

**Social Policy with Respect to Care:  
A Perspective for Sub-Saharan Africa**

**By**

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## Contents

|  |    |
|--|----|
| Abstract.....  | v  |
| Acknowledgements .....   | v  |
| 1. An interdisciplinary perspective on care.....   | 1  |
| 1.1 The responsibility and skills of care.....   | 1  |
| 1.2 Caring requires a status and investment .....  | 3  |
| 2. Caring and socio-economic security in Africa: a historical overview .....                         | 5  |
| 2.1 Social policy as a way of life.....  | 5  |
| 2.2 Losing the war between civilizations .....   | 6  |
| 2.3 Insufficient reappropriation.....  | 6  |
| 2.4 New found strength in weak links.....  | 7  |
| 2.5 Opportunities are there, but the challenge is great .....  | 9  |
| 3. Deficits of care for infants.....   | 9  |
| 3.1 Infants, you are welcome; children, you are treasure.....  | 9  |
| 3.2 What do we now know about care during early childhood and childhood? .....                       | 11 |
| 3.3 Today’s situation: I am so sorry .....   | 12 |
| 3.4 Policy responses to the situation of infants and children .....                                  | 13 |
| 4. Care deficits with respect to the elderly .....   | 16 |
| 4.1 African traditions and values with respect to the elderly: I salute you, honourable<br>one ..... | 16 |
| 4.2 What we now know about ageing.....   | 16 |
| 4.3 Current situation: it is painful for me to see your condition .....                              | 17 |
| 4.4 Policy responses to the situation of the elderly in Africa .....                                 | 18 |
| 5. Conclusion: “I’m so sorry” is not good enough .....   | 18 |
| 5.1 Promoting associations and “weak links” .....  | 19 |
| 5.2 Reinventing the extended intergenerational family .....  | 19 |
| 5.3 Restoring to the elderly a place in public life.....   | 20 |
| 5.4 Gender relations for caring in Africa .....  | 20 |
| 5.5 A basic income for everyone.....   | 24 |
| 5.6 Concluding remarks .....   | 25 |
| Postscript To thy own self be true - or finding competitive advantage in unexpected places .....     | 26 |
| References .....   | 28 |
| Other papers in the SES Series .....   | 31 |



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## **Abstract**

Care work is gradually moving towards occupying in social policy the central place it has in our lives. This paper takes an interdisciplinary perspective to recognizing care work as work, examining some of the issues it raises with respect to security and gender. It examines how Africa's rich tradition of care dealt with these, and how today, people and policy are struggling to cope with massive change.

The paper shows that Africa has more to gain from taking a care perspective on social policy than the target group approach, and suggests that African societies need to reorient their social policy to reflect treasured values if they are to project themselves into the 22nd century.

## **Acknowledgements**

I thank my parents for giving me the freedom to make my choices, and my teacher for teaching me the importance of trying to think with the heart.



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## 1. An interdisciplinary perspective on care

Care work is gradually moving towards occupying the place it deserves in social and economic policy. In studying care as work, the International Labour Office's (ILO) InFocus Programme on Socio-economic Security acknowledges that care is a term varying in meaning and significance in different cultures and languages and that it is therefore important to identify the meaning attached to the activity and relations of care, and the way in which care is understood for purposes of political or policy action (ILO, 1999). Before looking more specifically at the place of care in social policy in Africa, it is necessary to put care into perspective as a human activity, looking at its place in our lives.

What is it we mean when we talk about life? Mostly, a humdrum thing, taking place within well-defined limits of work, moneymaking, family and leisure, beset with problems of various kinds, resulting in sometimes difficult choices to make. Yet recent thinking in the life sciences, from astrophysics to transpersonal psychology, has the potential to enrich what may appear as banal social or personal issues with practical information and insights that can ground these issues in a more complete and therefore useful perception of reality.

Since the second half of the 20th century, for instance, research in astrophysics - which in reality is the study of the conditions in the universe that have produced life - tells us that evolution did not start on earth and that it is not an earthbound process. Critical preconditions for life were already in place fractions of seconds after the Big Bang, and some of them involve the restraint, and not the full expression, of universal forces. Since then, other conditions have allowed matter and energy to evolve in a series of significant stages, until human beings have emerged. Reeves (1992) perceives in this process an evolutionary project, the progressive coming into existence of increasingly complex combinations of matter and energy, resulting finally in a being of incredible complexity, the human being. We are assembled atoms capable of complex social systems, endowed with sentience and moral consciousness, with the capacity to handle highly abstract concepts, and needing a meaning to life, this latter leading us to being able to ask "What on earth am I doing here?"

We are the thrust of this 15-billion year process of increasing complexity. Psychology tells us that among the inputs necessary for us to develop to our highest potential are love, moral guidance and satisfaction of our basic needs, that is, care. Without care, families and societies produce crippled beings, who at best sip at life, and at worst inflict harm on themselves, on other human beings and on our planet.

Today, Reeves advances, the evolutionary process - or rather our participation in it - has become a matter of choice. We leave behind the Darwinian concept of evolution as the survival of the fittest, and embrace a new understanding of survival and evolution as the outcome of choices based on values - values which care instils in us. We can choose individual lifestyles and social arrangements that permit or disallow the renewal of the species (i.e. run the risk of finding out first hand whatever happened to the dinosaurs). We can choose to respect the environment that supports us, or not. And we can choose to create the conditions that help each one of us to fully explore our human potential, or not.

### 1.1 The responsibility and skills of care

Science says that we currently use at best 10 percent of our capacities. In what directions could the unfolding of our total potential lie? Recent findings in biology provide some indications. Animals and humans who share a bond of care and affection use telepathy involuntarily (Sheldrake, 2000). In traditional societies, Africa included, it was commonplace for people to know that all was not well with a loved one far away, or that a

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relative was going to appear. If telepathy could be used more voluntarily, mobile phones, for instance, would only be for the telepathetically challenged. It seems that care can make valuable things happen naturally that otherwise have to be learnt, or produced and sold as goods and services. Though today we seem to be more preoccupied with finding out what is the minimum caring we can get away with, perhaps the real preoccupation should be how much more perfectly we can care. What kind of care, how much, enables human beings to expand their capabilities? If care, not technology, not the market, not science, were the new frontier, it would be a less adrenalin-testosterone-fuelled world, but it could still be very exciting and worth exploring.

A human being acquires the qualities and learns the attitudes and values that will enable it to be a balanced, imaginative, honest, responsible, courageous adult, capable of accomplishment and happiness, firstly through the quality of care it receives as an infant. Neuroscience observes that the human brain develops at a never-again-to-be-equalled rate between the ages of zero and two, and psychology, that a person's personality is largely in place by the age of six. Lacks felt at this stage, be they affectionate, moral or physical, will demand compensation later on in life, commonly as addictions to money, status, power, sex or substances. Life experiences and events will enable us to correct some traits, personal development efforts may help us change others which might prove to be handicaps, but essentially it seems, we play the game of life with the deal we received then. On what basis to make decisions, who and what is a priority, what to live for and what to die for, or whether to live or die for anything at all . . . we do not so much learn these things from books, as from our carers and teachers.

Thus, to care for another human being is to be entrusted with a job unlike any other, one with immediate, but also with evolutionary responsibilities. Caring has discharged its social duties when it has equipped us with the physical, social, moral, intellectual and other skills needed to live a decent human life, its evolutionary duties when it has helped bring out our higher capabilities. It is therefore easily the most demanding, creative and challenging occupation, and something to which all concerned should be invited to participate in and support in a positive, forward-looking spirit. The disturbing increases in destructive behaviour that we are currently witnessing as conflict, poverty and environmental damage are the result of care failure at different levels: they tell us that though caring is going on as best as it can on this our planet, we are still not very good at it and that the amounts and quality of care are abysmally small compared to the needs.

Caring is an applied art – you can get better and better at it; and it is an applied science – it is not enough to love. Caring is about making people be human and feel human. It is the as yet only partly explored domain of “human engineering”.

The origins of these care deficits are partly at the level of the individual, i.e. there is a need for more awareness, more personal skills and different attitudes; and partly at the social level: there is a need for a higher priority to be given to care in social arrangements, such as more resources, better socio-economic security for caregivers and regulation of care work.

Skills required for caring in the coming decades are more than those required yesteryear. Already, institutions such as the family, the state or marriage have broken down; new values have taken precedence. Competition is now more valued than cooperation, and many people subscribe to advancing individual interests to the exclusion of other considerations. There are more far-reaching consequences to ordinary acts, for example where Aids or the environment are concerned. Poverty, exclusion, isolation and inequality are worsening, leading in Africa to more volatile and more polarized societies in which conflict proliferates. And generally, more and more, insecurity prevails. In the face of all this, how to provide the presence, attention, protection, support, and guidance that all



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need? How to enhance life, sustain the things we believe make us truly human, reverse the anomie?

Some of the answers lie at the level of institutions, legislation, policies, etc. But none of these can achieve more than the qualities of the individuals who conceive of, enact and implement them will enable them to. These qualities are largely determined by the care (love, moral guidance and satisfaction of basic needs) each individual received during the critical period of early childhood, and then later on. It is care, fundamentally, that weaves our individual and collective destiny. There was truth to the saying, the hand that rocks the cradle rules the world.

Caring adequately requires individuals skills of the head on the one hand, such as organization, knowledge, etc., and, on the other, a host of skills of the heart such as empathy, non-violent communication, positive thinking, self-confidence, self-discipline, emotional maturity, moral clarity, availability, and the capacity to delay gratification. Being capable of delaying gratification demonstrates a high sense of self-esteem and trust in life.

## 1.2 Caring requires a status and investment

Caring requires the investment of time, money and organization/structures/institutions. Support is necessary not only for the care needer, but also for the caregiver, because caring essentially means being there for someone else. Being there for an infant, or for a sick relative or an aging parent means that one cannot be elsewhere for very long, to earn a living or be an economic agent directly, or else substitute solutions have to be found. Where these substitute solutions are within the family, the gift nature of caring is kept intact, relationships and identities are nourished and the transmission of values can take place. Where they are not, someone else unconnected to the care needer, whose primary interest is to earn a living, has to be found. Where caring has no status as an occupation, this second type of substitute solution tends to prevail.

All over the world, women are the frontline carers of the family, and men have usually had the role of backup troops, in charge of logistics, keeping up morale, etc. These roles have been evolving to a certain extent, but it is true to say that to many women, more so in the South, their caring role just seems natural and what they want is more support in doing it, and freedom to do other things when they wish. However, the caring role will weigh much more heavily on some, for example the girl who is withdrawn from school to help care for the family, or the youngest daughter to whom it falls to look after ageing parents and who thus cannot decide her future. In the South, substitute solutions are not many and not usually of good quality, and when women have to resort to them, e.g. if they need or want to work full time away from the home, they are a source of preoccupation and dissatisfaction. An ordinary woman in a developing country does not usually exercise a choice to provide care or not: she just does it, or does what she can.

In the North, women can and do exercise a choice. Substitute solutions are better and more abundant, and most women use them. Many also choose occupations and jobs with flexible working hours that leave them time for caring. A recently observed trend in the North is for women to decide not to resort to this type of substitute solution at all, and to become full-time carers by choice. Crittenden<sup>1</sup> (2001) describes the socio-economic and legal issues surrounding “the toughest job you’ll ever love” and details the financial and

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<sup>1</sup> Mother, homemaker and economics journalist, Crittenden is a former reporter for *The New York Times* and a Pulitzer Prize nominee.

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social losses a professional woman has to be prepared to confront in becoming a full-time mother in the United States.

Writing in France, where becoming a full-time mother does not involve such severe financial losses as in the United States, Nobécourt (2001), a former practising lawyer also turned full time mother and homemaker, gives a detailed account of similar problems (e.g. no pension) for full-time carers. She describes the socio-professional exclusion many such women encounter, but notes, encouragingly, that as they have more control over their time, they are increasingly found to be playing a greater role in local democracy and the community in general. This is providing them useful experience in view of the French law that political parties should put up gender-balanced lists at all levels.

Millions of women all over the world, at one point in their lives, would claim motherhood and homemaking as their primary occupation. What they are distinctly unhappy with, as Crittenden and Nobécourt describe very aptly, are the conditions under which they are being forced to do it. Both writers come up with recommendations to make their societies more caring: a year's paid leave for parents, equal social security for spouses, making the family (with children) a legal economic unit so that all income belongs to this unit regardless of who earns it, parent education, etc.

The previous phase of feminism focussed on empowerment of women through opening up the field of their activities. While much remains to be done to achieve equal rights, equal opportunity and equal treatment for women in many parts of the world, one achievement, for an increasing number of women all over the world, is real freedom to choose. This new phase seems to have integrated a demystification of men's activities: traditional male activities and work environments, though more financially rewarding, have been experienced by women as by no means as fulfilling as life-enhancing female-dominated activities. As women choose to reclaim the latter, men are also discovering how attractive and fulfilling this sphere of activity can be. There is a growing insistence on a new valuation of female-dominated activities, based on values, better knowledge of their real significance, observations of outcomes of what happens when these activities are not carried out "heartfully", and an understandable inclination to explore more the softer, (re-)creative side of life.

This new phase is pointing to a shift away from valuing a person on the basis of occupation, towards greater recognition of the intrinsic worth of each as a human being, regardless of what they do. Does this imply that we are heading towards a new sector of the economy, the "care economy", in which for example, women will be paid for raising their children?

Not necessarily. We have a duty to care (which we can accept or reject). We also care because we love, because of deeply meaningful reciprocities, because of wanting to give at least what we received. Caring exchanges or transmits love, values, identity, self-worth. Money permits the exchange of goods and services. To introduce monetary considerations directly into the caring relationship would commodify care and therefore destroy it and important beliefs about ourselves. And yet, carers are entitled to socio-economic security: it is their fundamental right. It is not acceptable that care giving should be more insecure an occupation than producing clothes, selling cars, attending meetings or devising bombs.

How to go beyond these apparently contradictory truths? If we really accept that nearly all people work, and that those caring are working, the need appears for de-linking income from employment, and linking it more closely to work, i.e. for taking a human rights based, normative approach to income distribution. This would entitle everyone to a basic minimum income from birth (replacing almost all other benefits, such as child allowances, unemployment benefit etc.), simply because they exist, and should enjoy the minimum conditions in which to fulfil themselves. A basic income is not a new concept -

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the United Nations Universal Declaration of Human Rights states that every person has the right to an adequate income.

The quality and quantity of support devoted to care needers and caregivers signals the value people place on each other, the nature of their human ideal and the strength of their commitment to it. The means allocated for the purpose of caring and supporting caregivers, who does the caring, what support they receive and how they are organized, the role of the state, the result of these endeavours: all these show the values we uphold.

The following sections address the issues around care with specific reference to the African continent, and to ordinary care recipients: infants, children and the elderly.

## **2. Caring and socio-economic security in Africa: a historical overview**

The care human beings take of each other and the value they place on each other depends on whether they look on the world - brazenly? with a sense of wonder? - and how they look on human beings: same as self? as loved others? as fellow human beings? as customers? In Africa, all that lives tends to be seen as the physical, visible manifestation of a transcendent reality or principle. Previously, this led often enough to a treasuring of the living, borne out in all relationships; so much so, that every day, mundane affairs - family life, village life, productive activities, contacts with nature - were carried out in a way that recognized this sacred, underlying dimension. Thus, in traditional Africa, long before you produced, consumed (or were consumed!) you had value, simply by virtue of being.

### **2.1 Social policy as a way of life**

Despite an impressive variety of societal structures (matriarchy, patriarchy, monarchy, egalitarian society), this respect led to highly inclusive societies which, up to the colonial invasions, had evolved in such a way to meet everyone's needs for care at different stages of life, according to the prevailing social norms and expectations. Typically, every one had a place and role in traditional societies: the young, the old, the mentally sick, women, men. The roles of each were defined by sex and age. It was, for example, men's duty to give up their lives to defend the clan, while women's giving was on a more daily basis, looking after the whole household.

Children were meant to be seen, not heard (because they had "no wisdom"), but childhood was a clearly defined and carefree period, after which children became adults through initiatory rites of passage into the adult world. The principle of seniority applied and the elders had absolute decision-making power. This contributed to stability, but also limited innovation. Deep knowledge, reputation for seemly conduct, hospitality (because of acknowledging the sacred in each visitor) and altruism were some of the principal values upheld and transmitted.

Bonding between individuals was strong ("individuals" is probably an inappropriate word since other members of the same extended family, clan or village were considered the same, or much the same, as self). The nature of bonding appears incongruous to our times and individualistic natures, but it ensured the socio-economic security of all, as illustrated by the saying "where there is enough for one, there is enough for all". Whatever you had, you shared with any member of your family, who was welcome to "come home" to you for any length of time, and you were happy to be together. This way of life was not without costs, but every person and group devoted, invested or sacrificed time, resources and personhood to it. Institutions which supported this way of life were the extended intergenerational family living together in one place and traditional leadership, such as

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monarchs, councils of elders, women's and men's initiation teachers. There were also peer group associations and inter-clan alliances

## **2.2 Losing the war between civilizations**

Then came the clash: African kingdoms and chiefdoms lost to the invaders from the North, and their people experienced first slavery and then colonialism. In the economic sphere, a new relationship to nature was introduced, in which it was dominated and exploited to permit accumulation. The new masters reproduced the socio-economic relations they were familiar with. They dealt only with men, for instance handing over the production of cash crops to them and introducing legislation and resource flows that strengthened their position, and ignored the economic role of women - since in any case, the welfare of African families was not the objective of the exercise. Colonialism was often extremely harsh on women, and even disruptive of the family. While traditions carried their own gender inequalities, many legalized gender inequalities find their origin here.

The ability to provide adequate care depends on the arrangements for socio-economic security. Under colonialism, and then under independence, a new public sphere was set up to administer the relations of production, and it took public decision making away from the African sphere. New socio-economic arrangements incorporating the values, norms and social relations of the Northerners were introduced: employment-related benefits, as opposed to family-related benefits, designation of a male breadwinner head of a nuclear family, as opposed to every member of an extended family having a social and economic place. Notions such as efficiency, technological mastery, and others were ushered in. However, Africans lived their every day life in two worlds: an official world and a familiar world, with different languages, in which people had different names, and which of course were premised on very different values, norms and world visions. The official world barely tolerated the familiar world looked down on as backward, while the familiar world lost confidence in itself and its ability to successfully cope with change.

## **2.3 Insufficient reappropriation**

With hindsight, it can be seen that at independence, the northern-educated Africans who took on leadership did not or could not foresee the changes that real independence required. In particular, they assumed that concentrating on economic development would bring about change and transformation; they did not realize that they might need to involve anew their elders in public decision-making; and did not address the issue of how the socio-economic and welfare functions of the African family would interface the requirements of modernization. This later led to a host of problems such as corruption and nepotism or not having sufficiently strong social arguments to counter or adapt proposed structural adjustments.

Nevertheless, within the handed-over frame of reference, a certain broadening of the provisions for care and socio-economic security took place. In the prevailing state-led economic development models, the newly independent states started providing more public sector jobs. These attempted to insure workers against loss of income due to old age, sickness, invalidity and death through formal social security systems: the now discredited provident funds (common particularly in eastern and southern Africa) and various social assistance schemes for destitute members of society. The small numbers of workers in the formal private sector also had access to these benefits, which rarely included maternity and child benefits.

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In all, however, coverage was and has remained low. Kasente (2000) has estimated that even today, those directly covered make up less than 25 per cent of the total population and are mainly male. As entitlement to benefits under the formal social security systems is based on salaried employment on a full-time basis and preferably for uninterrupted durations, all those working outside this framework (the majority of the population who live off farming, the growing numbers working in the informal economy, women who interrupt other work to care for children, elders and other members of the family), benefit from only that income security they can provide for themselves. As the family was relegated to the unofficial sphere, (where, it was assumed, it would continue to fulfil its functions even if no attention or resources were directed towards it), there has rarely been public discussion or research into citizens' desire to pool risks and assert solidarity.

True, thanks to the extended family system, workers tend to share benefits, to a greater or lesser extent determined by gender and cultural factors: 20-30 people would benefit from one salary. This has however proven to be a poor substitute for a social policy which specifically addresses the need for socio-economic security of the whole population, including the providers of care, and which would enable adequate care to be given to those needing it. With time also, under the influence of inflation and increased needs, the benefits have shrunk and are too often no longer sufficient to provide economic security for even the primary beneficiaries. The social policy reforms taking place are gradually introducing social insurance schemes based on pooling of resources and sharing of risks to remedy these deficiencies, but they still mainly concern only workers in the formal sector.

It is in this manner that the socio-economic security of the majority has been left to the private, unofficial, informal sphere, meaning that there has been insufficient transmission between the officially productive sphere and the social sphere where the productive forces are generated and regenerated. Life went on as usual in the private sphere until, as traditional arrangements disintegrated, semi-formal arrangements started evolving. Traditional arrangements, it will be seen in the third and fourth sections, are caving in under the impact of increased migration and urbanization, which create physical and emotional distance between family members; low incomes; and adoption of more individualistic ways of relating. The caring, extended family has in most African countries joined the realm of African mythology, as people working in the urban informal economy stop providing support even to their parents back in the village. While those doing well can still afford to support their parents, they have had to severely restrict the numbers of those whose socio-economic security they will contribute to, be they elderly relatives, orphans, or student nieces and nephews. How are people coping?

## **2.4 New found strength in weak links**

People have had to develop new forms of social solidarity, usually networks with semi-formal status. Membership in these networks is generally based not on kinship relations but on the fulfilment of mutually agreed contributions and assistance (Kasente, 2000). Hence a variety of savings associations based on mutuality, self-help organizations with common funds and resources for emergencies, consumer and savings associations; and cooperatives have come into being up and down the continent, as people struggle to reinvent a set of social and economic relations which meet their needs. Indigenous peoples,

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Islamic societies and others around the world are similarly engaged in working out a relationship to economic matters that reflects who they believe they are.<sup>2</sup>

These emerging socio-economic security institutions hold great promise for Africans. From the economic point of view, human relations of quality have been demonstrated as having a measurable, causal effect on the wealth of communities whose members trust one another and come together to form associations of various kinds (Narayan, 1997). In 1995, the Government of Tanzania, the University of Dar es-Salaam and the World Bank conducted a Participatory Poverty Assessment, with the then British Overseas Development Administration involving more than 6,000 people in 87 villages across Tanzania. This assessment explored the role of social capital (defined as the quality and number of associational links people maintain) as a determinant of household welfare alongside other factors such as human capital, physical capital, natural capital and access to markets. It found strong evidence that a better quality of human relationships (which it calls higher social capital) creates prosperity. In particular, it found that:

- the effect of social capital on incomes was strong: a one standard deviation increase in social capital at the village level increased household expenditures per person by at least 20-30 per cent; by comparison, a one standard deviation in schooling - almost an additional three years per person - increased incomes by only 4.8 per cent;
- social capital was indeed both capital (in that it raised incomes) and social (in that household outcomes depend on village and not just household social capital);
- the impact of social capital was due to village-level effects and not to wealthier households having higher social capital;
- some of the channels through which social capital affected income were better publicly provided services, greater use of agricultural inputs, more community activity and greater use of credit in agriculture.

The study concluded that these benefits of high quality human relationships occurred because people could rely on each other's sense of mutual obligation, honesty, reciprocity, mutual respect and helpfulness. People's norms and expectations feed into and become part of the pattern and stability represented by the informal and formal organizations they join.

A further study (Narayan, 1999) sees another positive function of these emerging institutions: they permit the weaving of "weak links" which in fact strengthen the social fabric. While the strong links of solidarity and reciprocity which bond people of the same tribe or clan together have desirable outcomes where care and socio-economic security are concerned, the loyalty they imply drives some of the nepotism and corruption confronting African governance. Extensive networks of weak links, that is, people from different clans, regions, tribes etc., trusting each other, pooling resources and working towards a common good, reduces the pressure on strong links, enriches social exchange, and can help individuals from marginal social groups to integrate the mainstream of socio-economic life. Thus, strengthening the quantity and quality of associational life in Africa is likely to yield a string of benefits for the societies concerned. For the time being however, it is programmes sponsored from outside that tend to support the development of associations.

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<sup>2</sup> Christianity, Islam and Judaism all forbid usury/interest rates; Islamic banking has explored furthest the alternatives to interest-based finance.

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While both men and women set up and join these networks, for women they are particularly important. With the breakdown of the family and increasing tension and distance in the relationship between the sexes, many women in Africa are finding themselves on their own or without adequate support, doing not only care work, but also having to find income to support themselves and those they are caring for. While many African men are doing their best to contribute to their families, many others are not as responsible, and the prevailing poverty and disintegrating moral environment are not helping to move them in the direction of greater shared family responsibility.

Policy recommendations acknowledge the critical role of quality human relations, and encourage governments and their development partners to initiate actions that respect and strengthen local institutions and associations, as opposed to ignoring them. They do not, however, refer to the social policies and actions that are required to preserve the origins of such high quality human relations: care.

## **2.5 Opportunities are there, but the challenge is great**

Thus in Africa today, state-provided, traditional and semi-formal arrangements co-exist (the latter with potential for creating new forms of social solidarity), but they do not constitute a sound basis for the preservation and re-creation of society and its economic vigour, nor an adequate safety net. Economically, most African countries are weak; their budgets are insufficient to meet their people's needs and aspirations, and the reliance of many of them on outside help has been increasing since the 1980s.

Servicing debt, biased terms of trade, timid attempts to find their own solutions, corruption, war, disease and natural disasters are pushing the majority of societies downward into severe marginalization and poverty. Diseases symptomatic of poverty such as Aids and malaria are further fuelling this downward momentum. Aids in particular is causing the death of adults in their prime who are usually parents and workers. This tragic situation is creating huge additional needs for care (including income security and improved access to health and social services) of the sick and of the orphans they leave behind. Detailed information on how different societies are meeting this increased need for care is not yet available, but families and their female members are clearly in the frontline. The traditional, public and newer arrangements for socio-economic security were already unable to meet "ordinary" needs for care. The several-fold increase in the need for care brought about by the epidemic is forcing the issue of care onto the social policy agenda.

Since social policy in African countries does not tend to support the arrangements for care and socio-economic security existing in the everyday world of their populations, and since it does not seek to express the values that Africans hold dear, the severe and worsening care deficits described in the next sections are the predictable and sorry result.

## **3. Deficits of care for infants**

### **3.1 Infants, you are welcome; children, you are treasure**

To make general statements about "African" values and peoples would be hazardous, were it not that beliefs and practices up and down the continent often present a striking similarity, particularly where children are concerned (Evans, 1993). Some of the beliefs and values shared traditionally are described below:

- Children are highly valued. They are gifts from God and have a very special role to play in perpetuating the family and culture and in providing care for elders.
- Children are the responsibility of the community. When primary caregivers are not available, the community creates a system for caring for children. As a proverb from Malawi states “nurture any child, even those who are not your own, for in future they will look after you”.
- Parental and community goals for children are centred on social and human values. These include respect, self-reliance, and being helpful, cooperative and obedient. The more modern the culture, however, the more likely there is to be a shift to more materialistic values.
- A woman’s actions are believed to be important for the woman and the baby. Different cultures have beliefs and practices related to pregnancy which usually centre on what the woman should and should not eat, and what she should and should not do.
- Each culture has a set of rituals related to the birth process itself. These are designed to provide a safe birth for the baby and to ensure the mother’s well-being.
- After birth, there is a period of confinement that is designed to allow the mother to regain her energy and for bonding to take place between mother and child.

In the past, children could expect to spend the first two or three years of their life in a tight bond with their mother. Breastfed for a few years, strapped to their mother’s back while she went about her business (or sometimes taken care of by other members of the family, or the community) babies were filled with love and care and surrounded by warmth and attention, even when nutrition and other material necessities were not always perfect. The African infant was welcomed on earth in a way that gave the African mother a special status in the eyes of her children and society. As one African saying goes, “thank your father two times and your mother four times”.

Not only is there convergence between African cultures on the way to welcome an infant into this world, there is convergence between the traditional way and what modern child psychology recognizes as essential nurturing for infants.

Popular wisdom now contends that the early bonding with the mother during a confinement period or the constant carrying of the baby and breastfeeding on demand further the development of the baby’s feelings of security, trust in other people, and sense of self-worth. ... Those customs that stimulate a baby’s senses and enhance his or her development, and even the mystical rituals that have traditionally been used for child protection - different from modern practices as they might seem - merit closer scrutiny as to how well they meet a young child’s needs (UNICEF, 2001, p.27).

The education of a Ju/’hoan (Namibia) begins at birth with a simultaneous intensity, ease and sweetness. The first few days, baby Khoba could be found nestled next to her mother’s body, near her breast, the warm hollow of her arm, or just against her back. Older children and adults came to see, to welcome this tiny new Ju/’hoan. By the end of her first week, Khoba could be found near the breast of various grandmothers. By the end of her second week she came on old Aisa’s breast and sat with us at school. I have never heard her cry... she seemed enveloped in a cocoon, a halo, of warmth and responsiveness. It would seem that a baby’s first lesson is “cry and you shall be heard” ... or perhaps even deeper and more basic, “be born and you shall be attended”. For her needs seemed known and responded to, often before she voiced them herself (Evans 1993, p13).



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After giving them as warm a welcome to the community as possible, African communities looked on children as those who would ensure the continuity of the family and society. It was therefore the responsibility of the whole community to see that children were raised appropriately, on the expectation that as they grew into adulthood, they would provide for the older members of the community. While meeting their children's needs to the best of their ability, African parents and communities therefore raised them with this strong socio-economic expectation. Until today, in many African homes, as children grow beyond being toddlers, they start to help out in and around the house, in gender-specific tasks, running errands for elders, looking after siblings, selling fruit after school. Girls have more domestic responsibilities and boys more tasks outside the home.

Traditionally, the children's world was separate from the adult world: parents did not play with their children as modern parents might do, though grandparents would, transmitting cultural values. Siblings played an important role, and traditional games, stories, toys songs and ways of playing were passed on from the older children to the younger children, which supported their physical, emotional social and intellectual development. Frequently, various practices and rituals helped to mark the transitions that correspond to developmental stages in a child's life.

Childhood for most children (those who survived drought, famine and illness which still disrupt the lives of families and communities) growing up in Africa seems to have been a wonderful experience (see for example, Hampâté Ba, 1991). Judging also from the accounts of Swiss youngsters that go on an annual programme where they stay in African villages (*Tribune de Genève*, 2000) it still can be.

It takes a village

My earliest childhood memories are of the village of Qunu in the rolling hills and green valleys of the Transkei territory in the southeastern part of South Africa. Qunu was where I spent the happiest years of my boyhood, surrounded by a family so full of babies, children, aunts and uncles that I cannot remember a single waking moment when I was alone.

There was where my father taught me by the way he led his life, the sense of justice that I have carried with me for the many decades I have lived. By watching him closely, I learned to stand tall and stand strong for my beliefs.

It was in Qunu that my mother gave the stories that charged my imagination, teaching me kindness and generosity as she cooked meals over an open fire and kept me fed and healthy. From my boyhood friends I learned dignity and the meaning of honour. From listening to and watching the meetings of tribal elders, I learned the importance of democracy and of giving everyone a chance to be heard. And I learned of my people, the Xhosa nation. From my benefactor and guide, the Regent, I learned the history of Africa and of the struggle for Africans to be free.

It was those very first years that determined how the many full years of my long life have been lived. Whenever I take a moment to look back, I feel an immense sense of gratitude to my father and mother, and to all the people who raised when I was just a boy and formed me into the man I am today (Nelson Mandela, in UNICEF, 2001).

### **3.2 What do we now know about care during early childhood and childhood?**

Early childhood (0 - 6 years) has come to be recognized as a period critical to the development of the human being, during which love and care, good nutrition, a safe

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environment, and stimulation and encouragement, are all particularly critical for the individual's future life.

Until the 1990s, the focus in the development context was on the just born (child survival programmes) and then, after a few years, on older children (universal primary education). In the light of this better understanding of how nurturing infants is an absolute pre-condition for them developing in body, intelligence and social skills into healthy, balanced adults (capable for instance of social cohesion), the World Bank's Consultative Group on Early Childhood Care and Development has acknowledged that "for the vast majority of Sub-Saharan African children, human capital development investments aimed at the primary school level come too late" (Colleta and Reinhold, 1997). Investing in early childhood care, in improving the conditions of infants, and in support to their mothers, fathers, families and communities, would thus seem to require as high a priority as universal primary education.

African parents are trying to provide what, in our understanding of childrearing today, constitutes adequate care for children (adapted from Evans and Stansbery, 1998):

- providing emotional security and reducing stress;
- providing shelter, clothing, food, and supervision of the child's toilet;
- preventing illness, and nursing when necessary;
- nurturing and showing affection;
- interacting and stimulating;
- playing and socializing;
- providing a relatively safe environment for exploration;
- providing education (including sexual education) and development of motor, language, social and thinking skills
- providing opportunities.

However, the juxtaposition of the traditional and the new, along with economic changes which have threatened people's survival, leave many parents today at a loss in terms of their values, beliefs and capacities. These are no longer providing children with grounding, stability and vision of earlier days.

### **3.3 Today's situation: I am so sorry**

Today, the welcome is not what it used to be. Baby will not be breastfed for as long, for societal arrangements, and sometimes women's priorities, no longer leave enough space for this. The extended intergenerational family is more and more likely to have been replaced by the nuclear family; father, traditionally not very close to his infant, may not be providing the moral, emotional and other support to mother, for a variety of reasons; and community commitment and solidarity may well have been significantly diluted, particularly in urban areas.

Caregivers of infants have diversified. As family is now often no longer available, particularly with the positive development of more girls attending school, an African infant today may find that its caregivers range from a childminder at home, often young, emotionally immature and inexperienced, changing jobs frequently (this prevents infants from developing attachments properly, an important requirement during their first year); or a private formal or informal child minder outside the home; or an early childhood development centre.

Caregivers of children have also evolved in response to the battering the former care system has received, to include those who should not have to shoulder alone the

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responsibility of bringing children up: children themselves, particularly in urban areas, when they have lost both parents to Aids and relatives will not or cannot take them in; and grandmothers, who tragically find themselves having to be parents to their grandchildren, after burying their children. While the extended family continues to be the principal source of care for Aids orphans, its capacity in certain circumstances is being overwhelmed.

To sum up, there is now a care deficit which translates, for example, as children:

- not having enough food or balanced diet;
- being exposed to inadequate sanitation and a unhygienic environment;
- being put to work before they attain the minimum age, too often in activities that harm them or stunt their growth, e.g. as child combatants or prostitutes;
- not being able to go to school, or going to school hungry;
- not receiving adequate health care;
- becoming orphans and facing rejection when their parents die of AIDs;
- being exposed to poor infant and child care practices, through inadequate knowledge and lack of time and other resources on the part of their parents;
- being exposed to drugs, pornography and other unsuitable and harmful practices;
- having complete responsibility for younger siblings too soon because the support of the extended family is no longer available;
- not having sufficient facilities for recreation and other stimulation.

While African children make up about 10 per cent of the world's children, fully one-third of the 40,000 who die every day are African (The World Bank, 1993). In 1997, 30 per cent of children in sub-Saharan Africa suffered from chronic malnutrition. Only 50 per cent entered primary school, and a mere 35 per cent of that group completed it.

The original high quality care system has not withstood the blast of change, though parents and communities are resourceful in coping, and some cultures and groups are integrating new requirements easily.

Children in Africa do not all suffer from hunger; in many cases a lot of their food is produced locally. Nor do children in Africa all face survival problems. The under-five mortality rate has decreased by 42 per cent since the 1960s. Children in Africa are not all illiterate. The enrolment rate in primary schools increased from 32.7 per cent to 65.9 per cent between 1960 and 1985. It has only taken some 30 years for Africa to reach a level in child development and survival that took more than a hundred years for industrialized countries to reach (Combes, 1996).

### **3.4 Policy responses to the situation of infants and children**

What are typical policy responses of African governments to resolve these deficits? African countries were among the first to ratify the United Nations Convention on the Rights of the Child, and have adopted an African Charter on the Rights and the Well-being of Children, but are struggling to implement this against worsening odds. Here again scrutiny reveals that though they do their own problem identification to a certain degree, the shape of the policy implementation is often externally-determined, by the sources of funding for policy formulation and implementation, and by international and, to a lesser

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extent, national NGOs. Data is not readily available on the extent to which parents and communities are represented in the policy formulation process.

As of the mid-1990s only a handful of African countries could be seen to have policies or policy components giving some measure of support to early childhood care. From the health perspective, all implemented child survival and vaccination, and maternal health programmes. From the perspective of ensuring socio-economic security of children and their parents during this critical period, there is far less coverage (Erinosho, 1994). Countries paying family allowances to account for about half of African countries, though approximately 30 out of about 50 countries pay cash maternity benefits. While it is certain that permanent employees of the public sector and formal private companies are legally entitled to these benefits, coverage of temporary employees is uncertain, and all others - self-employed, farmers or workers in the informal economy - have no access to this support.

Given the levels of poverty, the socio-economic security necessary for adequate childhood care has not been ensured in most of sub-Saharan Africa. Early childhood care has remained for the better part in the hands of families and communities, except in a handful of countries, (such as Namibia, South Africa and Mauritius) which have formulated and are implementing specific early childhood development (ECD) policies.

ECD policies explicitly address the needs of children from birth up to school age, through legislation, national level coordination of multisectoral policies and, particularly in Namibia, action to enable the Government, NGOs and the private sector to work with communities to develop desired ECD programmes. Formal ECD is also highly developed in South Africa, with the existence of a large number of ECD practitioners who form the South African Congress for ECD (40,000 members). This lobbying group aims to serve the needs and interests of South Africa's 7 million children under the age of 6, through efforts to increase and improve ECD provision, for instance, by establishing accreditation norms and standards; through the promotion of care-giver training and improvement of their working conditions and rights; and through the formulation and advocacy of policies and initiation and support of legislation. The South African ECD Congress promotes the principle of co-responsibility of parents, community, the private sector and the State.

Other countries are implementing a wide variety of programmes and projects, in association with international agencies such as the United Nations Children's Fund (UNICEF) or with the World Bank. The latter set up an ECD network in Africa to build capacity among African policy makers and practitioners in designing and implementing ECD programmes, and both organizations funded ongoing and innovative programmes. They usually take as their premise that what will provide the springboard for African children and their families to function effectively in today's world, is a blending of the essence of traditional patterns of learning with the understanding and techniques of modern educational practice, so that they do not lose the rich value system that has sustained their societies (World Bank, 1993). These programmes recognize that the parents and family are the child's primary caregivers and educators, and that the community and other outsiders are there to give necessary support. The indications are that there are few programmes supporting informal care-giving arrangements, which probably supply most of the support poor mothers fall back on, particularly in urban areas.

Outreach of ECD programmes varies significantly. After South Africa, Kenya and Uganda probably have the largest national level programmes; Kenya's pre-schools cater for about a million children, representing 30 per cent of children between the ages of three and six (Kipkorir and Njenga, 1997). Caregivers participate in designing the curriculum, teaching traditions and learning about child care, and communities pay the pre-school teachers. Programmes elsewhere typically reach tens of thousands or thousands of children: amongst others, providing mothers with credit linked to early childhood

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education in West Africa, helping to meet the psycho-social needs of children traumatized by war in Angola, teaching rural primary school children to educate their younger siblings about school in Botswana.

In addition to the positive impact on children, such programmes reflect back to the community, not only contributing to greater social cohesion in the longer term, but also more immediately: communities mobilize, organize and marshal resources in cash and kind to contribute to projects, which they have sometimes initiated. In turn, the project often serves as a vehicle for passing on information, skills and other development requisites to communities.

NGOs, including international NGOs such as the Bernard van Leer Foundation and the Aga Khan Foundation are playing an essential role in the whole process, from policy formulation through to implementation (Colleta and Reinhold, 1997). The role of the private sector, formal and informal, tends to be limited to providing day-care of varying quality. Different countries regulate day-care according to their legislation (which may be harsh on informal day-care provision, usually because legislation has not been updated since colonial times), temperament and means.

Early childhood care and education that once occurred naturally and without much conscious planning, in small communities of extended families, is now fractured and ill defined in many parts of urban and rural Africa. Only slowly are African societies coming to grips with this, and the need to increase support to infants, their mothers and fathers and their family and communities. Apart from the few countries mentioned above, in which child care has explicit policy status and has been institutionalized, its status in the remaining countries is low and the resources allocated to it are tiny and usually subsumed under the budget for primary education.

Older children are meant to benefit generally, and sometimes more specifically, from the implementation of policies on health, education and infrastructure provision. NGOs are active in virtually all of the areas in which needs have been identified. They are also taking the lead (often supported by governments) in recognizing the need to help parents, families and communities to pick up confidence in themselves, build on the values and traditions that constitute their strengths, and incorporate the relevant new approaches and practices. Universities are also beginning to revise their curricula to address the health and childcare problems of their countries.

On the social policy agenda for children, two main areas of action figure:

- Universal primary education, with an emphasis on the education of girls.
- The abolition of child labour, also with an emphasis on girls.

Improving the education of girls not only enables them to make a better life for themselves, it increases the care, health and educational prospects of the siblings they look after while they are young, and the children they will have as adults. Investment in girls' education responds to a basic right, and is critical to the well being of society as a whole.

However, the rationale for the exclusive focus of children's policy on girls has not been proven, and the neglect or even dismissal of the needs and rights of African boys could prove to be a very shortsighted policy option. The African context is one of generalized deprivation, in which only a minority will succeed to live a satisfactory life. Even if the majority among that minority will be male, it is not clear how this justifies, for example, not addressing the issue of boys who work, more numerous than girls, and in more dangerous occupations. Few of these will ever make it to the successful minority. The objectives of policies for Africa's children should be to lift girls up while at the same time guiding boys to grow into the kind of men a progressive society needs.

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Education is a significant area in which Africans interiorized colonial systems that banished elders from a traditional role. No attempt has been made to associate elders with the education of the young, implying that their knowledge was irrelevant. Few parents today have the time or means to pass it on. This has exposed all but a minority of young Africans to wholesale acceptance of imported values and behaviours, without a framework within which to sort and sift through them.

## **4. Care deficits with respect to the elderly**

### **4.1 African traditions and values with respect to the elderly: I salute you, honourable one**

Just as children occupy a special place in the heart of African families and communities, so the elderly have a special place of their own. Old age in Africa had a sacred status, through the older person being seen as drawing closer to the spiritual dimension, and therefore more in touch with the source of all knowledge, greatness and discernment. Also, because life expectancies were low, old age and great age had added rarity value.

The elderly had responsibility for ritual, and so regulated family and community life. Decisions about marriage, distribution of land, inheritance - even which political candidate the village should vote for - were made by councils of elders. Old people worked until they could do so no more, but continued to contribute to family life, usually as gentler and more benign caregivers for infants and young children than parents tended to be. They socialized children, initiated youth, and counselled and assisted parents at home (although today this could be seen as interference). Children and grandchildren provided the elderly with company, met their material needs and helped with the tasks of daily living which they could no longer carry out, nursed them when sick, and, importantly, gave them the assurance that they would be given a proper burial when they died. The control elders had over productive assets ensured their autonomy until death.

### **4.2 What we now know about ageing**

Africans herefore could look forward to growing old, but old people are not valued everywhere in the same way. The World Health Organisation (WHO) has issued guidelines to help societies to live in an ageing world, among which figure recommendations to

- acknowledge older people as a valuable resource and combat ageism;
- promote intergenerational solidarity;
- enable older people to be active participants in the development process;
- provide adequate health care and health promotion for older people;
- take into account women's and men's different experiences of ageing;
- take a life-cycle approach to ageing, with for example lifelong learning.

African traditions with respect to the elderly thus scored highly on the first two recommendations, and would have needed upgrading on the remainder, to bring them in line with "best practice". Unfortunately, though there is not much data on the elderly in Africa, what data are available indicates that pressures on African societies today are such that even the advantages their traditions presented for the elderly are breaking down, or in some cases, have already done so. In the majority of countries, the elderly do not figure on the social policy agenda, and their plight is a tragedy in the making.

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### 4.3 Current situation: it is painful for me to see your condition

As in the rest of the world, the numbers of the elderly are increasing in Africa, both in absolute and relative terms. The population aged 60 years and over will grow from 23 million in 1980 to 101 million in 2025 (Apt, 1997), an increase by a factor of 4.4 (compared with only 2.1 in developed countries). Gender differences in ageing are marked: in the year 2050, women are expected to live on average 4.3 years longer than men. The Aids epidemic will also affect these demographic trends.

Migration and urbanization at historically unprecedented rates have considerably weakened the extended, intergenerational family, which was the source of care for old people. Their children have gone to live and work in towns, leaving them behind in the rural areas. By the year 2020, it is estimated that approximately 64 per cent of Africa's elderly will live in rural areas, more or less alone.

Migration creates emotional distance, particularly between young and old. The elderly no longer socialize the young, who are more likely to see them as remote and out of touch with modern life. Intergenerational conflict is the result: younger Africans, especially those who have migrated, want more personal space and freedom, would rather be unemployed if they are educated than take menial jobs, and do not want to be subject to the pressure of the elderly who, for example, would like choose their marriage partners, or want them to take any job so that they can contribute to the family. Yet young Africans would typically be concerned at the elders' ability to pronounce a curse, and would want their blessings.

Older people whose children have migrated are in the same situation as those who are childless or whose children are unable or unwilling to provide support and care. Not only are they deprived of the presence of their loved ones, they usually have no one to carry water, fetch firewood, dispose of refuse or transport household provisions, since these are not provided to rural communities on a systematic basis. They need, more than ever before, to continue to work to earn an income, since remittances from their children struggling with life in the cities have become smaller and sporadic.

Thus women and men in rural areas continue to farm until a great age. In urban areas, old women can be found trading from their doorsteps. Old men who have not worked in the formal sector, or whose pension is insufficient to survive on, may find they have more limited income earning opportunities, because it is socially unacceptable for them to go into petty trading. Ageing polygamous fathers are also finding that where resources are scarce, their children prefer to support their old mothers to whom they are much closer. Africa is the region where the largest number of old people are forced by economic and family circumstances to work well beyond the age of 65 (ILO 1993). Many of these are women, who will not only have to work, but will very likely be caring for others, old and young.

One of the many harrowing aspects of the Aids epidemic is that grandmothers have to resume becoming parents, this time to their orphaned grandchildren, after nursing their sick children until they died. This situation brings together in a desperate plight, the poorest and the most vulnerable. Old women, exhausted after a lifetime of hard work, poor health and poverty, cannot even rest and have to rise to the task of child raising a second time, in enormously difficult circumstances. Often, going without food themselves is the only way they manage to feed the young ones, compromising the last support for these children.

The elderly in Africa have undergone a great loss in status and in self-esteem. They have for instance not recovered even part of the public decision making role they lost under colonialism. After independence, Africa carried on with the same modes of public

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life, which excluded the elderly. This could be part of the explanation why the pace of change has been so unmanageable: there has been no creative tension - or compromise - between modern and conservative trends in deciding how and when to integrate outside influences. Deprived of an anchor, African decision makers have been whipped around by the winds of change, with no alternative reference to invoke, and have often been browbeaten into adopting policies which were clearly against the interests of their people.

Will age become less valued in Africa with the growing numbers of people living to a great age? If it is associated with diminished social and economic functions, by the time today's African adults become old, will they come to be seen by their children and grandchildren as a burden on society and the family, like in societies of the North? How can intergenerational patterns of social and economic exchange be preserved?

#### **4.4 Policy responses to the situation of the elderly in Africa**

Old people in Africa tend not to show up on the policy radar. Firstly, in spite of their growing number, the elderly remain statistically insignificant in most African countries, since more than half the population is under 14 years of age. Secondly, the belief - now a myth - was that the elderly in Africa would always be taken care of by their children, and that caring for them did not need to figure on the agenda of a social policy, which in any case ignored the reality of the intergenerational family. Moreover, elders have lost their place in public decision-making.

Social policy with respect to aging seems to be mainly at the stage of advocacy, carried out by academic institutions in Africa and in the North, e.g. the Centre for Social Policy Studies at the University of Ghana, and by United Nations agencies such as WHO or the ILO's Bureau for Gender Equality.

### **5. Conclusion: "I'm so sorry" is not good enough**

The impact of the changes described above correlates with nothing short of a disaster for societies who place such high value on caring for their members, and had organized sophisticated arrangements to ensure the well-being of all, sometimes at enormous personal cost to different members. The social dynamic in most African countries is in a state of total disarray: children with dismal prospects; elders dismissed; adults experiencing low self-esteem because they can see that individually and collectively, neither they nor their society is able to advance and yet being unable to reject the imposed solutions of outsiders; all tortured by aspirations for things material and intangible seemingly out of reach. The quantity and quality of care required to put all this right seems daunting.

Clearly, something fundamental is not right. And yet so many of the elements for successfully sustaining African nations are there. This exploration of social policy suggests that the problem stems from African decision makers, thinkers and leaders neglecting to take into account the social reality - their daily reality - and to provide for it adequately. Social policies rooted in realities and values will be fundamental to any renewal in Africa. Elaborating them will require calling into question the beliefs, values and practices which have driven what most ordinary Africans have experienced as a descent into hell. This paper has identified a number of interrelated areas for public reflection, out of which new approaches to policies can be hammered out:



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- the role of non-governmental organisations and “weak links”;
  - the intergenerational family;
  - gender relations;
  - the place of the elderly in public decision making;
  - a basic income for all.

## 5.1 Promoting associations and “weak links”

With the exception of a few countries (e.g. South Africa) and a few associations (e.g. of the disabled in Tanzania), associations of caregivers or care recipients are few. Caregivers, particularly informal caregivers, are not organized to articulate their concerns and defend their interests and the interests of those they look after. In rare cases, care needers have organized themselves: the disabled in Tanzania have an effective organization; elderly women in Ghana came together and formed a credit group. Associations of caregivers and care recipients need to be encouraged and supported on the ground and with appropriate frameworks.

Supporting associations generally - savings associations based on mutuality, urban community-based organizations, professional bodies, corporations, cooperatives, girl guides and boy scouts, modern youth schemes and groups etc. - is in fact, as this paper suggests, building the African nation state of tomorrow. Some forms of association are already recognized to a certain extent in public policy: cooperatives are usually legal entities, and the ILO's Strategies and Tools Against Exclusion and Poverty (ILO, 2001) programme has been playing midwife to the emergence of mutual health groups. African social policies need to encourage more systematically the expansion of all forms of association that promote mixing and mingling of the population across ethnic, socio-economic and other lines. Appropriate legislation, education at school, training and resources are some of the different ways in which they can be supported.

## 5.2 Reinventing the extended intergenerational family

African researchers are pointing out the economic role, the social protection and welfare functions of traditional African institutions, and the extended family in particular. The quality of care they provided produced adults who today, in the face of adversity, are still capable of high social cohesion, and perhaps it is significant that Africa posts the lowest rate of mental illness in the world. Extended, large families make it possible to share risks and burdens, which are increasing in these times of ageing populations, the Aids epidemic and low incomes.

The unhappy cohabitation between the modern state and the traditional social security system explains a significant part of corruption that exists throughout the developing world where the extended family still is vibrant. Describing the slow progress in the Caucasus and Central Asia, Lieven comments:

Where an effective extended family does exist, its members would feel it as an utter disgrace to see one of their old people starve or beg. If only one member of such a family group has a good job, even distant relatives will benefit to some degree. But of course, as everywhere else in the world where such ethics apply, they have a colossal downside as far as the interests of the state and modernization are concerned. For they also mean that anyone with access to state funds will feel morally obliged to share them among his relatives and give those relatives precedence in gaining state jobs. In any case where the interests of the state and those of the family clash, there is not much doubt,

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which will win. This clash of official state ethic and social ethic—or between the *pays légale* and the *pays réel* - is of course characteristic of much of the “developing” world. (Lieven, 2001).

That the extended family, the intergenerational family is a crucial issue, has to be acknowledged and tackled with appropriate investigation, legislation, policies and resources. Until then, African societies are like the victims of a collision of cultures, for whom first aid is taking the form of dressing their visible, (economic) wounds, while they are internally (socially) haemorrhaging. Unsurprisingly, as time goes by, the victims’ condition gets worse and worse.

The situation is not without hope: if support to the intergenerational family in its caring role can be given at the same time as associations are promoted to widen solidarity and spread the burden of ensuring socio-economic security, then it could, in time, prove possible to preserve the central pillar of African societies, without the negative effects on governance and economic efficiency. It will, of course, take consultation and negotiation: how will more conservative elders and more liberal and individualistic adults and young people apportion out who has decision-making power over what areas?

### **5.3 Restoring to the elderly a place in public life**

The place of the elderly in public decision-making, education and care is an important issue deserving urgent attention. Care of infants and children, education of children and teenagers could become significantly easier to carry out if reformulated to give recognition to the role of elders, and particularly in a context of lifelong learning. There is so much scope for integrating adult literacy and life skills education with the education of children. Many solutions are possible: for example, elderly women and men can be trained to transmit Aids prevention during the initiation rites they supervise. Such trade-offs can offset the perceived drawbacks of reinstating elders.

On another level, the possibility exists to create bicameral parliaments or constitutional monarchies, thus harnessing the recognized authority, wisdom, values and cultural identity of the elderly and the traditional sphere, for the benefit of public decision-making.

### **5.4 Gender relations for caring in Africa**

In the absence of a welfare state, caring in Africa will most likely remain an activity dominated by women, who will require support to provide the quality of care that is necessary in today's world, and that women themselves want to provide. Being able to spend time, and being able to give priority at a moment’s notice are two essential dimensions of care, which imply that while care giving, women need adequate socio-economic security arrangements. This in turn implies healthy, cooperative gender relations. The current state of gender relations in Africa is doing it neither for African women, nor for African men, nor for African societies in general. A historical perspective again helps in understanding the origins of the malaise.

The traditional deal was that women would sacrifice themselves on a daily basis, and that men would protect the community from harm, if necessary at the risk of their lives. All over the world, this arrangement that part of the species will have to engage in destruction/war if this proves necessary while the other part tries to ensure that this becomes less and less necessary, is still largely current. Men in Africa enjoy a number of privileges on the assumption that they will fulfil their part of the deal, but they have not been doing so for a while – and women have not been effective in holding them to it. First, men lost the military battles to the invaders from the North - for whatever reason. The

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subsequent colonial period ruptured social equilibriums, in particular reinforcing and institutionalizing gender inequalities, disadvantaging women directly and the whole of society indirectly. African men did not protest, and were happy to move into the positions of relative power that this afforded them. Then, wanting more self-determination, they fought the liberation movements (sometimes side by side with women), bringing about a degree of political independence and restoring, in principle, basic rights to all citizens. Since independence however, rare are the African countries in which the men who have been the public decision makers have been successful in protecting their communities from negative influences.<sup>3</sup>

Several decades later, the social and economic agenda continues to be externally determined, but development has replaced exploitation as the main preoccupation. Development decision makers, principally donors and banks, have come to recognize that the neglect and dismissal of African women who held key social and economic positions and responsibilities in their societies was a mistake. To their credit, they have sought to rectify this mistake, and the pendulum has swung in favour of women and the girl child, who in the last decade have become, in Africa, the focus of strongly affirmative action.

The resulting gender strategy which African women have been many to endorse, takes as its premise that African women have “always” been the victims of oppression by African men; this being the case, it is now “women’s turn”, and enlightened outsiders are helping to free African women from the domination of those “backward” African men, whose turn it is to be ignored. For African women, there are several risks involved in this attitude:

- What happens when dramatic events lead to recognition that win-lose propositions between the sexes are unsustainable? So many programmes targeting the girl child while ignoring boys, and fearing to target them in case it would distract resources from girls, is likely to create among boys the perception that they do not count. In Lagos, Johannesburg, Abidjan, and other major cities in Africa today, gangs of unemployed youths attack homes or steal people’s cars at gunpoint, and often in broad daylight. And increasingly these young men are educated, graduates even. It only takes a small number of excluded people resorting to violent protest, to completely reverse the gains of a whole society in far less time, and with far fewer resources than it took to make these gains. The wisdom of applying affirmative action to one group in a context of generalized deprivation needs to be seriously examined, particularly in the sensitive, delicate and charged field of gender.
- What happens when those who set the development agenda move on to the next development solution in line with their thinking and priorities?
- Is it wise for African women to put themselves in a beholden position to outsiders, and to be seen by their own men folk as colluding with descendants of the people who contributed to the mess in the first place? After all, it was African men who at independence reversed many of the sexist laws that the colonial powers had instituted and reinstated citizenship to their women folk.
- Opportunities for alternative strategies are being lost when the whole gender discourse is couched in a “reparation of grievances” mode. Although women lead harder lives than men, even in Africa they now live longer. Could it be

<sup>3</sup> In the NEPAD (New Partnership for Africa’s Development – [www.nepad.org](http://www.nepad.org) ) today’s African leaders acknowledge that the failure of continent-wide programmes of development is partly due to “questionable leadership and ownership by Africans themselves”.

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that typically female activities - growing food, cooking and feeding, nurturing children, caring for all and sundry, in other words, being so busy with others you forget yourself - are life enhancing? The life expectancy of single people is lower than that of married people, suggesting that the more caring and closeness are absent from human life, the shorter it is.

This is not to deny that African women's basic rights need to be respected, and that the very real wrongs which have prevented them living the lives they would choose have to be corrected. On the contrary, the situation is serious. The demands on women are multiplying and intensifying: they are expected simultaneously to raise children, nurse the sick, look after the elderly and farm, run a business, get a job, participate in community development meetings, go on training, rise in the local political party ..., while the means for meeting these demands are not being given at the same rate - few public services or amenities, no income subsidies, inadequate social services - and traditional support has disappeared. Even in countries where drinking water is a wrist-flick away (as opposed to half an hour's walk), the myth of superwoman has lost its attraction. To expect an ordinary woman in Africa to go it alone when basic services and support are lacking, rendering the smallest tasks heavily time-consuming, is not a liberation, it is a condemnation and one which will, amongst other things, severely limit the quantity and quality of care giving that will take place, compromising social progress.

Effective promotion of care in Africa will require a different atmosphere, one that stresses gender teamwork, as opposed to gender confrontation. A starting point for rapid and wide-scale action is the fact that women still have high, special status in African societies. Most ordinary African women, even educated ones, see themselves first and foremost as mothers, wives and sisters, rather than as "women". It could serve as the basis for a more positive, dignified and genuinely African expression of women's needs and rights, so that statements such as "it is time to end the exploitation of women in the service of other members of the extended family", could be replaced by "we are happy being mothers, sisters, daughters, wives, nurturers and peace-builders, and it comes naturally to us to fulfil these important roles, but the conditions have become impossible, what can we do about it?".

For a long time, women dared not say that there was anything good about being a woman and doing womanly things, for fear of men telling them they could do nothing else or asking what they were complaining about. Women want to care more intensely at certain periods of their lives, e.g. when the children are young, and have to care at others, e.g. in countries severely affected by the Aids epidemic. This is vital, critically important work. If women are positive about it, it becomes a lot easier to invite men to join in the work and enlist their support, than if it is denigrated it as a chore. Caring requires self-esteem.

An "indirect" caregiver such as a decision maker may not be fully conscious of how painful, despairing and crushing his lack of care is. Perhaps it is up to those vocal and visible African women in the know to find ways that draw on widely held values to put the message across that a breaking point has long since been reached, and to hold men to account within the framework of those values. For example, monthly Mourning Mothers Days, when all those who have lost a child or loved one because of deficiencies in public policy and provision, gather in front of the presidential palace and local chiefs' offices to mourn. (What sort of a man would call the police to disperse mourning mothers?).

In the education field, policy formulation for children that brings conservative families and communities whose practices often favour boys or at least acknowledge them, into contact with gender-sensitive women's activists, may be one way of bringing about more inclusive child policy-making. Education for both girls and boys would then figure on the agenda. In recent years, the rural poor are reportedly to be found doubting the value

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of education in general, on seeing educated young people not finding jobs; and doubting the value of education of girls in particular, since the benefit might not materialize for a variety of reasons such as early pregnancy.

Other measures to increase the effectiveness of action include promoting higher moral standards generally, education for fathers, raising boys more carefully, recruiting positive male role models and example-setters, enlisting the support of men's mothers and grandmothers - not to mention the occasional blast.

While it is certainly not easy being an African woman today, neither is it easy being an African man: it is painful in a competitive world to think of oneself as near the bottom of the pecking order, having for instance to take the advice of youngsters just out of graduate school in running one's country, because they are from the top of the pecking order. Violence, abuse and drinking are typical male reactions to feelings of helplessness, frustration and vulnerability: all of these are on the rise among the African male population.

Studies of fatherhood underscore something that men who actively participate in their children's lives know viscerally: when men are more than breadwinners or disciplinarians in families, everyone gains. Fathers have always been viewed as power brokers. But equally important as their economic contributions and authority is their influential role as nurturers and caregivers. When fathers nurture their children, not only are the children physically healthier, they're also more mentally acute and emotionally sound.

Men throughout the world are learning first-hand how to positively contribute to their children's lives. In Namibia, for instance, community liaison officers captured the attention of villagers by calling for "fathers' meetings". Tapping into the men's competitive spirit, they developed a board game, For Fathers Only - Fathers involved in ECD. The object of the game is to move from the start to the finish box by drawing a card and answering a question, such as "What do children gain from playing?" After one father answers, the group evaluates his explanation. If they agree that he gave a thoughtful and correct response, he moves his piece forward (UNICEF, 2001).

The key to opening up the way to a more satisfying situation, to being able to keep to their part of the deal, to putting the past behind them, nonetheless lies with them, or some of them. When African men get together traditionally, those considered as not quite being men (for reasons such as their wives not being plump enough) may not be allowed to speak. Should a man who allows his children to die and everything he cares for to be destroyed, distorted and desecrated, without emotion and without revolt, be allowed to speak in the assembly of men? Caring requires trust in oneself: that if I act out of my highest motivation a way will surely present itself to a better, more meaningful life. It can thus imply being a respected opinion leader and role model, demonstrating that the family can again become an economic unit and that men can be team players in raising their children. It can also imply walking away from that loan negotiation which would reduce health and education expenditure, explaining to the population why and going it one's own way<sup>4</sup>. If caring is often associated with nurturing, it can also be about having the kind of "fire in the belly" that Sam Keen (1991) describes in his book on being a man. Historically and more recently, for example in the New Partnership for Africa's Development, African men have shown themselves perfectly capable of manly caring. They can do it whenever

<sup>4</sup> African countries could themselves invest in solar energy and insist that every UN building and every internationally funded project import and use solar panels and batteries (after all they import vehicles and generators), for the demonstration effect? They could also engage in more barter if the rules of international trade are stacked up against them. Solutions exist for those willing to see them.

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they choose to, and show that trust placed in them is justified. One of the likely spin offs will be an increase in gender supportiveness.

A cut diamond among the blood diamonds\*

It was Christmas 2000, in Freetown, Sierra Leone. At UNDP, the Christmas party was in full swing. The drivers and watchmen were invited to help themselves to dinner. After a while, someone noticed that one watchman had served himself, but while the others were tucking in, had put his own plate aside.

When asked why, he explained that he had a largish family which he could barely afford to feed (the watchmen worked for a local security company) and that he and his wife had agreed that they would eat their main meal on alternate days, whatever was available. Today, it was her turn to eat, so he was taking the plate home for her...

\* The 10-year war in Sierra Leone during which horrible atrocities were committed against the civilian population was fought over control of the diamond mining areas.

In the field of gender relations as in other fields, the need makes itself felt for finding African solutions, drawing on all available assistance where it leads to the goals that African women and men together would have defined. What care arrangements do Africa's carers want? Are women to stand alone as women-headed households with support from various NGOs and networks? Do men want to come and go as they please and not have any responsibilities to live up to? Don't they both want more cooperation and solidarity so that for instance children can have mothers and fathers? How to achieve this? Only in a positive climate of mutual trust can African women and men hope to make significant and long-term progress on the burning issues on the currently "informal" social agenda.

## 5.5 A basic income for everyone

Once aspects of values and social arrangements have been looked into, the resource aspect of adequate care must be considered, ensuring the income security of caregivers and care needers alike. One of the first priorities is to support the arrangements that African populations are developing themselves for exercising solidarity, spreading risk and increasing socio-economic security. Pushing for a revision of the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102), to which most African countries refer in updating their social security systems, could constitute an important starting point. Another priority is to revive the family as an economic unit, enlisting the help of traditional leadership, elders, religious leaders, and opinion leaders, to ensure economic solidarity between men and women in the family.

Yet another priority is to gradually put in place a basic income for everyone. The United Nations' Universal Declaration of Human Rights states that every person has the right to an adequate income. The idea is not new. African societies used to practise it, and European economists and social scientists have been proposing it since the 19<sup>th</sup> century.

The principle is that a basic income would be paid to each individual from birth, irrespective of income from other sources and without any conditions, such as working or seeking work. It would assume that each person is responsible for working towards their freely chosen purpose of existence - or not. It would replace virtually all other forms of benefit, and would ensure a minimum existence, needing to be supplemented by other income for those who wished to achieve a higher standard of living. This approach would allow caregivers the breathing space in which to carry out their duties. While it would certainly have a cost, a net effect would likely be to prime local and national economies suffering, as in Africa, from ridiculously low levels of spending by impoverished

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populations. UNDP (2000) observes that accelerated growth in consumption will be necessary to reach the target of reducing the population living in poverty by half by 2015. The report takes the trend rate of growth of private consumption per capita for 1980-97 as a basis for judging how likely each developing region is to reach its declared wealth-creation target, and observes that consumption per person in sub-Saharan Africa has been declining by 2.1 per cent a year.

Advocating and seeking to implement a basic income for all would be a forward-looking policy, and one which should have its place on any socio-economic development agenda for Africa that means business. Although the question arises as to whether it is possible at all to envisage a basic income for all, a more positive approach is for African countries to decide to put this in place even if it takes them a hundred years, and to start looking for ways of incrementally turning it to a reality. A basic income is already making its way onto the agenda for social policy and poverty reduction in South Africa (ILO/EPRI 2002). The proposed ILO/United Nations Development Fund for Women interregional programme exploring how workers and employers in public, private and informal workplaces can share the costs of caring related to Aids and mitigate its impact on productive employment, income security and social protection could be one of a number of avenues through which this can be explored.

## **5.6 Concluding remarks**

It is tempting, given the problems facing the African continent, to suggest that African societies' should first focus on bread and butter problems, and having solved those, it would be time enough to address issues of care and their hypothetical relationship to qualitative growth. African societies would be doing themselves a grave injustice if they gave way to such temptation.

The question may well be asked: what if poverty was not a cause, but a symptom of unrecognized and unaddressed incompatibilities between the social and economic spheres, incompatibilities in values, in institutions, in norms? This is what would result in the economic sphere failing to support the social sphere, and the inspiration and energy raised in the social sphere not being harnessed in the (official) economic sphere (giving rise to the growing informal economy phenomenon). Thirty years of putting the official economic sphere first, while ignoring the social sphere or adopting a piecemeal approach to it, has produced catastrophic results. If the system people live in, know and believe in does not see how the benefits of the economic system flow back to it, perhaps this is where the problem lies.

It is a basic precept of management that a problem correctly defined is already half solved. If Africans say, "we need to survive", then survival becomes the objective and they will approach the problem in one way; and given that we only ever achieve a proportion of what we set out to accomplish, they will achieve that portion. If on the other hand they say "we want to resume caring for each other in the way which we believe is right", then they will approach the problem differently; they will similarly accomplish only a proportion of their goal, but its content is likely to be vastly different.

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## **Postscript To thy own self be true - or finding competitive advantage in unexpected places**

The year was 2030. The development landscape in Africa had changed beyond recognition, and visiting prosperous rural communities with all basic amenities and bustling small towns all over Africa, one could not help but acquiesce with a feeling of contentment, that African societies had finally come into their own. Excellent health facilities, good infrastructure, transport and telecommunications: the places were unrecognizable to whoever had known them 20 years earlier. The architecture and housing patterns had also changed: big compounds housing intergenerational households were the norm.

A closer look at the population of these households revealed an astonishing racial and cultural diversity, and communities were multi-cultural and multi-racial. Interestingly, the elderly from all over the world, but more particularly from western and westernized societies, were strongly represented.

What had happened? Early in the century, all economic and social indicators were red and flashing desperately, law and order could no longer be ensured in most of the major cities, Aids was reducing the active population, etc. A world recession had cut development aid to zero, never mind foreign investment, and African nations had lost too much ground ever to be able to rely on global trade as a means for creating the wealth with which to eliminate poverty. A few nations would make it, but the majority would not.

Looking at this desperate situation, some enlightened African leaders had met to evolve a plan which had seen Africa drawing on its social and cultural resources to render service to the world, and in so doing to attracting resources and interest, with which it had been able to build itself up. The plan had looked on the African way of life, and in particular the extended family and its tradition of solidarity and care, as an important aspect of its identity and of its economic and social strength. The leaders had remembered both the ease with which African families used to integrate refugee families before poverty had set in, and reports of how Swiss youngsters would come back from their school trips in Africa with a new sense of what matters in life.

These enlightened leaders had incorporated the information that the world's population was ageing, particularly in the countries of the North, at the same time as their social security systems were proving inadequate; that loneliness, isolation, the feeling of no longer being useful were destroying the quality of life of many of the elders; that alienation and anti-social behaviour were plaguing the young; that money was running out for conventional, state/institution based solutions; and that the importance of caring was growing. The plan represented a solution which had something in it for everyone.

If we could improve conditions of living in our small towns and big villages and turn them into healthy, attractive and productive environments, suggested the leaders, then perhaps we can invite old and young from countries where there is no more human warmth, no more solidarity, no more family spirit, to come and enjoy these things in Africa. From the Western governments' point of view, for the moderate cost of helping to improve infrastructure, health services and capacity building in African countries, they could propose an alternative care system to their unhappy people, at a much reduced cost to institutionalization, immigration, etc. This explained why the pension funds and social security systems of developed countries had agreed to divert a small percentage of their colossal investments towards improving conditions in developing countries (and reversing the negative image of Africa the media had cultivated over the years).



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So it was that tens of thousands of old people would leave Europe and America at the first sign of winter to join in their African family's activities: taking care of grandchildren, working on garden plots, exchanging emails, making handicrafts and enjoying immensely the sense of human warmth and closeness - feeling human again. High standard health care facilities were close by, staffed by young people who no longer needed to migrate to the city or emigrate to find work. Others found work in the numerous service and leisure sectors that had exploded. When schools in the North were closed, hordes of youngsters would descend on African countries for a month or so, to be immersed in another way of life which left them with unforgettable memories of family and community life.

The African leaders had looked into the practicalities of ushering in this new global service industry: how to ensure that the monetary relationship did not spoil the human aspect? One of the solutions was that communities could sign up to participate in the programme with the responsible body and receive funds directly from it, to avoid money having to change hands between the families and their visitors. Only intact intergenerational families could sign up with the programme, which first assisted the family to improve and, if necessary, expand its living quarters to host the visitors used to higher standards; then trained all those who needed training; and finally, paid the monthly remittance to the oldest living member of the family who then redistributed it according to need. This was one in a series of intermediate stages towards a basic income. Families having taken in Aids orphans or having Aids patients to nurse were included in the programme automatically, regardless of whether they received visitors or not.

The intact intergenerational family clause, and the improvement of living standards programme had meant that many younger family members struggling in urban centres were able to return home to a life with worthwhile prospects. The improvement of living standards programme was based on a sequence of ILO programmes, starting with community contracting and infrastructure investments, which different areas adapted to suit their situation. These programmes helped people to form community-based organizations which managed and executed contracts to build water supplies, schools, roads, clinics, solar-powered and hydroelectric schemes, irrigation schemes, soil conservation and other schemes, in partnership with outsiders such as local authorities, technical agencies, NGOs or donors, and against a contract sum which became wages. Carried out on an intensive enough scale, their effect was an immediate improvement in living environment and reduction in disease, while creating job and income opportunities.

Next in the sequence were the programmes strengthening small businesses and stimulating new ones, to take advantage of the increased purchasing power and consumption brought about by higher incomes and the increased productivity resulting from the provision of basic needs and facilities. Then had come the programmes promoting and supporting socio-economic security. Within 10 years, the social and economic fabric of several hundred small towns and big villages had been reconstituted to the point where they were ready to host their visiting family members.

Once the movement had started, there had been no looking back. One of the more interesting developments was on the gender front. Caring became something that both men and women did. As the care sector became one of the most important, associations of carers acquired political voice, and the importance of the carers' vote - not to mention the pressure from representatives of the visiting care needers - meant that women were able to reverse many inequalities. Many of them nonetheless continued to fulfil a caring role which brought them satisfaction, while the improvement of socio-economic conditions on the spot enabled others to take up posts of responsibility within the new structures, all with the enthusiastic support of the men folk. And as the monthly allocation was paid to the oldest member, this had put a stop to the marginalization which many widowed grannies had begun to be subject to.

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## References

- Apt, N. 1997. *Ageing in Africa*, Paper prepared for the World Health Organization's Ageing and Health Programme (Geneva, WHO).
- Brown, C.K. 1984. *Improving the Social Protection of the Ageing Population in Ghana* (Legon, University of Ghana, Institute of Statistical, Social and Economic Research), Monograph.
- Colleta, Nat J. and Reinhold, A. 1997. "Review of Early Childhood Development Policy and Programmes in Sub-Saharan Africa", in *World Bank Technical Paper No. 367, Africa Region Series* (Washington D.C., World Bank).
- Combes, B. 1996. *Childhood in Africa: Challenges and Opportunities* (Paris, UNESCO).
- Crittenden, A. 2001. *The Price of Motherhood. Why the Most Important Job in the World is Still the Least Valued* (New York, Metropolitan Books).
- Erinosho, O. 1994. "African Welfare Systems in Perspective", in *International Social Science Journal*, part of a special issue entitled "Sociology: State of the Art II", No. 140 (Oxford, Blackwell and Paris, UNESCO).
- Evans, J. 1993. *Childrearing Practices and Beliefs in Sub-Saharan Africa*, Report of the Workshop held in Windhoek, Namibia, October 26-29, sponsored by UNICEF and organized by the Consultative Group on Early Childhood Care and Development, World Bank.
- Evans, J. and Stansbery, P. "Parenting Programs designed to support the development of children from birth to three years of age", in *Early Childhood Counts: Programming Resources for Early Childhood Care and Development* (The Consultative Group on ECCD, Washington D.C., The World Bank), CD-ROM.
- Hampâté Bâ, A. 1991. *Amkoullel, l'enfant Peul* (Paris, Actes sud, Agence de cooperation culturelle et technique).
- International Labour Office (ILO). 1999. *Socio-Economic Security: A Medium-Term Workplan*, (Geneva, ILO).
- \_\_\_\_\_. 2001. *Strategies and Tools Against Exclusion and Poverty* (Geneva, ILO, Social Security Policy and Development Branch).
- \_\_\_\_\_. 2002. *Social Security Reform and the basic income grant for South Africa*, (Geneva, ILO, InFocus Programme for Socio-Economic Security, Cape Town, Economic Policy Research Institute {EPRI} Policy Report # 31).
- Kasente, D. 2000. "Gender and Social Security Reform in Africa", in *International Social Security Review* Vol. 53, No. 3 (Geneva, International Social Security Association), June-Sept.
- Keen, S. 1991 *Fire in the Belly: On Being a Man* (New York, Bantam Doubleday Dell).
- Kipkorir, L. and Njenga, A. 1997. "Site Visit: Early Childhood Care and Education in Kenya", in *Early Childhood Counts: Programming Resources for Early Childhood Care and Development* (The Consultative Group on ECCD, Washington D.C., The World Bank), CD-ROM.

- 
- Lieven, A. 2001. *The Caucasus and Central Asia Ten Years after the Soviet Collapse*, EurasiaNet ([Http://www.ceip.org/files/Publications/lievencaucus.asp](http://www.ceip.org/files/Publications/lievencaucus.asp)).
- Narayan, D. 1997. "Voices of the Poor: Poverty and Social Capital in Tanzania", in *Environmentally and Socially Sustainable Development Network, Studies and Monographs Series no. 20* (Washington D.C., World Bank).
- \_\_\_\_\_. 1999. "Bonds and Bridges: Social Capital and Poverty", in *Policy Research Working Paper 2167* (Washington D.C., World Bank).
- Nobécourt, M-P. 2001. *Oser être mère au foyer* (Paris, Albin Michel).
- Okraqu, I.O. 1985. *A Study of Ghanaian Public Service Pensioners*, Report presented to the XIIIth International Congress of Gerontology, New York.
- Reeves, H. 1992. *L'heure de s'enivrer. L'univers a-t-il un sens?* (Paris, Point Seuil), Out of print.
- Sheldrake, R. 2000. *Dogs that know when their owners are coming home: and other unexplained powers of animals* (London, Arrow Books).
- Tribune de Genève. 2000. *Des élèves verniolans et meyrinois découvrent l'humanitaire en Afrique*, 14<sup>th</sup> June.
- United Nations. 1982. *Demographic Indicators of Countries: Estimates and Projections as Assessed in 1980* (New York, United Nations), ST/ESA/SER.A/82 as quoted in Apt, N, 1997.
- United Nations Development Programme (UNDP). 2000. *Poverty Report 2000. Overcoming Human Poverty* (New York, UNDP).
- United Nations Children's Fund (UNICEF). 2001. *The State of the World's Children. Early Childhood* (New York, UNICEF).
- World Bank. 1993. "Building on People's Strengths: Early Childhood in Africa", in *Early Childhood Counts: Programming Resources for Early Childhood Care and Development* (The Consultative Group on Early Childhood Care and Development, Washington D.C.), CD-ROM.
- World Health Organization (WHO). 1999. *Working With Boys*, Report of a Workshop held 17-19 May 1999 (Geneva, WHO Department of Child and Adolescent Health and Development), WHO/FCH/CAH/00.9



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