Retirement benefit; pension.

**General abstract for this project:**

**Background.** In the pre-colonial era, social security was provided by the extended family. This was weakened by the colonial rule and by the introduction of wage Labour. Modern social security systems were introduced, catering for non-African civil servants. This system was later extended to cater for non-pension African workers. After independence this was made more comprehensive and it was managed under the National Provident Fund and the Parastatal Pension Fund. Nearly all social security schemes in Tanzania have similar problems, such as operating below full capacity with regard to the collection of contributions and the payments of benefits to retired people; gratuities and pensions are not adjusted to the inflation rate, the beneficiaries receive a low rate. All of this leads to a difficult life for a retired person.

**Aims.** To further understand how retirees in urban areas manage to survive despite their low level of income.

**Methods.** The study was done in Arusha municipality, chosen by convenient. The research targeted employers, officials in social security institutions and pensioners. A total of 50 interviews were made, but only 40 were deemed analyzable. Study units were selected randomly.

**Result.** The study found that both formal and informal social security systems play a vital role in protecting retirees in Tanzania, but the benefits accrued from such systems are inadequate. In order to survive, retired persons engage themselves in small-scale businesses whose nature varies from one person to another. The level of education and capital dictates the type of activity.

**Summary and recommendations.** The study documents hardship that retirees experience because of inadequate pension. Although relief is obtained from weakening social net works and inadequate pension, purposeful program needs to be in place to support old people after retirement. The author concludes by urging the government to review pension schemes, to form organizations/ consortium to help old people in need.

*NOTE: This study was done as partial fulfillment in awarding Diploma in Social work at the parent institute. Seemingly, the personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However the institute address is provided below.*

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Social policy  
Work and retirement**

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**United Republic of Tanzania****GENERAL DESCRIPTION OF THE RESEARCH PROJECT:****Care provisions****Intergenerational relations**

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**Title of the research project:**

Strengthening village and neighborhood organizations.

**Expected beginning and ending dates of the project:**

Ending March 2000

**Main purpose of the research project:**

To draw from practical experience a methodology and program of support for the growth of local groups and networks for the elderly.

**Keywords that describe this project's substantive areas of investigation:**

Village support organisation; safety network for the vulnerable elderly

**General abstract for this project:**

**Background.** The research was carried out in Kagera district region with the support of UK Department for International Development (DfID), and was focused on local perception of vulnerability and the relationship between vulnerability and social interaction.

**Aims.** To develop a methodology for assessing needs and programme to support the growth of local groups through networks of older persons.

**Methods.** Karagwe district was chosen for convenience on one hand to evaluate intervention of old people project. Four villages were studied, three had intervention and one with no intervention as a control. The participants were drawn from gatherings of old people (1 man and 1 woman from each subvillage). A total of 145 respondents were studied, but only 139 were analysed. Data collection involved group discussions and individual interviews. Interviews were conducted with key informants and older persons. Majority of people studied were 75 years and above.

**Results.** Older persons rank their problems first as health issues, then economic issues, lack of basic needs, family and social problems. Family, economic and social issues are the main factors leading to vulnerability. Health problems make elders more vulnerable and this process is rarely regarded as reversible. Village leaders and other key informants consistently underestimated the importance of health issues for elders and over emphasize the lack of basic needs, reflecting a view of elders as dependants.

Elders are usually economically active beyond 75 years. Most of respondents (90%) were still working on farms and 80% bring some cash to the family from sales of their harvest. Majority of women (90%) reported doing housework, as compared with 25% of men interviewed. One third of older persons were living alone or with other older people. Old people form social group organizations from which they often received material and moral support. There were about 94 organizations/groups including religious organisations, women's groups, burial groups, co-operatives, and local government structures. Religious, burial and women's groups are almost ubiquitous. Among the factors hindered old people to join the groups included "Fit and Well" membership fee. Two third of old people lived in a family with young adult, while a third lived alone or with children. The study documents a clear correlation between levels of vulnerability and quantity and quality of social interaction, thus an effective intervention will need to address both the quality and quantity of relationships old people has with those around them.

**Conclusion.** An effective intervention program would need to address individual needs and promote social interaction; focus on those excluded from memberships; avoid processes that create resentment and destroy social capital through exclusion from direct assistance; support vulnerable individuals to form substitute relationships among and beyond themselves; foster better intergenerational understanding through addressing the differences in perceptions between key stakeholders and older persons themselves.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Care provisions**  
**Intergenerational relations**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social policy  
Work and retirement**

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**Title of the research project:**

Social security for retirees in Zanzibar: problems and prospects: a case study.

**Expected beginning and ending dates of the project:**

Ending June 1999

**Main purpose of the research project:**

To examine the problems and prospects for retirees in Zanzibar.

**Keywords that describe this project's substantive areas of investigation:**

Retirees; Zanzibar.

**General abstract for this project:**

**Background.** The purpose of this study was to examine the problems and prospects for retirees in Zanzibar.

**Aims.** (1) assess how workers prepared themselves for retirement; (2) evaluate the implementation procedure of the Security Institution and determine if the level of support is adequate for retirees in Zanzibar; and, (3) examine the effect of inadequate financial support in retirement on social security in Zanzibar.

**Methods.** Random sampling was used, sampling frame not given. A total of 60 interviewee was made, fifty retiree and (ten) employees and social security institutions. The instruments of research were: documentary reviews, interviews, self-administered questionnaires, and questionnaires sent to the public administrator.

**Results.** Although social security schemes in Zanzibar were meant to create good conditions for the retirees in their life, still their situation is deteriorating. Study results indicate that 78% of retirees had no preparation, 4 % had preparation. 18 % had no preparation, but were told by employees to prepare for retirements and had received loan for the purpose. The author subjectively concludes that majority of retired workers in Zanzibar were leading a miserable life, mainly due to the following factors: loss of regular income or salary and inadequate pension rates; lack of enough capital, which they could deploy in establishing viable, non-formal income generating projects; and lack of preparedness for retirement among the retired workers. The study noted that there is a need to have adequate social security for retired workers in Zanzibar established in order to prepare them for a reasonable good sustainable life after retirement.

**Conclusion.** The majority of retired workers were not prepared and retirement benefits were inadequate to meet daily requirements.

**Summary and recommendations.** The author documents little pension, lack of capital and skills in managing non-formal activities as most critical concern of retired Tanzanian. She finally recommends community education in the area and government review of the pension rates, and provision of grants in form of loan to employees.

NOTE: This study was done as partial fulfilment in awarding Diploma in Social work at the parent institute. Seemingly, the personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However, the institute address is provided below.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Social policy****Work and retirement**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Care Provision**

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**Title of the research project:**

Teaching geriatric medicine in developing countries.

**Beginning and ending dates of the project:**

November 2000 - March 2001

**Main purpose of the research project:**

To study the attitudes and perception of clinical medical students towards old age.

**Keywords that describe this project's substantive areas of investigation:**

Attitude of clinical medical students; geriatric medicine.

**General abstract for this project:**

**Background.** The Teaching Geriatric Medicine in developing countries (TeGeME) research project was a result of an international conference on ageing and health conducted in Porto, Portugal (1-6th August 2000) organised by the International Federation of Medical Students (IFMSA). It is generally believed that geriatric medicine is not taught in most medical schools in developing countries. Participants at the conference decided that as a step towards improving medical training, a better understanding of the attitudes of clinical medical students towards old age and older persons was needed

**Aims.** To improve the empirical understanding of attitudes of clinical medical students towards older patients and the practice of geriatric medicine.

**Method.** This was a cross-sectional cohort study done at Muhimbili University College of Health Sciences, a public medical university in Tanzania. Clinical students were purposeful selected, these were students studying in senior clerkship (year 4-5). Questionnaires were distributed to a total of 125 students. The attitude was analysed using a 7-point visual analogue scale. No validated instrument was used.

**Results.** One hundred responses were received (80% response rate). Most of respondent (71%) were in fourth year. 75% of respondents reported old people as organised and consistent. 45% of respondents regarded old people as dependents, dull, unpleasant, ugly and unhealthy. It was also noted that few (8.2%) students had interest in geriatric courses as a speciality. Only 2% had attended a course related to ageing and all these had been outside the country. Majority of respondents (78.2%) perceived old age as selfish.

**Summary and conclusions.** The author concludes that the perception of clinical medical students towards old people was generally not good. The fact that nearly half of respondents perceive old people as unhealthy and ugly is an indication that the services delivered by these people to old patients will be of questionable quality. The fact that no geriatric teaching and no exposure to related fields creates a room for their bad perception.

**Recommendations.** The author recommends geriatric training in form of workshops, symposium to medical and nursing students and ultimate inclusion of geriatric and gerontology in medical curriculum.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Health  
Care Provision**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Older Women****Integration of older persons**

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**Title of the research project:**

The killing and victimisation of older women in Magu district in Mwanza.

**Expected beginning and ending dates of the project:**

Ending May 1999.

**Main purpose of the research project:**

To gain an understanding of the reasons behind the killing of older women in Magu district, Mwanza.

**Keywords that describe this project's substantive areas of investigation:**

Victimisation of older women; killing of older women; witchcraft; elder abuse.

**General abstract for this project:**

**Background.** Killing and victimization of old women have been a problem in lake zone for years. HelpAge International conducted a research project in 1999 to gain an understanding of the reasons behind the killing of old women in Magu district. **Aims.** To define the role of witchcraft accusations for the killing of older women in Tanzania and to formulate a strategy to address this problem and advice the local organization. **Method.** Magu district was chosen because HelpAge international was operating in the area. The study was undertaken in four villages namely, Matela, Kisesa B, Itumbili and Yichobela. A sample of 1000 was selected from 11,894 by random selection under local partner organization MAPERECE. Study people were old women, Village sub committee leaders and old people care givers. Data collection was done by focus group discussion, segregated by social and gender break down.

**Results.** The research found that witchcraft had a long history. During Germany's rule, witches were expelled from the community. Killing started in the 1970's due to villagization (a socialism concept where people were brought to live together in one village) as expulsion was not possible. The previous aim was to get rid of them from the communities to date, however, it has been commercialised beyond anyone's comprehension. The study revealed the diverse reasons for killing, ranging from a desire to take over property to problems related to polygamy and envy. Many of the people targeted are women, especially widows, who lived alone and had no support to ward off accusations or to fend off attackers. The community is not protective either: the village authority have little or nothing to say about the killing, and usually stand by in silence, while the local military (Sungusungu) is good at identifying witches and punishing them. Having red eyes is deemed a major hint for witchcraft. It was noted that because of a shortage of fuel, cow dung was used instead and these contributed to elders having red eyes because of chronic eye irritation hence being suspected of witchcraft. Women who were attacked and survived remained disabled, requiring constant assistance for the rest of their lives, which is not forthcoming from neither their community or society.

**Summary.** The author reports a complex situation facing old people in Magu district where several problems needs to be tackled, they include shortage of water, lack of shelter, fuel and diseases hardly understood (elders prefer to use traditional healers, rather than dispensaries to get health care).

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Older Women****Integration of older persons**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Social policy  
Work and retirement**

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**Title of the research project:**

Income generation and poverty alleviation activities among elderly persons in United Republic of Tanzania .

**Expected beginning and ending dates of the project:**

September 1995- March 2000

**Main purpose of the research project:**

The research was conducted in preparation for the “Policy on Elder Persons in United Republic of Tanzania ”.

**Keywords that describe this project's substantive areas of investigation:**

Income generating activities; poverty alleviation; gender analysis.

**General abstract for this project:**

**Background.** There is a concern that, although elderly persons in the United Republic of Tanzania are actively engaged in various income-generating and poverty alleviation activities, their needs, interests, and priorities are not clearly known.

**Aims.** To enhance the understanding of old persons’ needs, interests and requirements related to financial well-being.

**Methods.** The study examined the type and pattern of income and poverty alleviation activities done by elderly persons in United Republic of Tanzania to cope with their own lives and their own families. The analysis draws heavily on secondary sources of data available at HelpAge International and a small primary survey involving elderly persons in Dar es Salaam, Arisha and Moghu in the United Republic of Tanzania . A sample of 54 elderly persons from Dar es Salaam and 50 from upcountry were involved in the survey that was conducted in a period of one month. Further details under review.

**Results.** An analysis of data reveals that most elderly persons are actively involved in various income and poverty alleviation activities, both in urban and rural areas. However, the findings reveal that there are important differences in income and poverty activities done by elderly persons with respect to gender, income, location, occupation and ethnicity. Moreover, elderly persons are experiencing a number of problems in managing their activities, ranging from lack of capital security, getting started, a hostile working environment, lack of managerial and entrepreneurial skills, sustainability, limited support from the government, and limited business skills.

**Summary.** The study makes several policy recommendations for improving the quality of income generating and poverty alleviation among elderly persons as well as policy/gender issues that ought to be addressed in the National Policy on Elderly Persons.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Social policy  
Work and retirement**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health**

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**Title of the research project:**

Stroke incidence study for Dar-es-Salaam and Hai District, United Republic of Tanzania .

**Expected beginning and ending dates of the project:**

1 January 2003 – 31 December 2005

**Main purpose of the research project:**

The main purpose of the project is to look at the risk factors, aetiology, outcome and social implications of stroke in a representative rural and urban area of the United Republic of Tanzania .

**Keywords that describe this project's substantive areas of investigation:**

Stroke; epidemiology; aetiology; outcome; social impact.

**General abstract for this project:**

**Background.** Stroke appears to be an emerging problem in sub-Saharan Africa and yet there are very few data on incidence, aetiology (haemorrhage or infarction), outcome in terms of mortality and morbidity, and the pattern of risk factors. The risk factor profile appears to be significantly different from westernised countries but no previous study has collected a community-based control population.

**Aims.** To understand whether it was due a higher case fatality the fact that

- while in the United Republic of Tanzania a study already shows that the age-standardised stroke mortality rates for the three Adult, Morbidity and Mortality Project (AMMP) areas were higher than the UK,
- the prevalence of impairment and disability relating to stroke in the Hai study population was lower than the previous studies in developed countries.

**Methods.** We propose to conduct a stroke incidence study, with data collection for 3 complete years, in the Dar-es-Salaam and Hai study populations of the AMMP. We will compare the risk factor profile of the stroke patients with age and sex matched community controls. Investigations will include CT head scans (for stroke patients) as well as ECG, echocardiogram and blood tests. The stroke patients will be followed up at 28 days and 6 months by the research associates to record case fatality and residual impairment and disability in survivors.

**Preliminary results** pending. Preliminary result for the study are unavailable, as the first study unit have been recruited in June 2003.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Health**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Care provision****Intergenerational relations**

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**Title of the research project:**

Health, nutrition and medical care for older people.

**Expected beginning and ending dates of the project:**

31 January 2000 - 6 February 2000

**Main purpose of the research project:**

This research sought to prepare a paper on the health status and health care of the aged in the United Republic of Tanzania

**Keywords that describe this project's substantive areas of investigation:**

Health conditions and health care of the aged; nutrition; NGO.

**General abstract for this project:**

**Background.** The aged in Tanzania are on the increase. For far too long their agendas have been taken for granted assuming that general plans and policies are inclusive. This in reality is not true. That is why the elderly have continued to suffer silently. This paper was commissioned by HelpAge International Tanzania during the preparation for policy on old people

**Aim:** Provide facts on health, nutrition and medical care for old people in Tanzania.

**Methodology:** No field work was done, it was primarily a secondary data collection using grey literature and personal experience in medical field for 20 years.

**Results:** The health sector is rather conspicuous in its lack of specific focus on the aged. It has become very clear that the Health Care Policy assumes that the aged will come along anyway. That has not been the case. Provisions have been made like in cost sharing to exempt the elderly. However the process is not clear and it is not attractive to potential candidates. So they cannot use it and their accessibility to care continues to be evasive. It has also been observed that there is no trained manpower in geriatrics. Fear of the unknown drives the medical personnel away from the aged. To complement this, the aged feels disliked and so they seek alternative health care or they opt to die at home. To complicate this matter further, there is little research in this subject, hence limited public focus. Likewise most donors and NGOs have given the problems of the elderly very little attention. Unlike the Health Policy, the Nutrition Policy of Tanzania Food and Nutrition Centre has a section on the Elderly people, although no specific supportive system to old people is yet to be realized.

**Conclusion and recommendations:** It is absolutely necessary that all levels are now activated so that the agenda of the elderly can reach the positioning it deserves. The first level is government: policymakers should articulate this issue clearly. The second level is the community that is gradually losing reverence towards their elders. It is key to reaffirm that every community member has the responsibility to provide social welfare to the elders. The aged themselves must be helped in order to maximise every residual capacity they have. If they feel respected, loved and useful they will retain more capacity and hence live a healthier and purposeful life. Those NGOs, which have made humble attempts to look after the aged, should be carefully evaluated and should be invited to contribute to the development of the national ageing policy.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Care provision**  
**Intergenerational relations**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health**

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**Title of the research project:**

Adult, Morbidity and Mortality Project (AMMP)

**Expected beginning and ending dates of the project:**

1993 - March 2004

**Main purpose of the research project:**

To provide the Ministry of Health and other stakeholders with community based burden of disease information for planning.

**Keywords that describe this project's substantive areas of investigation:**

Mortality surveillance system; demographic surveillance system.

**General abstract for this project:**

**Background.** Data showing morbidity and mortality are important for both planners and government. The project aims to furnish the Government of the Republic of Tanzania with this essential information for better development and planning. This report covers phase one of the project.

**Methods.** The project is carried out in Hai district representing a developed district, Morogoro representing a typical rural area and Dar Es Salaam representing urban residence. Cause of death is determined by verbal autopsy and validation studies are done to ensure accuracy.

**Results.** Information from the three study regions shown that, the 60+ group has the highest mortality rate compared to the other age-groups. The death rates for men are higher than those of women. Comparable figures from England and Wales show that rates for males are also higher than for females. It is also observed that the crude death rate for males aged over 59 years was 77.6 per 1000 per year in Dar es Salaam, 43.3 per 100 per year in Hai, and 56.8 per 100 per year in Morogoro. The corresponding figures for females were 69.7 per 1000 per year, 32.3 per 100 per year and 93.0 per 1000 per year respectively. It has also been established that the probability of death before age 70 of a 60 year old man was 36% in Dar es Salaam, 20% in Hai and 24% in Morogoro. For women the figures were 28%, 12% and 17% respectively.

For males, the most frequent cause of death in Kilimanjaro and Dar es Salaam in the elderly was stroke. In Morogoro district this cause of death was the 11<sup>th</sup> in ranking. In the later region the first cause of death was acute febrile illness including malaria. The Dar es Salaam elderly were affected by heart failure as the second commonest cause of death. This cause was 7<sup>th</sup> in Kilimanjaro and 6<sup>th</sup> in Morogoro. The second commonest cause of death in Kilimanjaro was pneumonia. This cause was 9<sup>th</sup> in Dar es Salaam and 4<sup>th</sup> in Morogoro. Acute diarrhoea disease was the second commonest cause of death in Morogoro, whereas it was the 7<sup>th</sup> in Dar es Salaam and 5<sup>th</sup> in Kilimanjaro. Stroke, heart failure, diabetes, asthma and liver disease are non-infectious conditions which appear among the top fifteen commonest causes of death. AIDS was the fourth cause of death in Dar es Salaam males in this age group, but did not appear in the top 15 for Kilimanjaro and Morogoro.

**Conclusion and recommendations:** The fact that there are higher death rates among males than females, geographical differences in specific death rates suggests different interventions are needed according to needs.

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**United Republic of Tanzania**

PERSONAL INFORMATION:

**Health**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Care provision****Intergenerational relations**

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**Title of the research project:**

Aged and their Maintenance (NSWTI)

**Expected beginning and ending dates of the project:**

1998

**Main purpose of the research project:**

To identify factors that attribute to sociological and economic difficulties faced by the elderly in Dar-es salaam.

**Keywords that describe this project's substantive areas of investigation:**

Old age issues; family

**General abstract for this project:**

**Background.** The study was conducted to determine the social and economic problems faced by older persons. The hypothesis of the study was that family disintegration seems to be the main contributing factor towards problems of older persons.

**Method.** Ilala district was conveniently chosen to representing Dar Es Salaam. Study units were old people, age care organizations staff, family members and other staff with knowledge in aspect of old people. A total sample of 60 was made comprises of 20 old people, 20 family members, 10 organizations and 10 workers. Random sampling was made, but sampling frame not stated. Data was collected using a questionnaire for workers and interview for old people and family members.

**Results.** The findings revealed that the gradual family disintegration contributed to the problems of elderly people in Dar-es-Salaam. Social changes which emerged in these dynamic societal changes gave many problems to elders.

The study revealed that elderly problems have been recognized by many people in the societies. Old age leads to diminishing productive power, people do not properly prepare for ageing hence cannot enjoy a good living conditions once they reach an old age.

'Public awareness seems to be an immediate solution to the problems facing the aged'. It was documented that elders were not aware of their problems and families forgot their role of carers of their elderly.

**Conclusion.** The author recommends that the government updates policies towards old age in recognition of current societal changes and launches community awareness on how people should prepare themselves towards ageing.

NOTE: This study was done as partial fulfilment in awarding Diploma in Social work at the parent institute. Seemingly, the personal contact could not retrieved after graduation. The abstract provided was extracted from the main text in the library. How ever the institute address is provided below.

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**United Republic of Tanzania**

PERSONAL INFORMATION:

**Care Provision****Intergenerational relations**

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**United Republic of Tanzania**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Health  
Care Provision**

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**Title of the research project:**

Relationship between old age and stress development

**Expected beginning and ending dates of the project:**

June 1998

**Main purpose of the research project:**

To evaluate peoples attitudes regarding ageing and causes of stress among the aged.

**Keywords that describe this project's substantive areas of investigation:**

People's attitudes towards ageing; stress.

**General abstract for this project:**

**Background.** Increasing stress and negative attitudes towards the ageing process and older persons has become a societal problem. Anecdotal stories from older persons indicates this issues is increasing. The study hypothesised that negative attitudes of people towards old age lead to the development of stress; economic hardship among elderly contributed to stress and home based care can contribute at tackling stress in elders.

**Aim.** The aims of the research were three fold, to evaluate people's attitudes towards ageing, identify causes of stress and suggest measures for stress management and avoidance in older age.

**Methods.** The study was conducted in Iringa Municipality, chosen conveniently. The study targeted old people, welfare officers and religious leaders. The sampling frame was 2150 from which a sample of 100 was randomly selected. That is 50 old people, 20 welfare officers and 30 religious leaders. Data collection was done using open ended questionnaire and interviews. Secondary data collection using grey literature was done.

**Results.** A total of 88 respondents were analysed. The study revealed that most of the respondents had negative attitudes towards old age leading to stressful life. Stressful life among the elderly causes economic hardship and dependency. The study further documents that families do not take responsibilities in caring for elders, the reciprocal responsibilities are gradually wearing out. According to the findings, family based old age care is the best alternative to help aged.

**Conclusion.** It is recommended that community awareness be increased to enhance understanding of old age processes. Advance preparation for this necessary stage in life would result in lower levels of stress.

NOTE: This study was done as partial fulfilment in awarding Diploma in Social work at the parent institute. Seemingly, the personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However the institute address is provided below.

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Health  
Care Provision**

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**Title of the research project:**

Sulumland Older Women's Program, Magu district Mwanza region; report on baseline survey.

**Expected beginning and ending dates of the project:**

November 2000 - May 2001

**Main purpose of the research project:**

Document sustainable improvement in the physical and livelihood security of older people in Magu district, Mwanza region.

**Keywords that describe this project's substantive areas of investigation:**

Small-scale income generating projects.

**General abstract for this project:**

**Background.** Insecurity is an issue for older women in Tanzania. One organization, the Sukumaland Older Women's program (SOWP) is an effective livelihood security program for older people. This project aimed to collect information on the current situation of old people in Magus district by surveying more than 300 households.

**Aims.** The overall program is aimed at assessing sustainable improvement in physical and livelihood security of older people in Magu.

**Method.** Magu district was purposeful chosen because of pre existing Sukuma Land Old Women's Project. 13 villages were chosen for convenience representing different geographical location. A total of 265 households were selected by convenience. A member of the family was interviewed, but only 260 questionnaire were deemed analysable. A focus group discussion was done in each village and on sport observation made.

**Results.** Majority of interviewee (26.5%) aged 70-75years, followed by 64-69,58-63,76-81 respectively. The feeling of many respondents is that bottlenecks in entrepreneurial development have accrued due to factors such as low capital base, unreliable market outlets, poor transportation services, scarcity of raw materials, credit default by creditors, and high taxes. Combined assessment of priorities for potential sectors for economic development points to food and cash crops, wholesale and retail trade, meat and live cattle and fishing sectors. These sectors can revive the economic situation of the district. Elder people recommended as potential source of income: retail trade, selling cereals and fish, local brews, vegetable farming and fishing.

**Summary and Conclusion.** The researcher feels that much exploration is needed in the agricultural sector for an effective and sustainable project. It is also recommended that apart from activities that elders can engage in such as rearing local chickens, goats, sheep, ducks, and cattle, they need training encompassing business management and the creation of structures to promote trade among them.

*The research report is available at HelpAge International Office, Tanzania*

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**United Republic of Tanzania**

## PERSONAL INFORMATION:

**Social policy  
Older women**

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**ZAMBIA**

GENERAL DESCRIPTION OF THE RESEARCH PROJECT:

**Projections  
Care Provision**

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**Title of the research project:**

A phenomenological study of ageing as perceived by older persons in Zambia

**Expected beginning and ending dates of the project:**

July 2001- November 2003

**Main purpose of the research project:**

It is being submitted in fulfillment of the requirements for the degree of Doctor of Literature and Philosophy. Its main purpose is to explore and determine the views, perception, self-care practices and coping strategies used by older persons in Zambia

**Keywords that describe this project's substantive areas of investigation:**

Perceptions of Ageing; Ageing; older person; elderly.

**General abstract for this project:**

**Background.** The increase in absolute numbers of the older persons in Zambia has created a lot of difficulties for the older persons. The increase in numbers is not matched with proportionate increase in resources and services required to address the cares and concerns of older persons. The advent of HIV/AIDS has not only reduced the social support for older persons, due premature deaths of young adults, but has also altered the roles of the older people. Older people are now breadwinners for the AIDS orphans and themselves. In the absence of good pension schemes and well-developed social security schemes, the older persons age in persistent poverty. Age does not only predispose one to many disabilities, ill health and disease. Age also comes with a lot of psychological, physical, social adjustments. As reduction in income seen at retirement triggers other adjustments like role, social support and psychological, and, this necessitates adjustments to ones environment.

**Aims.** To explore and determine the views, perceptions, self-care practices and coping strategies used by the older persons in Zambia.

**Method.** This was a qualitative study using a phenomenological method. The study was concerned with primary data. Literature review was done to gain working knowledge of the topic. As far as data collection is concerned, an interview schedule administered by the researcher was used to collect the data. The study aims and protection of confidentiality were explained before the interviews to all the participants. Verbal consent was also obtained. The interviews lasted from 1 hour to 2 hours. Data collection was done over a period of three months.

The interviews were conducted in the residents' own home or in places chosen by participants themselves. The residents were informed that the data would be brought back to them for authentication. As far as sample and sampling techniques, a purposive sample of 12 individuals (men and women) aged 60 years and above were identified and selected from the community and the Old Peoples' Homes. There were no pre-set criteria for selection of the study sample.

**Preliminary results.** The findings of this study indicate that older people are suffering, and they need urgent help. The majority of those that participated in this study are unemployed {with no reliable income}, widowed, staying in rented houses, and looking after orphaned grand children. Even those in the Old Peoples' Home have not been spared the abuse and neglect. All the participants had an ailment or so. But the health services lack medicines, as a result older persons end up with only prescriptions. In most cases they have no money to honour those prescriptions, meaning they go without treatment for those ailments. The Zambian Health Policy exempts people over the age of 65 years and those with chronic illnesses from paying the user fees. But lack of medicines and issuance of prescriptions, and the introduction of user fees has made the older persons lose confidence in our health services, so they choose to stay home. Despite that the older persons are by law not required to pay user

fees at the health institutions, older persons still do pay user fees. This has been due to lack of dissemination of information. Older persons do not seem to be well informed of their rights.. Secondly, the relationship between the health services delivery point and the social welfare department [who are supposed to absorb such costs] is not well defined. The older people those who try to use the free service facility get discouraged as they have to move from office to office. A procedure that is long and hectic. Thirdly, older persons also complain of poor reception in some of our health institutions. Whereas some of the older persons speak highly of the health personnel, others have very sad stories. Some older persons think going to the hospital would be a waste of time as they would not get any better. On the question as to who should look after the older persons, the question revealed mixed feelings. The majority of the participants felt that the central government should be able to take care of the older persons, and not the family. There were however some participants who still felt that the duty of looking after old parents was the responsibility of the children. And they blamed their misery on being childless. On the perceptions of ageing; those who had a happy life were happy to have attained that chronological age. They said growing old was a good feeling. They thanked God for having preserved them to that mature age. But they bemoaned lack of energy and other changes in the physique. For the older persons with socio-economic difficulties, growing old is a painful process. Asked as to what they would say is bad about ageing, some participants felt that no body appreciates nor cares about them. Others said that they felt humiliated as people think that older persons cannot reason. Asked as to what they could change if they were given an opportunity to change things, the majority of the participants indicated that they would have loved to continue with their former jobs, others would have loved to take out a part time job. With lack of respite services, the majority of those in their homes had to cope with all their house work. For those with resources at least they could do with only supervisory roles. All the participants felt that there is need to re-look the pension and social services regulations. *Older people have no pensions to talk about*. One participant remarked that, *Social services in Zambia do not support the older people. If they do then very few people benefit from the scheme. And it is in most cases those in urban areas*.

The participants also acknowledged the need to include older persons in the constitution. At the moment, older persons are lumped together with the disabled and vulnerable persons.

The findings of this study also indicate that HIV/AIDS as had a very bad impact on the older persons. The high death rates of young people has left behind a high number of orphans. This has compelled the older people to be more active than before by caring for the orphans, often with no resources.

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**Zambia**

## PERSONAL INFORMATION:

**Projections  
Care provision**

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<sup>i</sup> The Ghana component of the World Health Survey, directed by Professor R. Biritwum, was in the field in early 2003.