

## **Africa: Moving the Boundaries**

Proceedings of the 39th African Studies Association of Australasia and the Pacific (AFSAAP) Annual Conference, 5-7 December 2016, The University of Western Australia.  
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### **Active Ageing with the African in Mind: An Interpretive Phenomenological Analysis**

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#### **Abstract**

This paper examines the contextual meaning of active ageing based on the lived experiences of older African people. The purpose is to determine the conceptual and theoretical fit between the experiential meaning of active ageing and the model proposed by the World Health Organization (WHO), in order to demonstrate the relevance of context in adopting global policy frameworks to deal with human ageing. An interpretive phenomenological analysis of interview data from 30 participants shows that there are significant variations between the WHO model and lived experiences of active ageing. The paper argues that social interaction is the most critical component of active ageing, but has been weakly subsumed into the participation pillar of the WHO model. The paper further argues that while it is important to take into account other dimensions of action ageing, in Africa, efforts must be made to optimise social interaction by strengthening family systems and building community structures that provide opportunities for an active, happy life at old age.

#### **Introduction**

The World Health Organisation's (WHO) 2002 active ageing model appears to be the ideal global policy response to population ageing. The model assumes that quality of life at old age is dependent on three key pillars: health, participation and security (WHO, 2002). A number of countries have modelled their national policy responses on the WHO proposal. In addition, the concept of active ageing has attracted a plethora of theoretical and empirical discussions (Constança, Ribeiro, & Teixeira 2012; Walker & Foster 2013). However, to date, very limited discussion exists on the theoretical validity and application of the concept within the African context. This paper attempts to examine the meaning of active ageing based on the lived experiences of older people in an African context and the extent to which the WHO model fits the experiential meaning of active ageing. The context for otherwise similar people is varied, to determine if there are differences in the experiential conceptualisation of active ageing.

The paper is important for three main reasons. First, it strengthens the argument that context matters in adopting global policies on ageing—older people are not a homogeneous group that can be easily grouped to receive the same services (Canadian Library Association 2002). The African context is unique, and requires a unique approach. Second, it is important to spur debate on an African approach to demographic ageing, as there are claims that active ageing is most relevant for the industrialised world, currently experiencing the brunt of rapid demographic transition (Walker 2002). Third, African policy actors appear to be apathetic in regard to committing to mitigate the effects of rapid demographic transition in the future (Kalasa 2001). This is evident in the level of commitment made to the African Union Policy Framework and Plan of Action on Ageing (2002). This puts Africa's older people in a precarious situation with an uncertain future. Since the WHO proposed the active ageing framework as an

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important global policy response to ageing, it is imperative to ascertain the extent to which the framework represents the contextual issues of Africa. The critical questions for this study are: (1) What does active ageing mean to older people of African origin; (2) how does WHO's active ageing framework fit the African context; and (3) to what extent does living under different policy contexts change the meaning and experiences of active ageing?

### **Background**

In 2015, there were 900 million people in the world who were 60 years and above, representing an increase of 48% on the year 2000's figure of 607 million (United Nations [UN] 2015). The total number of older people is projected to reach 2.1 billion by the year 2050 (HelpAge-International 2013; UN 2013, 2015), an increase of over 100% on current figures. Africa's current demographic structure is relatively young; however, very sharp growth in the dependency ratio is predicted, with the number of people in Africa 60 years and above predicted to increase from the current figure of 64.4 million to 220.3 million by 2050—an increase of 63% (UN 2015).

There are concerns about how to maximise quality of life for the increasing number of older people globally while maintaining economic and social stability. Some countries are adopting austerity measures (Bonoli & Shinkawa 2005; Zaidi & Rejniak 2010), while others are pushing for extension of working lives (Conen, Henkens, & Schippers 2014; Hwang 2016). As a result of the inconsistencies and lack of coordination in various national-level actions on ageing, several policy concepts, including productive ageing, healthy ageing, positive ageing and successful ageing, have emerged. Despite these alternative concepts, active ageing remains the most popular. Overall, new insights into ageing have encouraged positive images of ageing, as opposed to the stereotyped negative images of the past (Katz 2001). Despite the different theoretical propositions, Katz (2001) and Katz and Calasanti (2014) argued that most of the current perspectives on ageing have been criticised as marketing rhetoric.

Active ageing is the most prominent global policy framework for ageing (Walker & Maltby 2012). The WHO defines active ageing as, 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age' (WHO 2002, p. 12); thus, the ultimate goal of active ageing is to enhance the quality of life of people at old age. However, the concept of active ageing, similarly to other ageing concepts, has been criticised. It is believed that the extent to which active ageing has been promoted as the ideal strategy for global ageing is oversold and may be counterproductive (Minkler & Holstein 2008). In addition, the term "active" itself may be misconstrued, reducing policy actions to a focus on physical activities at the expense of other important aspects of the model (Barrett & McGoldrick 2013; Stenner, McFarquhar, & Bowling 2011). Active might also be regarded as an extension of social determinants of health (WHO 2002), reducing national-level policy actions to health promotion and prevention. Boudiny (2013) observed that given the nature of the concept of active ageing, much of the debate has focused on the economic aspects of "active", without any significant recourse to the overall framework. The emphasis has been on employment, health, pension, retirement and citizenship (Walker 2002 2006).

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### Research Design

The study on which this paper is based was developed as a multiple method research project involving three different research methods: interpretive phenomenology analysis (IPA), a comparative case study and a survey. However, the methodological approach used in this current paper is IPA. IPA is a research approach useful for examining the lived experiences of people. Generally, IPA is grounded on three key pillars: phenomenology, hermeneutics and ideography (Pietkiewicz & Smith 2014). The study was conducted among older Ghanaians—in all, a total of 30 participants were purposively selected from Ghana, and from Ghanaians living in Australia. The selection of older Ghanaians living in Australia was important in deepening our understanding of how different contexts influence the conceptualisation of ageing, even for people with similar socio-cultural and economic backgrounds. Participants participated in in-depth interviews, which generated data for the IPA of the meaning of active ageing based on lived experiences.

## RESULTS AND DISCUSSION

### Experiential Meaning of Active Ageing

Participants were asked to describe their everyday experiences of active ageing and what active ageing meant for them. The phenomenological reduction process (inductive coding) resulted in 25 different words, phrases or sentences that older people used to describe their experiences and understanding of active ageing. Within the context of IPA, as argued by Lopez and Willis (2004), hermeneutic inquiry transcends the pure content of human subjectivity, and includes the theoretical implications of such individual narratives in everyday life. The 25 words or phrases were clustered into eight themes based on coding similarity, while also considering the theoretical validity of such themes. According to this analysis, active ageing meant eight things with varying intensities: social interaction, happiness, activity, physical health, independence, spiritual health, public safety and work/employment (see Figure 1).

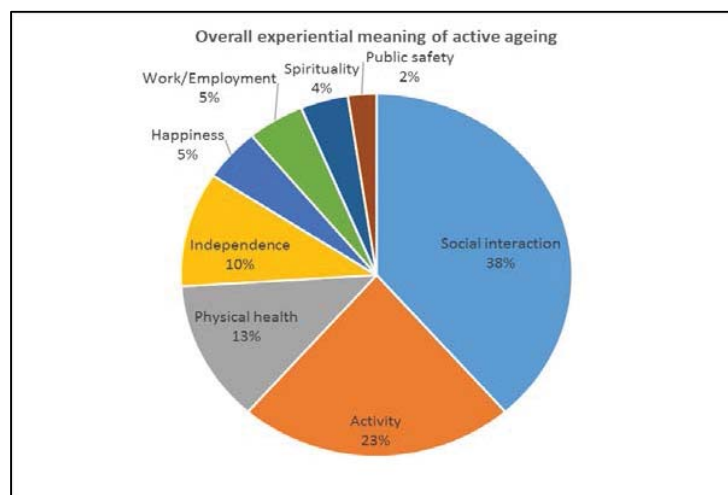


Figure 1: Source: Doh, Hancock & Adusei-Asante, 2017.

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It is evident that experiential active ageing is a complex phenomenon shaped by several factors (see Figure 1). However, the most important meaning of experiential active ageing among research participants was social interaction; older people who have demonstrated functional social capital, stronger families, continuous social activity within the community context and some income or assets to maintain social interaction appeared to live much happier lives at old age. Social interaction, as defined by Donald, Ware, Brook and Davies-Avery (1978), hinges on the social functioning of the individual. Berkman and Glass (2000) refer to social interaction as the interpersonal interaction and social participation of the individual. Social interaction in its totality is known to have some level of influence on physical and mental health, especially for older people (Seeman *et al* 2001). In addition, Buys and Miller (2006) observed in their study of older Australians that participation (social interaction) was critical to wellbeing.

The concept of activity was the second most important meaning of active ageing among research participants. Participants' usage of activity refers to both social and physical activities that are carried out in the company of other people. Menec (2003) stated that every activity has relevance—some activities may lead to the promotion of physical benefits for general health, while others are underpinned by social values useful for explaining active ageing. Other forms of activity offer opportunity for solitary reflection on life. Older people in this study participated in everyday activities such as meeting people, walking around, talking, playing or going to the gym. However, many downplayed high levels of mechanical exercise, especially alone. There is a positive correlation between activity and satisfaction at old age (Diggs 2008; Westerterp 2000). Physical activity is also known to reduce the incidence of coronary heart disease, hypertension, depression and anxiety at old age (Andrews 2001).

The third important experiential meaning of active ageing is being in good health and having opportunities for health services. Being in good health in this instance refers to the absence of diseases, both communicable and non-communicable. However, theoretically, health is regarded as a relative concept, and depends largely on the individual defining it, including aspects of time, culture, social class, age and, to some extent, gender (Morrison 2008). It is, however, generally referred to as a state of physical, psychological, emotional and social wellbeing (Morrison 2008). Along with the notion of being in good health was the issue of having access to healthcare services during moments of ill health at old age. It is also instructive to note that for some participants, ill health was not a barrier to life satisfaction at old age. This confirms the finding of Grundy *et al* (2007) that even in poor physical health, people can still live happy lives when given the required social support. Other dimensions of experiential active ageing include independence, happiness, work, spiritual life and the notion of public safety (see Figure 1).

### **Comparison of Experiential Active Ageing and the WHO Model**

A comparison between the WHO model and experiential active ageing shows important variations. It should be noted that the WHO active ageing model assumes that quality of life at old age depends on three central pillars: health, participation and security (WHO 2002). However, as shown in Figure 1, our interviews revealed eight clear dimensions to experiential active ageing, with varying levels of contribution. In determining the fit

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between experiential active ageing and the WHO model, five different aspects of experiential active ageing are clustered under one central concept termed social interaction promotion, including social interaction, activity, work/employment, happiness and spirituality (see Figure 2). Social interaction promotion fits into the participation pillar of the WHO model, which makes participation the most important aspect of the model. However, in practice, participation tends to be the least promoted. Similar findings on the relevance of the participation pillar in the WHO model were noted by Buys and Miller (2006). The argument in this paper is that although the participation pillar appears to be the most relevant in theory, the use of the concept of participation itself constrains the overall benefits of social interaction. As explained by Berkman and Glass (2000), participation is a function of social interaction, which makes the latter a more broad-based actionable concept for policy than the former.

Further, it is observed that the health dimension of experiential active ageing is a perfect fit with the health pillar of the WHO model. However, experiential active ageing has supporting dimensions of health, including the notion of activity and happiness. As noted earlier, in practice, the WHO model has largely been driven by the health pillar and considerations of economic participation (Boudiny 2013; Constança *et al* 2012; European Union 2012). As Walker (2002) observed, active ageing emphasises employment, health, pension, retirement and citizenship. This emphasis on health and economic participation makes “mere marketing rhetoric”, as observed by Katz and Calasanti (2014). Finally, the dimensions of public safety and independence fit to some extent with the security pillar, albeit with some conceptual variations in real life experiences.

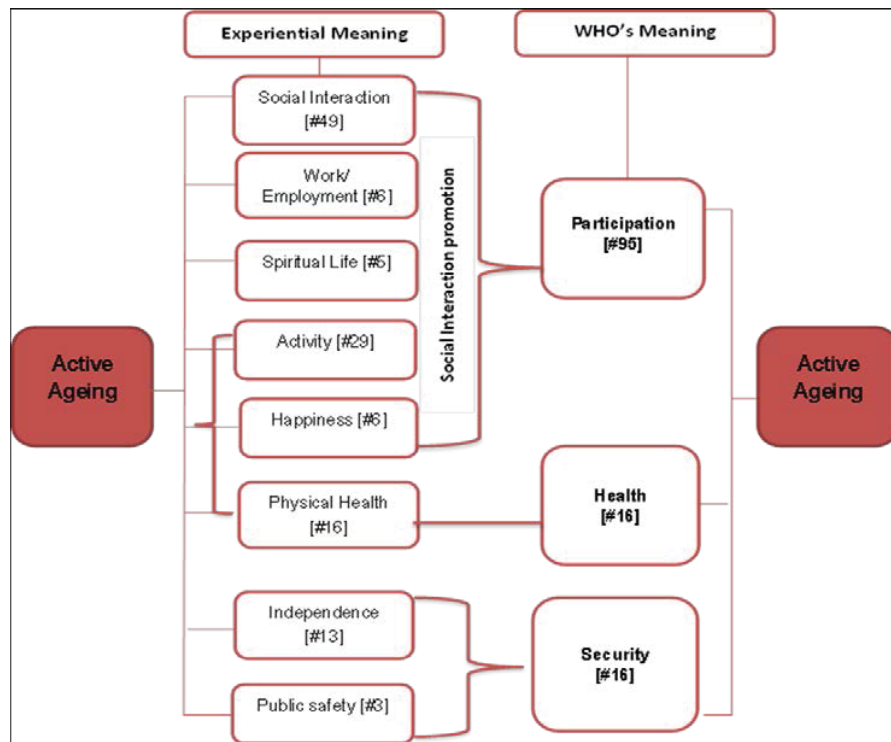


Figure 2. Experiential active ageing and WHO model compared (Doh et al., 2017).

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### Different Policy Contexts and Experiential Active Ageing

A further objective of this paper is to examine how different socio-cultural contexts shape the construct and experiences of active ageing. The purpose is to deepen arguments about the relevance of context considerations in the adoption of global policy proposals, especially in Africa. To achieve this, a comparison was made between participants selected from Ghana and their counterparts in Australia. The participants were carefully selected by matching background variables, such as educational level, average income per month, skills status, employment status and house ownership.

By comparing people of similar socio-cultural and economic backgrounds living in a different policy and cultural environment, we found that context influences the conceptualisation and experiences of active ageing (see Figure 3). While all the dimensions of experiential active ageing are valid in both contexts, there is significant variation in the emphasis placed on each dimension for optimising quality of life at old age. For example, participants in Ghana identified more with social interaction (52%) than any other dimension, whereas in Australia, the concern was more with physical health and having access to health services (26%)—the value placed on social interaction among participants in Australia was also significant, but some participants reported feelings and experiences of isolation. Activity was also a more important factor among participants in Australia (20%) than in Ghana (14%). Among older Ghanaians in Australia, work or employment was an important factor in their experiences of active ageing (8%), whereas in Ghana, work was almost insignificant (1%). There were no experiences of public safety issues in Ghana, whereas in Australia, public safety is an important component of active ageing (5%).

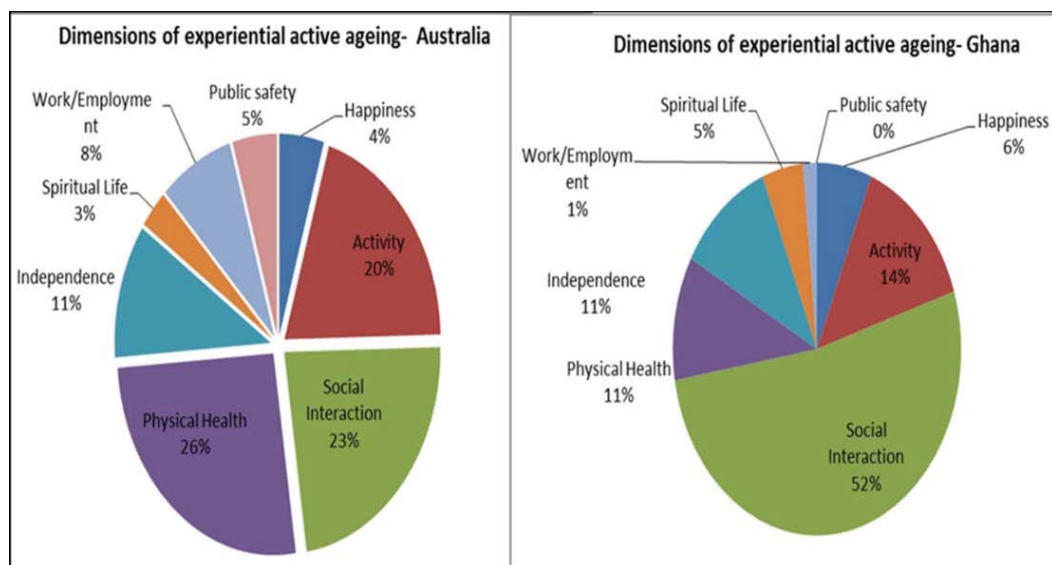


Figure 3. Experiential active ageing in different policy contexts—Ghana and Australia (Doh et al., 2017).

### Conclusion

WHO's active ageing model is an important global policy approach to issues of demographic ageing; however, in terms of the adoption of the policy to the African context, based on evidence in this current paper, it is important to pay attention to the

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socio-cultural dynamics of sub-Saharan Africa. While acknowledging the relevance of the dimensions of active ageing, the case of older people in Ghana and their counterparts in Australia suggests that the promotion of social interaction provides better opportunities for maximising quality of life at old age (Doh *et al*, 2017). Policymakers in Africa must pay attention to strengthening the family system in order to restore family life and dignity and promote intergenerational solidarity; it is also important to create community-level structures that support social interaction. Creating opportunities for continuous activity with social and economic value is important, as the evidence further shows that the availability of income or assets assists in the maintenance of social interaction. The complementary roles of health and other social security systems, such as pensions and cash transfers, cannot be ignored.

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