



Caregiving practices for older persons in Africa: Changing trends and implications for transformative social work

Chika Rita Ikeorji 

Faculty of Social Work, University of Calgary, Alberta, Canada

Ajwang' Warriia 

Faculty of Social Work, University of Calgary, Alberta, Canada

Abstract

In Africa, the caregiving of older adults is primarily provided by the family. However, there have been changes in these traditional caregiving practices due to changing social, economic and health landscapes, requiring a transformative approach to caring for older people in Africa. The AU Policy Framework and Plan Action on Aging/HAI have made recommendations considering the inadequacies of family caregiving. This narrative literature review examined the arguments of scholars within the position of AU/HAI recommendations within the culture of informal care for older people as well as what potential challenges and opportunities arise from the evolving perspectives on caregiving in Africa. The Ubuntu and Relational-Cultural theories were used as a framework for the study. Findings reveal that scholars have justifiably argued for the adaptation of the African perspective on caregiving for older people due to its inadequacy in addressing evolving health, social, and economic factors associated with ageing. Scholars advocate for a paradigm shift towards a more robust and integrative system of care that considers not only the traditional values and familial structures but also aligns with the changing needs of the older population to foster a supportive and effective caregiving environment for older people in Africa. It is recommended that an encompassing social care, policies, and programs should reflect

Corresponding Author: Ikeorji Chika Rita; Faculty of Social Work, University of Calgary, Alberta, Canada; chika.ikeorji@ucalgary.ca

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the specific concerns of older women and men such that all people, irrespective of age, can live long and healthy lives.

Keywords: Africa; caregiving practices; older persons; social work; policy

Introduction

In 2010, the elderly population in Africa, particularly in the sub-Saharan region, was estimated to be 43 million. This number is set to increase in Africa and globally. The World Health Organisation (WHO) reports that globally (but especially in developing countries), the number of older persons will increase at an unprecedented pace of “1.4 billion by 2030 and 2.1 billion by 2050” (WHO, 2024). Recently, the WHO and the United Nations (UN) launched the UN Decade of Healthy Ageing progress report, based on studies in 136 countries, which outlined progress but also concerns with older persons (WHO, 2024). In terms of the Sustainable Development Goals (SDGs), the rapid increase of older people brings challenges and opportunities. The current academic discourse examining older persons in Africa is growing but it is lacking in focus in certain areas - such as the integration of person-centred and community-based formal and informal care practices.

The reliance on families for the care of older persons is highlighted in several studies across Africa like the study by Okoye (2013) in Nigeria, Agyemang-Duah et al. (2020) in Ghana, Brear et al. (2024) in South Africa and Gwenzi (2020) in Zimbabwe. The significance of the family in caregiving practices is deeply rooted in cultural and social traditions (Umaru et al., 2017). The family's role in caregiving is marked by an intense sense of family and communal responsibility and intergenerational bonds. Elders are often revered and respected within the family structure, and caregiving is viewed as a reciprocal obligation, where younger family members reciprocate the care that was once provided to them (Agyemang, 2021). The African perspective on caregiving for older individuals has experienced notable transformations, with potential adverse effects on the elderly. These changes are attributed to factors such as emigration, economic shifts, and evolving perspectives on care (Smock & Schwartz, 2020). Scholars argue that these

alterations are steering away from and threatening the traditional model, wherein family members serve as the primary source of caregivers for older people. Moreover, there is a noticeable shift in societal attitudes towards formal caregiving services (Carr & Utz, 2020; Abanyam, 2013). This means that traditional norms are gradually giving way to an acceptance of professional caregiving as a viable and sometimes necessary option.

In Africa, policy frameworks such as the African Union's (AU) Policy Framework and Plan Action on Aging, in collaboration with HelpAge International's (HAI) recommendations on ageing have contributed to the shifting perspective on caregiving in the continent. The framework contends that the traditional reliance on care and support by the family and community, which was previously assumed to be the best form of care, is no longer sufficient to address the needs of older people (AU/HAI, 2003). It can be argued that to a certain extent, these frameworks pose potential threats to Africentric perspectives on caregiving for older people. This is because the framework may not adequately consider the significant contributions of informal caregiving in Africa, particularly for older people residing in rural areas who may lack access to the proposed formal caregiving system outlined in the framework, as well as preference for family care by older people who desire to age in their (ancestral) homes. However, there is a counterargument to the notion that the AU/HAI framework threatens the traditional perspective on caregiving for older people.

Some scholars posit that considering the challenges and complexities confronting family caregivers, it is no longer practical to rely solely on extended families for the long-term care of older persons (Awuviry-Newton, 2023; Adedeji et al., 2022; Adonteng-Kissi, 2022). Instead, they contend that organised and paid long-term care services are necessary to complement and enhance the care provided to older adults. Considering these evolving dynamics, the care of older adults should involve collaboration with professionals such as geriatric social workers who always provide care with a profound respect for older adults' autonomy and dignity (Bond, 2019), because, beyond older adults' roles as dependents, they are also valued for their contributions to society as custodians of culture and wisdom. Social

workers are poised with the mandate to promote transformative social work practices tailored to the unique cultural and contextual realities of African societies. This is because most social work interventions recognise the diversity of African societies and embrace a multidisciplinary approach to solving community problems that foster intergenerational connection both within and outside the family (Bond, 2019). In addition, Dhemba (2022) asserts that social workers value and imbibe the vital principles of ethics of care (efficiency, justice, and autonomy) while providing care.

There is a gap in knowledge on how policy impacts the African perspective of caregiving, which does not take into consideration choices of caregiving and place of family care within African culture against the backdrop of the call for change in the care of older people in Africa. This paper explores arguments that are in line with the position of the AU/HAI recommendations for caring for older people within the traditional African perspective on caregiving for older people, specifically concerning the assumed reliance on family and community support and what potential challenges and opportunities arise from the evolving perspectives on caregiving in Africa. It also examines the changing trends in caregiving, cultural traditions and values that influence caregiving practices for older individuals in different African communities. The Relational Cultural Theory (RCT) and Ubuntu frameworks are presented as tools to understand caregiving within the African context. The authors critically examine the position of AU/HAI recommendations within varied cultures and perspectives of informal care for older people and towards ensuring the holistic well-being of older people in Africa. In this paper, older persons will also be referred to as the “aged”, “elderly” and “seniors” and it implies individuals aged 60 years and above as aligned to both the UN and AU definitions.

Relational-cultural theory and *ubuntu* framework

The basic assumption of RCT by Miller (1976) is that human behaviour and psychological well-being are best understood within the context of relationships and social interactions. This theory posits that individuals are connected in their thoughts, emotions, and behaviors usually shaped by their

relationships' dynamics. The quality and nature of these relationships have a profound impact on an individual's development, identity, and overall well-being. The core ideas of RCT have made useful impacts in fields such as psychology, social work, and counseling; where the relevance of relational perspectives in understanding human behavior and promoting healthy, interconnected lives has been highlighted (McCauley, 2019).

Jordan (2017) used RCT to show its importance in research by exploring the interpersonal connections that guide therapeutic practice. Findings showed that mutual empathy and interpersonal connections can provide opportunities for growth and a basis for the pursuit of social justice. Similarly, Duffey and Somody (2011) used RCT and illustrated the importance of RCT in mental health counselling. The study showed that a multi-cultural paradigm is required to enhance the quality of life of people with mental health challenges due to the interconnections of relationships that exist among care professionals. The rationale for choosing the RCT to explore care for older persons in Africa stems from the theory's foundational principles on relational human relationships and social interactions as aligned with the African philosophy of *Ubuntu*.

The RCT enhances our insight into the reciprocal relationship between caregiving practices and social dynamics, especially the quality and nature of relationships. It helps us to investigate not just individual experiences in informal caregiving but also the broader relational contexts. For instance, we examined the distribution of caregiving responsibilities within families, considering cultural and gender norms, a crucial aspect of transformative practice. This approach reveals power dynamics, potential inequalities, and intervention opportunities aligning with transformative social work goals.

Kang'ethe and Mungai (2023) advocate for *Ubuntu*-informed care as a holistic way to support and care for older persons in the African context. *Ubuntu* often referred to as the ethic of humanity is an awareness of how each person's humanity is intertwined and expressed in relationship with others. *Ubuntu* is an understanding of our connection - in the form of our connection to the duties we have towards others. According to Ekoh and Warri (2023,

p. 2), “*Ubuntu* is premised on the principle of group support and community, hospitality and harmony, and expression of the fundamental interconnectedness of human existence through respect and responsiveness.” An integrated RCT-*Ubuntu* framework offers a critical lens through which we can analyse and understand the complexities of caregiving in African culture and society. By this, we understand that informal caregiving stems from the interconnectedness, communal solidarity, generosity, reciprocity, and interdependence of individuals within their social and cultural environments; embedded within a web of relationships, cultural norms, and societal structures.

Methodology

In this paper, the authors adopted a narrative literature review approach to identify and synthesize existing research related to caregiving practices for older persons in Africa and its implications for transformative social work practice. Ferrari (2015) defines a narrative literature review as a comprehensive and organised summary of existing literature on a specific topic or research question that provides a more subjective and interpretative synthesis of the available research. We organised existing literature around key themes relevant to our research aim. We then provided a subjective interpretation of how each theme contributes to the overall understanding of caregiving of older people. Themes were narrated based on how they provided insights into addressing gaps in knowledge peculiar to our research aim. Secondary data analysis was used to review publications sourced from peer-reviewed academic articles indexed in reputable journal databases such as Web of Science, ScienceDirect, and Scopus. The search terms included using keywords such as "caregiving practices," "older persons," Africa*, "cultural influences," policy, and "social work practice." Articles were screened based on relevance to the study's objectives. The search strategy used in selecting relevant studies included 2,020 hits from database searches in total; 1,720 were excluded from the study due to their irrelevance to the study aim and period; 300 full texts were reviewed, of which 50 articles were selected based on the inclusion criteria that articles reviewed should be

between 2003 and 2023. Title and abstract screening were conducted, and 28 studies were identified. Eleven duplicates were removed. Seventeen total articles were included in writing the narrative review including grey literature such as reports from the WHO, HelpAge International and AU Framework. All sources used were appropriately cited following established academic standards to ensure academic integrity.

The AU policy framework and HAI international recommendations on family caregiving

The Madrid International Plan of Action on Ageing (also known as Madrid Plan) (2002) highlights three priority areas, i.e., (i) older persons and development; (ii) advancing health and well-being into old age; and (iii) ensuring enabling and supportive environments. The recently released World Social Report (2023) looks back at the achievements reached through the Madrid Plan and further explores the socio-economic implications of ageing, whilst recommending that national policies develop equitable, inclusive communities and societies for everyone. The report also advocates that the rights, protection, and well-being of older persons be at the core. This is because “ageing touches all parts of economies and societies, from health care and education to employment and taxation” (World Social Report, 2023, *para.* 4) including socialisation and transmission of culture and traditions.

The AU/HAI recommendations offer valuable perspectives on the status and support of older people in Africa. They recognise the cultural significance of respect for older individuals in African societies. The belief that traditions of respect in Africa inherently translate to robust support for all older people reflects a cultural norm deeply ingrained in many societies across the continent (Agyemang, 2021). This belief is rooted in the longstanding traditions and values where elders are often regarded as repositories of wisdom, experience, and cultural heritage, and as such, there is a prevailing assumption that they will receive adequate care and support from their families and communities (Okoye, 2013).

Intergenerational respect, woven into the fabric of many African cultures, means that younger generations have to honour and care for their elders as a reciprocal gesture for the guidance and contributions they have provided (Adedeji, 2022). This cultural ethos extends beyond familial ties to broader community dynamics, where older individuals are often accorded a special status due to their age as a collective responsibility. Contrary to the idealized belief that traditions of respect inherently safeguard the well-being of older individuals in Africa, AU/HAI reveals that elder abuse is a pervasive issue within the family and during caregiving (AU/HAI, 2003). In this case, older people often find themselves vulnerable to various forms of abuse, including social, physical, sexual, economic, and psychological mistreatment. Socially, older people are sometimes subjected to marginalisation, exclusion, and the erosion of their social standing (Adedeji, 2022). Physical abuse, encompassing violence and neglect, is another aspect that older individuals may encounter within their own familial or community circles (Ramsey-Soroghayé et al., 2023).

Evolving caregiving practices for the elderly have been noted globally, especially in cases where the aged require long-term care and/ or have chronic illnesses (Hu et al., 2023). In Africa, the AU/HAI contend that the traditional reliance on family caregiving is no longer adequate because of the significant shifts in family structures and evolving care patterns reshaping the traditional expectations of familial care. They posit that the prevalence of elder abuse underscores the need for a paradigm shift in the approach to elderly care (Ramsey-Soroghayé et al., 2023). With the landscape of familial support for older individuals transforming such that assurance of traditional care patterns is no longer guaranteed; traditional patterns of care, where multiple generations cohabited and shared caregiving responsibilities, are influenced by factors such as urbanization, economic pressures, and evolving social values. Urbanization, for instance, has led to a scenario where many older individuals find themselves living alone in rural areas, detached from the traditional communal living structures (Henderson & Turner, 2020).

Economic pressures and changing social values compound these shifts as many families, facing financial constraints or influenced by contemporary

societal norms, find themselves either unable or unwilling to assume the responsibility of caring for older relatives. This transition is marked by a growing trend where cases of abuse, encompassing physical, social, and economic dimensions, perpetrated by family members against older individuals are on the rise (Ramsey-Soroghaye et al., 2023). A more comprehensive and structured system is required to address the multifaceted challenges faced by older individuals and consider the socio-economic, health, and cultural factors that contribute to their vulnerability (AU/HAI, 2003). This call for a broader perspective on caregiving recognizes the limitations of assuming that familial and community structures alone can ensure the well-being and protection of older people.

The AU/HAI jointly argue that within the home where care is provided by the family to older people, age-based discrimination is widespread. Ageism also constitutes a significant barrier that impedes older people from expressing their fundamental rights, including adequate healthcare and legal protection. The AU/HAI contend that addressing age-based discrimination is imperative for creating a society that upholds the principles of equality, justice, and human rights (AU/HAI, 2003). By acknowledging and challenging discriminatory practices, particularly those related to age, these organizations advocate for the removal of barriers that hinder older individuals from enjoying the same rights and privileges as other segments of the population. The call to action emphasizes the need for comprehensive legal frameworks and societal attitudes that ensure equal treatment and protection for individuals irrespective of their age, fostering a more inclusive and equitable environment for older people to access essential services and legal safeguards. Social workers in response to this call can adopt caregiving models to meet the evolving challenges confronted by older individuals, especially in the face of changing family structures. With the increasing prevalence of older individuals in rural communities, social workers can facilitate access to essential resources and initiate care plans together with caregivers such that care recipients can feel empowered by their living situation and approach the future with confidence, self-assurance, and some peace of mind (Okoye, 2013).

An African perspective on the caregiving of older people

Africa's perspective on caregiving for older people is deeply rooted in the traditional belief that family members bear the primary responsibility for providing care and support to older adults (Okoye, 2013). This perspective is characterized by a strong sense of communal responsibility, where caregiving is viewed as a reciprocal act. The elderly, having once provided care and guidance to younger family members, are expected to receive care in return as they age. This cultural and social tradition forms the foundation of the family-centric caregiving model in many African societies (Akinrolie et al., 2020).

International conventions and local legislation on older persons might not be aligned with sub-Saharan realities on who is considered elderly from a customary viewpoint. Ashirifi et al. (2023) acknowledges the tensions when defining older persons and suggests that the aged be defined according to their health status, retirement age, and quality of life. This is because of some assumptions that defining old age solely by a specific age range may not capture the diversity of experiences, wisdom, and abilities among older individuals. Ageing can also have positive economic and social implications for the individual, their family and their community as depicted in the African proverb: “A village without elders is like a well without water.” In line with the above discussions, Ashrifi et al. (2023, p.1) recommend that the “age guidelines used in Global South regions such as Sub-Saharan Africa should not necessarily mirror the guidelines for age used in the Global North but should fit the context of ageing in those regions.”

In several African countries such as Kenya, Ghana, Nigeria, Malawi, and South Africa, evidence sheds light on the active involvement of relatives in the caregiving process (Ebimngbo et al., 2022; Obrist, 2016; WHO, 2017). Families play a proactive role in developing care plans in collaboration with social service agencies. This collaborative effort ensures that the family's unique roles, contributions, and perspectives are integrated into the overall care strategy. One noteworthy aspect is the direct engagement of families in overseeing both the development and implementation of care plans in situations where a paid caregiver is involved in caring for older people living

with complex needs. In this case, care plans are designed by healthcare professionals in consideration of the older person's needs. This active involvement signifies a hands-on approach, where family members not only contribute to the planning process but also take on a managerial role in ensuring the effective execution of the established care strategies (Okoye, 2013).

Africa's perspective on caregiving for older people is undergoing a transformative shift, marked by a growing consideration of formal caregiving (Awuviry-Newton, 2023; Adedeji et al., 2022). However, the provision of organized long-term care in the continent remains uneven and is primarily concentrated in urban settings. This evolution is reflected in the emergence of two major service models that currently dominate the landscape: charitable care for the most destitute older people, often run by faith-based organizations with limited resources, and private for-profit services, predominantly in the form of residential homes catering to those who can afford to pay for care (Ebimgbo et al., 2022; Oluwagbemiga & Tiwalade, 2017). Notably, there is an observable gap in organized services for older people who fall between these extremes on the caregiving spectrum. In the current landscape, organized long-term care services in Africa tend to be fragmented, with a concentration in urban areas (Agyemang, 2021). This gap poses a significant challenge, leaving a substantial portion of the older population without access to organized long-term care services.

It is plausible to argue that the concentration of organized long-term care services in urban areas within the current caregiving landscape in Africa has significant implications for older individuals residing in rural areas. This geographical disparity contributes to a disproportionate impact on rural older populations and skews the shift towards a more inclusive caregiving model that adequately covers all older people (UN Economic Commission for Europe [UNECE], 2017). The limited availability of organized long-term care services in rural areas exacerbates the challenges faced by older individuals in these regions. Rural communities often grapple with inadequate infrastructure, limited access to healthcare facilities, and reduced availability of social services (Agyemang, 2021).

National efforts to develop comprehensive long-term care systems are limited, with only a few African countries actively pursuing such initiatives. Among those that have made strides in this direction are Mauritius, Seychelles, and South Africa, for example (WHO, 2023). These nations have demonstrated a commitment to addressing the evolving needs of their ageing populations by laying the groundwork for organized long-term care systems. However, these efforts remain the exception rather than the norm, and most African countries have yet to embark on comprehensive national strategies for long-term care. While Africa's perspective on caregiving for older people is indeed changing, the shift towards formal caregiving is still in its infancy; it is characterized by uneven distribution, concentrated in urban settings, and distinct service models for those with financial capacity (Falzarano et al., 2022). The critical gap in services for older people, coupled with limited national efforts in many countries, underscores the challenges and opportunities that lie ahead in the development of comprehensive and inclusive long-term care systems across the continent to modify the inadequate African model of care for older people where the family is central.

A synthesis of scholarly positions on Afrocentric caregiving for older people in Africa

Scholars such as Kyomuhendo et al. (2020); Ebimgbo et al., (2021); and Smock & Schwartz, (2020) have lent support to the stance advocated by the AU/HAI regarding family care from various perspectives, substantiating the argument that exclusive dependence on families for elder care is associated with numerous challenges. The viewpoint of these scholars is underscored by empirical evidence that highlights the unreliability of care quality and the imposition of significant burdens like economic, psychological, social, and physical on family caregivers, a majority of whom are women and girls (Kyomuhendo et al., 2020; Ebimgbo et al., 2021; Smock & Schwartz, 2020). The inadequacies of family care, as argued by scholars, are often intertwined with poverty and vulnerable employment. Economic constraints play a pivotal role in compromising the quality of care provided by families. Mudiare (2013) and Skovdal et al. (2009) emphasize that family caregivers

frequently find themselves in situations where they lack the necessary resources to deliver optimal care. The financial limitations may force caregivers to make challenging choices, leading them to either neglect their own employment, education, or training opportunities or to compromise on the care provided to their dependent relatives (Adonteng-Kissi, 2022).

There is a disproportionate burden borne by women and girls in caregiving roles. Kyomuhendo et al. (2020) noted that most family caregivers are women, and the demands placed on them contribute to economic and social disparities. This aligns with the AU/HAI perspective, indicating that family care, when exclusively relied upon, can perpetuate gender inequalities, and potentially hinder the broader socio-economic empowerment of women and girls. In addition, Nortey et al. (2017), and Schatz and Seeley (2015) underscored the adverse impact of caregiving responsibilities on the well-being of caregivers, shedding light on the physical, emotional, and financial toll associated with this role. They emphasize that both the social and physical health and well-being of caregivers are often compromised as they find themselves with limited time to prioritise well-being.

The demands of caregiving can exert a significant strain on caregivers (Schatz & Seeley, 2015). The continuous and often demanding nature of caregiving tasks can lead to heightened stress levels, fatigue, and a diminished capacity to attend to personal health needs (Awuviry-Newton, 2023). This phenomenon is particularly noteworthy when caregivers lack the necessary guidance to navigate complex health issues, such as those associated with conditions like dementia. Financial implications further exacerbate the challenges faced by caregivers. The costs associated with providing care, including medical expenses, medications, and potential lifestyle adjustments, can be substantial (Adedeji et al., 2022). Caregivers may grapple with the economic burden of caregiving responsibilities, which can have long-term consequences for their financial stability. Importantly, scholars highlight a pervasive lack of comprehensive guidance for family caregivers, particularly in addressing intricate and/or chronic health issues (Klimova et al., 2016; Falzarano et al., 2022) which requires specialized knowledge, care, and support. The limited awareness among caregivers regarding the

understanding and nature of certain illnesses, their impact on behaviour, and strategies to enhance the well-being of individuals affected by them underscores the need for accessible and informative resources to support family caregivers in their crucial role.

Awuviry-Newton (2023), Agyemang (2021) and Aboderin (2017) highly consider the Africentric family model of care as central to caregiving for older people. They argue against the position of the AU/HAI framework, highlighting practical benefits to the African perspective of family/informal caregiving for older persons. Research has shown that informal caregiving offers great benefits in meeting the emotional, physical, and social needs as well as improving the quality of life of the aged (Faronbi & Olaogun, 2017). Emotionally, the comfort and security of being in a familiar environment contribute positively to the well-being of older individuals. There is a sense of continuity and emotional stability with the presence of loved ones providing a constant source of companionship and support (Kietzman et al., 2013). An example would be when an older person with chronic health conditions finds solace in the emotional support provided by family members who understand their specific needs which fosters a nurturing and compassionate atmosphere. Physically, staying in one's own home to receive care often leads to improved health outcomes. Socially, informal caregiving helps to combat social isolation and loneliness among older adults. This means that older individuals can continue to engage with their social networks, preserving important connections with their families, friends, and communities (Ekoh et al., 2020). This is evident in regular visits from relatives or social gatherings with friends that can provide enriching social experiences, preventing feelings of loneliness and fostering a sense of belonging.

The benefit of informal caregiving is comprehensive in that it addresses the interconnected nature of an individual's well-being, recognizing that emotional health, physical health, and social engagement are connecting components of a fulfilling and meaningful life (Mudiare, 2013). Caregiving often involves a deep understanding of the older person's preferences, values, and cultural background; this personalized approach contributes to a higher

quality of care, such that caregivers can ensure their support meets the unique needs of older adults. This supports the study by Alesina and Giuliano, (2014) that informal caregiving within familiar surroundings promotes a holistic understanding of the older person's life, ensuring that emotional, physical, and social needs are met in a way that respects their autonomy and preserves their dignity. There is also the benefit of a more cost-effective and sustainable care model. Older individuals receiving care in their homes with the support of family and friends may mitigate the financial burden associated with institutional care. Informal caregivers, driven by a sense of familial responsibility, often provide dedicated care without the high costs associated with professional services or residential facilities (Badaru et al., 2017). Some older adults who may face financial constraints can benefit from this since they prefer the continuity and familiarity of their own homes because it promotes a seamless integration of the emotional, physical, and social aspects of older adults in that some of them recovering from a health setback may experience emotional reassurance from family members, receive necessary physical assistance, and enjoy the companionship that aids in their recovery.

Kietzman et al. (2013) opine that informal caregiving fosters a sense of reciprocity and mutual support within families and communities. As care is provided by family and friends, there is often a reciprocal exchange of support that strengthens intergenerational and interpersonal bonds within the community. This is reflected in an instance where a daughter providing care to her ageing parents may, in turn, receive emotional support and guidance from her parents, creating a dynamic of shared experiences and mutual care. This reciprocity contributes to the overall resilience and cohesion of the family unit which is usually a common factor in African homes and communities (Schartz et al., 2018; Abanyam, 2013). These benefits of care align with the relational theory used for the study's framework. The interconnected nature of an individual's well-being is a central theme in relational theory. It shows that this interconnectedness extends to emotional, physical, and social dimensions such that emotional well-being is nurtured through the relational support provided by caregivers, contributing to a sense of security, and belonging while the physical well-being of the care recipient

is often tied to the caregiving tasks performed by family or friends, ensuring a supportive environment that promotes health (McCauley, 2019). Relational theory therefore facilitates an exploration of how these various dimensions of care intersect and influence each other, offering a holistic understanding of the impact of informal caregiving on the overall well-being of individuals.

While some scholars (Kietzman et al., 2013; Ebimbo et al., 2021; Okoye, 2013) have supported this traditional perspective, others (See: Akinrolie et al., 2020; Adedeji et al., 2022) have dismissed it. It is crucial, however, to contextualize these perspectives within the changing social and economic landscape, which has rendered family caregiving increasingly challenging to sustain. Factors such as the migration of family members and the limited capacity of families to provide specialized care for older individuals with complex needs contribute to the evolving narrative on elder care, potentially impacting the well-being of older people (Abanyam, 2013). Scholars who oppose the traditional African perspective on caregiving have put forth compelling arguments that highlight the need for a transformation in ageing care across the continent. These arguments are rooted in the recognition of significant shifts in societal structures and economic dynamics that challenge the viability of the traditional caregiving model.

The opposition to the traditional perspective is not a dismissal of the cultural and familial values ingrained in African societies but rather a call for a pragmatic adaptation to the changing realities. Scholars advocating for transformation in ageing care in Africa are acknowledging the necessity of aligning caregiving practices with the contemporary context (Agyemang, 2021; Alesina & Giuliano, 2014). This adaptation is deemed essential to ensure the well-being and quality of life for older individuals in Africa. The debate among scholars reflects the nuanced understanding that while the African perspective on caregiving for older people has deep cultural roots, the changing social and economic landscape necessitates thoughtful reconsideration. The arguments against the traditional model are not a rejection of cultural values but a recognition of the imperative to evolve ageing care practices to meet the diverse and complex needs of older individuals in the present and future.

Opportunities and challenges from caregiving for older individuals

The evolving trends in the African perspective on caregiving for older people present significant opportunities for transformative approaches to caregiving for older people. The acknowledgement that family-based caregiving, in its current form, may be insufficient to deliver good-quality and integrated care has spurred several African countries, including Ghana, Kenya, South Africa, and Tanzania, to take the lead in embracing opportunities for change (WHO, 2023). In these countries, there is a recognition that the traditional reliance on family caregivers needs to be complemented by organized and systematic approaches to address the complex needs of older individuals. Rather than eliminating the role of families in providing care for older individuals, these models emphasize the importance of integrating family support into a more structured and organized framework. This signifies a shift towards a more collaborative and holistic caregiving system that maximizes the strengths of both formal and informal care networks.

One of the key opportunities lies in enhancing the quality of care provided to older individuals. By adopting organized models, these countries aim to ensure that older people receive care that is not only comprehensive but also tailored to their unique and evolving needs. This approach addresses the limitations of family-based care in meeting the increasing complexities associated with the health and well-being of older individuals. Moreover, the evolving perspective acknowledges the changing dynamics of family structures, considering factors such as migration and urbanization (Abanyam, 2013; Ekoh & Warria, 2023). Organized caregiving models recognise the need for flexibility and adaptability to cater to the diverse circumstances of families, ensuring that care remains accessible and responsive to the specific conditions of older individuals. The opportunities arising from the changing trends in the African perspective on caregiving lie in the adoption of models that bridge the gap between traditional family care and the demands of contemporary long-term care (AU/HAI, 2003). By leveraging these opportunities, countries are striving to create systems that not only recognize the integral role of families but also ensure that care is provided in an

organized and effective manner, enhancing the quality of life for older people across the African continent.

As care models continue to move beyond the traditional African perspective across the continent, there is a notable opportunity to broaden service provision beyond traditional institutional or residential settings. The expansion of formal caregiving need not be confined to institutional care. Formal care for older people can be delivered in a variety of settings, including older people's own homes, and the homes of friends or family members that are safer and more tailored to their needs. This nuanced approach recognizes that the preferences and needs of older individuals vary, and a one-size-fits-all model may not be suitable, even if it involves providing high-quality in an institutional or residential setting, which is beginning to gain popularity across Africa (Oluwagbemiga & Tiwalade, 2017). By embracing the flexibility inherent in organized or formal care, services can be adapted to the specific circumstances and preferences of older people. The emphasis is on providing care where it is most conducive to the well-being and comfort of the older person, whether that be in the familiar surroundings of their own home, within the community, or in settings that ensure safety and adaptation to their unique needs. It reflects a recognition of the diversity within the ageing population and the need for a comprehensive and adaptable approach to long-term care that respects the autonomy and preferences of older individuals. Organized long-term care in sub-Saharan Africa has the potential to be a flexible and inclusive continuum of services that meet the varied and evolving needs of the older population (Ebimngbo et al., 2022; Okoye, 2013).

Despite the several opportunities for transformative caregiving for older people in Africa, several challenges hinder the positive trends in the African perspective of caregiving. One significant obstacle is the lack of political will coupled with insufficient resources and funding (Ebimngbo et al., 2013). This situation contributes to the perpetuation of the belief that families bear the sole responsibility for caring for their elderly, as the government is perceived to be unable to adequately meet their needs. The scarcity of financial resources and political commitment undermines the potential for

comprehensive and organized long-term care systems. This creates a reliance on family caregivers, reinforcing the notion that they are the primary and, in some cases, the only source of support for older people (Agyemang, 2021).

Another critical challenge is the shortage of a skilled care workforce capable of providing high-quality care services to older individuals (Okoye, 2013). This scarcity poses a significant barrier to the implementation of organized long-term care. However, there is an opportunity for the government to leverage the inherent strengths of families by investing in training programs. By empowering families as caregivers, the government can address the immediate need for care while simultaneously working towards developing a sustainable plan aligned with international standards for the care of older people (AU/HAI, 2003). This temporary measure acknowledges the current limitations in resources and workforce while paving the way for a more comprehensive and systematic approach in the future. Training families to provide care not only alleviates immediate caregiving challenges but also lays the foundation for a more resilient and adaptable long-term care system. The government's strategic investment in family training can serve as a transitional step, eventually evolving into a more holistic and sustainable approach to caregiving for older people in Africa.

The United Nations Decade of Healthy Ageing (2021–2030) introduces a crucial policy framework that advocates for the adaptation of traditional caregiving models for older people in Africa. The initiative proposes creating age-friendly environments to enable older individuals to age safely in a place that suits them. The goal is to empower older people to continue personal development, stay actively engaged in their communities, contribute meaningfully, and retain their independence and health (Dixon, 2021)—a similar model that works in the Global North (Mussie et al., 2023). From a development perspective, older people can actively contribute to economies, communities, and societies through both paid and unpaid work. As part of this approach, the policy recognizes the importance of providing access to long-term care, with an emphasis on fostering environments that support ageing individuals.

One of the fundamental principles is to challenge the conventional notion that long-term care should exclusively be provided within institutional settings. Instead, the policy encourages a transformative perspective on how older people can benefit from quality care within the comfort of their own homes (Dixon, 2021). This change in basic assumptions aligns with the broader goal of creating age-friendly environments that support the diverse needs and preferences of older individuals. However, a notable challenge persists, particularly for older people who may not be able to fully take advantage of the benefits of ageing in their homes. Factors such as socioeconomic status, geographical location, and health conditions may hinder some older individuals from accessing the proposed age-friendly environments and the associated long-term care services (Okoye, 2013; WHO, 2023). Addressing these disparities becomes a crucial aspect of implementing the policy effectively and ensuring that the benefits of age-friendly environments are accessible to all older people, irrespective of their circumstances (Ikeorji et al., 2024).

Transformative social work practice in the care of older people in Africa

Transformative social work involves working with people to create a positive and sustainable adaptation that transforms interventions to lead to better outcomes for individuals, groups, and communities (Schott & Weiss, 2015). One key area for transformative social work practice is the incorporation of community-based interventions for caregiving support. This is because the care needs of older adults emanate from a relationship with older adults' health status, and social and physical environments, and the gender of older adults influences their level of care needs. Social workers can encourage families and communities to connect with the community centers; to help address their emotional and financial needs, which is often the most common form of support required by some older adults. Addressing gender-related caregiving disparities is important for transformative social work practice that seeks to fight injustices and dismantle oppressive practices. Since females are traditionally more involved in caregiving roles (Evans, 2010), social workers can challenge the societal norms and expectations that

perpetuate gender-based caregiving imbalances by engaging in educational campaigns to alter ingrained stereotypes, fostering discussions that promote shared caregiving responsibilities within families, and empower women to negotiate equitable roles in caregiving.

Social workers need to challenge certain stereotypes and unequal burdens that exist in informal caregiving such as parents receiving care from children as a form of reciprocity or obligation for having provided care (Akinrolie et al., 2020), if not met, there is tension and frustration on the part of the parents while the children could get involved in illegal means to be able to provide financial assistance to their parents. The recent decline in generational support is due to the reduced resource capacity and the escalation of the personal needs of adult children (Aboderin, 2004). There is also a shift in providing care and support for parents, eroding the traditional filial obligation norms of receiving support. The traditional reciprocal duty to repay parents for fulfilling their past duties is now based on merit i.e., you receive help if you also provided help in the past (based on children's judgment and personal relationship with parents). Social workers can educate families about available support services and resources. This includes information on community-based programs, respite care, and other services that can alleviate the caregiving burden. By this, social workers empower families to make informed decisions that align with the changing dynamics of reciprocal duties. The ideal thing would be for adult children to take care of their parents and provide as much support as they can; care should be based on good deeds and not on reciprocity or an act of obligation.

For policy, a framework should be formulated based on traditional or African caregiving perspectives focusing on compassionate, culturally sensitive, and empowering care. The AU/HAI framework pushes for countries to develop and review national policies and programmes to include the specific concerns of older women and men such that all people, irrespective of age, can live long and healthy lives. Member states should develop and implement policies that cater to the diverse needs of older individuals, encompassing social care, personal assistance, and support for daily living activities (WHO, 2023) as well as prioritize creating environments that enable older people to age in a

place that is right for them. This involves addressing infrastructure challenges, enhancing healthcare accessibility, and fostering social support networks such that policies can contribute to the preservation of older individuals' autonomy and dignity. Social workers can actively engage in the development of policy frameworks and their implementation by advocating for the incorporation of traditional or African caregiving perspectives that prioritize compassionate, culturally sensitive, and empowering care. They can lend their expertise to ensure that policies are designed to address the specific concerns of older women and men, fostering inclusivity and equal access to services. Through this involvement, social workers can help shape policies that not only preserve the autonomy and dignity of older individuals but also promote their overall well-being in alignment with the AU/HAI framework.

Conclusion

This narrative review explored caregiving practices for older adults in Africa. While some argue for a traditional, family-centric caregiving approach, asserting the incompatibility of formal care with local values and its limited reach in rural areas, opposing views highlight the need to adapt caregiving practices to address the diverse needs of ageing individuals. Social workers and other advocates emphasize that these shifts are not a rejection of cultural values but a response to the evolving complexities of informal care. To enhance the quality of life for older individuals, there is a pressing need for accessible livelihoods and resources supporting family caregivers in Africa, aligning with cultural sensitivity and policy insights. The United Nations Decade of Healthy Ageing and AU/HAI recommendations encourage a comprehensive approach to caregiving in Africa, integrating ageing considerations into gender-related policies for improved quality of life and well-being for older adults across diverse communities. Indeed, with adequate policies and integrated relational caregiving practices, growing old can be an opportunity and not a liability.

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ORCIDs

Chika Rita Ikeorji: <https://orcid.org/0000-0001-7351-9725>

Ajwang' Warri: <https://orcid.org/0000-0002-4658-7324>

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