Chapter 12
Ageing in West Africa

Isabella Aboderin

Introduction

West Africa is one of the four sub-regions of Sub-Saharan Africa (SSA). It comprises 15 major countries: Benin, Burkina Faso, Cote D’Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo. The dynamics and implications of population ageing in these nations are best examined in the context of a debate on ageing in SSA as a whole. The first part of this chapter, therefore, charts the origins of this debate and critically examines its scope and the key concerns and perspectives at its heart. In light of this, the second part critically reviews what we presently know about the demography of population ageing and the demographics of the older population in West Africa and what key knowledge gaps remain. The review draws mainly on existing literature from the Anglophone countries of West Africa. Given language limitations, it is unable to capture the body of publications from the region’s francophone and lusophone nations. Indeed, it is important to note the significant impediment that language barriers pose to the flourishing of scientific discourse on ageing in Africa as a whole. A second note of caution due at the outset concerns the importance of recognizing the diversity that exists in the cultural, social and environmental contexts in which the ageing of populations and individuals unfolds in West Africa. Nigeria alone, for instance, comprises over 350 ethnolinguistic groups, spread over geographically disparate areas (Nugent 2004; DFID 2004). Sub-regional overviews, as offered in this chapter, are thus inevitably general, able to capture only broad, cross-cutting themes. An in-depth understanding requires country specific research and analyses.

Debate on Ageing in Sub-Saharan Africa (SSA): Key Features

Awareness of ageing in Africa emerged in the early 1980s as part of a broader, United Nations (UN)-led international concern with population ageing in less developed countries (LDC). Driven by the UN Centre for Social and Humanitarian Affairs, the debate was effectively launched by the first UN World Assembly on Ageing (WAAI) in Vienna in 1982 and the ensuing Vienna International Plan of Action on Ageing (UN 1982). The point of departure for the debate on ageing in Africa has been the prediction of rapid growth in the size of the older population over coming decades and, more generally, a progressing demographic transition that will eventually lead to the ageing of entire populations. While the African debate shares this starting

---

1 The demographic transition refers to a change in birth and death rates, moving from a state of high fertility and mortality rates to one of low fertility and mortality rates. Originally proposed by Notestein (1945), the demographic transition is posited to comprise four stages. Stage 1, found in pre-industrial society, is characterized by high death and birth rates, which are roughly in balance. Stage 2 sees rapid declines in death rates (in particular infant and child death rates), in particular reductions in infectious disease mortality, due to sanitation, basic medical care (such as immunizations), food supply, education. As fertility remains high, this produces an imbalance with countries experiencing large increases in the size of their population, in particular in the number and proportions of children. Stage 3 sees rapid declines in fertility, among other things thought due to
point with discourses on ageing in other parts of the developing world, the present demographic parameters for SSA differ markedly from those in the other regions, on several counts.

**Demographic Ageing in SSA**

Existing demographic estimates in SSA stand out, first, through their tenuousness. Unlike other world regions, most SSA nations currently lack the required systems to produce the kinds of fertility and mortality data that are essential for furnishing solid projections on population ageing. Fewer than ten countries have vital registration systems that produce usable data and only two systems (none in West Africa) cover at least 80 per cent of the population. Recent census data, moreover, is lacking for many countries and, where it is available, is of uneven quality. In the absence of robust vital statistics, demographic projections for SSA are typically based on demographic and health survey (DHS) data, from which fertility, infant and child mortality estimates are derived. These are then matched to model life tables to produce adult mortality estimates (see Velkoff and Kowal 2007).

Second, available estimates suggest a very different picture of population ageing in SSA compared to the other major developing world regions. Asia and Latin America and the Caribbean (LAC), considered to be well into the third or even fourth stages of the demographic transition, have seen large declines in mortality and birth rates over recent decades. Fertility more than halved in both regions from around 5.9 in 1950 to 2.4 in 2005 and is expected to drop below replacement level by 2025 (UNPD 2007–2008). Most SSA countries, in contrast, are in the second, or have barely begun the third stage of the transition (UNPD 2007). Average fertility in the region remains the highest in the world, at 5.13 children per woman (having declined only slightly from 6.73 in 1950) and is projected to fall only to 2.5 by 2050 (see Fig. 12.1). However, some marked country variations exist.²

Mortality – especially infant and child but also adult death rates – too remains at high or very high levels in SSA (WHO 2004). This reflects the combined impacts of continued economic strain, the HIV/AIDS crisis, armed conflict and, more directly, the erosion of health access to contraception, social, economic and cultural changes that among others reduce value of children’s work, increased parental investments in children’s education. While population growth begins to level off and in particular the numbers and proportions of children immediately decrease, the number and proportion of youth and young adults (those born during stage 2) swells. Stage 4 is characterized by low fertility and low mortality. Fertility may fall below replacement level, as has already happened in many European nations. The large group born during stage 2 now forms a large aged population. With continuing low fertility and low and possibly further falling mortality the number proportion of older persons in the population rises (see Lee 2003; Robine and Michel 2004).