

**Directory of
Research on Ageing in Africa: 2004-2015**



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PREFACE

The number of older persons in Africa is growing rapidly: between 2015 and 2030 the number of people aged 60 years or over in the region is projected to increase by more than 63 per cent (United Nations, 2015). Accordingly, the situation of older persons in Africa, in particular with respect to their well being, is a matter of growing concern among researchers and policymakers alike. This report provides an extensive directory of research on ageing in Africa covering the period 2004-2015, updating the *Directory of Research on Ageing in Africa: 1995-2003* prepared previously by Dr. Paul Kowal for the World Health Organization. The Directory aims to profile, promote and encourage research into the health and needs of people aged 50 years or over in Africa, and to enable the use of evidence for policy. Such evidence is essential to enable countries undergoing rapid demographic and epidemiological transitions to develop appropriate policy responses and to monitor the implementation and impact of those policies.

The Directory includes descriptions of research activities submitted by primary investigators, with minimal editing. The submissions were summarized according to how the research results addressed the policy directions of the Madrid International Plan of Action on Ageing (MIPAA), and the research methods that have been applied. Taken as a whole, the Directory demonstrates the growing body of rigorous and in-depth research into ageing across Africa. While not all research on ageing in Africa has been included here, a review of the updated Directory indicates that research has been less active in some countries, and that some high-priority areas of research remain under-investigated. The process of creating the Directory revealed the difficulty of identifying research on ageing in Africa through searches of high-impact peer reviewed journals or standard bibliographic search engines. Much of the published research evidence on ageing in Africa presented in this Directory was identified through detailed internet searches or through the direct contributions of research collaborators.

Filling the evidence gaps on the status and needs of older persons in Africa requires concerted efforts from individual countries and the pan-African community, together with contributions from the international research community. It is hoped that this Directory will enhance networking and political action and facilitate collaborative research efforts to focus on older persons in Africa.

This report was prepared for Population Division by a team led by Professor Julie Byles, Director of the Research Centre for Generational Health and Ageing at the University of Newcastle, Australia and Dr. Paul Kowal, Scientist at the Multi-Country Studies Unit, World Health Organization, Geneva. The preparation of this report was assisted by Masuma Khanam, Tazeen Majeed, Patrick Skippen, Xiaoyue Xu and John Hall. Thanks are due to all of the researchers who contributed information and updates about their work. Special acknowledgement is due to Monica Ferreira and Nana Araba Apt, leaders in research on ageing in Africa, who graciously mentored and encouraged subsequent generations of ageing researchers and advocates.

DEDICATION

This report is dedicated to the late Richard Suzman, former director of the United States National Institute of Aging's Division of Behavioral and Social Research; and, to the late Barney Cohen, former chief of the United Nations' Population Studies Branch.

Dr. Suzman was passionate about the science of multidisciplinary ageing research globally, including in Africa, the continent of his birth. He supported the production of the first Directory in 2003. The evidence of his considerable influence and vision is in the pages that follow.

Dr. Cohen also had a deep affinity for sub-Saharan Africa, including his lifelong work in demography and ageing. He was very keen to see an update of the Directory of Research on Ageing in Africa.

Both Richard and Barney are remembered with admiration and affection.

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SECTION 1: Introduction

Sub-Saharan Africa has a population rapidly closing in on 1 billion people. According to the United Nations estimates,¹ 4.9 per cent of the total population was aged 60 years or over in 2015, with this proportion projected to reach 7.6 per cent by 2050. According to these most recent United Nations figures, the population aged 60 years or older in sub-Saharan Africa is projected to more than triple from 64 million in 2015 to 220 million in 2050, a more rapid rate of increase than any other region of the world. Increasing numbers and population proportions of older people bring both opportunities and challenges. Some of these challenges include the prevention and management of chronic disease, provision of health and social care, and addressing poverty and social isolation. At the same time, many studies show that older people can age well and continue to make significant contributions to their communities. Information on the status and specific needs of older people in Africa is needed to advocate for policy changes and to target programmes and support.

Rapid population ageing and growing absolute numbers of older persons globally, and particularly in Africa, demand the full and comprehensive inclusion of ageing matters into the formulation of many of the sustainable development goals and targets. More than 10 years ago, African governments formally adopted the United Nations Madrid International Plan of Action on Ageing (MIPAA) and the African Union Policy Framework and Plan of Action on Ageing (AU Plan). The AU plan, which built upon the MIPAA, committed the signatory African member states to develop and implement policies on ageing that are integral to national development and poverty reduction agendas. However, ongoing efforts in the implementation and monitoring of MIPAA and the AU Plan in Africa have been limited in part by the dearth of data on older persons.² In order to support commitments to these plans, it is necessary to disaggregate all data by age and sex, adapt data collection efforts and improve dissemination of results to better understand the effects, needs and possibilities of the ageing population. Demand for data and statistics on older persons has been strengthened as part of the 2030 Agenda for Sustainable Development and it is specifically mentioned in target 17.18 of goal 17³ as part of the global commitment to ‘leave no one behind’.

In 2004, Dr. Paul Kowal of the World Health Organization produced the *Directory of Research on Ageing in Africa: 1995-2003* with an aim to enhance networking and political action and to facilitate collaborative research efforts to focus on older persons in Africa. This original Directory is updated herein, adding research studies, projects and activities from 2004 to 2015. This updated Directory provides:

- 1) An inventory of available research on older persons in Africa, identifying studies on persons aged 50 years or over completed or ongoing between the years 2004-2015, with an indication of topic, coverage and frequency.
- 2) An assessment of how the projects in the Directory address the three priority directions of the Madrid International Plan of Action on Ageing (MIPAA).

¹ United Nations Population Division. *World Population Prospects: The 2015 Revision*. (medium fertility variant) New York: United Nations; 2015.

² Most labour and demographic surveys focus on younger people, in their working or reproductive ages, limiting the scope of evidence on the circumstances of older persons in key areas, such as their poverty status and economic well-being, level of education, their consumption patterns, health, including HIV/AIDS, access to health-care services, labour and employment status, housing and other asset holdings, living arrangements, extent of intergenerational transfers, as well as participation in all spheres of economic, social and political life.

³ “Older people” is specifically mentioned in Goals 1, 2, 3, 10 and 11 of the Sustainable Development Goals. In addition, goal 17 has a specific target (17.8) on, “enhancing capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts”

- 3) An analysis of key aspects of data collection on older people, in particular, survey design and questions.

Three methods were used to identify the available data:

1. Email survey of scientists undertaking research in Africa:

A contact list was created, commencing with the contact information in the original directory, and known contacts and existing networks (see box 1). Emails were sent to this initial list, requesting project information and for additional contacts. The contact list was thus expanded using a snowball approach. While attempts were made to cast a wide network of contacts, this method was probably skewed in favour of Anglophone countries and by the limited reach of the professional network from which the initial contact list was created.

BOX 1: NETWORKS

African Research on Ageing Network (AFRAN)
The International Network for the Demographic Evaluation of Populations and their Health (INDEPTH)
HelpAge International
World Health Organization-Regional Office for Africa (WHO-AFRO)
International Federation on Ageing (IFA)
Africa Population Health Research Centre (APHRC)
International Longevity Centre –South Africa,
International Association of Gerontology and Geriatrics Africa Networks
Union for African Population Studies (UAPS)
African Longitudinal Population-based HIV data on Africa (ALPHA)
International Institute on Ageing
United States National Institute on Aging

In total, emails were sent to 405 contacts. Each contact was sent an email requesting information on research activities through completion of a proforma including:

- Project title
- Start and end dates
- Purpose
- General area of investigation (selected from list A in Appendix A)
- Keywords (selected from list B in Appendix B)
- Background
- Aims
- Methods
- Results
- Conclusions
- Funding and acknowledgements

- Other comments
- Contact information.

Full project information is provided in Appendix A. For this update to the Directory, There were no new entries for research activities for Botswana, Cameroon, Lesotho, Madagascar, Sudan, Egypt or Tunisia. However, for many of these countries a number of new peer reviewed journal articles have been published in the time since the original Directory was created and, for this update, these were added to the original entries. There are new entries for Ethiopia (a national health survey), Malawi, Namibia, Tanzania, Ghana, Gambia, Togo, Zambia and Zimbabwe, and many new entries for Nigeria, Kenya, Uganda and South Africa. One study in Ghana that was originally reported in the 1995-2003 Directory has been extended, providing over 20 years of longitudinal ethnographic data. A number of new entries have been included for projects using data from the WHO Study of global AGEing and adult health (SAGE) in Ghana and South Africa. There are several new entries for multi-country studies including studies of the social impact of HIV/AIDS and systems of care in Ethiopia, South Africa, Tanzania, Uganda and Zambia;

2. Search for updates on entries to original Directory of Research on Ageing in Africa: 1995-2003

A search of Ovid databases, Google Scholar and Google was conducted to update existing entries and to identify publications arising from these projects. These publications have been added to the original entries provided in the 1995-2003 Directory. Results from most of the studies included in the original Directory have been published in peer reviewed journals.

3. Bibliographic search for published studies

A search of MEDLINE, psycINFO, embase and AMED was undertaken through the Ovid database. The keyword Africa was used with the combination of *ageing, aging, aged, older, or elderly*. Inclusion criteria were: English language, human research, and published after 2004. This search returned a total of 1,179 articles. Title screening and duplicate removal reduced this number to 1,035, and abstract screening reduced the number of studies to 380. Studies were removed if they did not contain research related to ageing or research in Africa. A search on Google Scholar was then undertaken for each African country, followed by the relevant key words above (for example, Uganda and ageing, aging, aged, older, or elderly). This search returned another 150 studies and was particularly successful for Northern African countries such as Sudan and Tunisia, as well as countries such as Rwanda and Sierra Leone.

In total, the full bibliographic search returned 481 publications from studies related to ageing in Africa from 2004 to present. While a large number of studies were found using existing databases, most reports could be located only with a specific search for each country. Research on ageing in Africa is often confined to lower impact journals, which are not indexed in mainstream databases. Furthermore, the dominance of research into ageing among African Americans was a considerable barrier to locating African based studies using the selected search engines. African research is strong, but there is a considerable need to promote the outputs of this research in order for it to be readily available to stakeholders and other policy makers. African Journals Online is one collection which aims to achieve a stronger presence of African research in the western world.

The majority of studies on ageing in Africa were conducted in sub-Saharan African countries (98 per cent), while research for Northern African (Algeria, Egypt, Libya, Morocco, Sudan, and Tunisia) was greatly under represented in the English language literature. The differences in the amount of research between sub-Saharan countries were great, with South Africa contributing the largest percentage of ageing research (29 per cent) to this Directory update. The next most productive country in terms of published research was Nigeria (13 per cent). With around 20 studies published from each country, Ghana, Kenya and Tanzania, each made up around 5 per cent of the ageing research in Africa in this

update. Our search efforts did not locate any published research in Burundi, Chad, Djibouti, Equatorial Guinea, Guinea, Mali, Mauritania, Niger, Sao Tome and Principe, or South Sudan. Ageing research in Africa increased steadily since 2004, a year which returned only 13 studies. The most productive year for African research on ageing was 2013 with 85 relevant studies published in English, the next two years had 73 and 74 articles published, respectively. It is hoped that these positive trends will continue and that the body of ageing research in Africa will continue to expand in breadth and depth.

SECTION 2: Research on ageing in Africa in relation to the Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing (MIPAA) was adopted at the Second World Assembly on Ageing in April 2002, shortly before the completion of the *Directory of Research on Ageing in Africa: 1995-2003*. MIPAA highlighted the need to consider older persons in development planning, emphasizing that older people should be able to participate in and benefit equitably from the fruits of development to advance their health and well-being, and that societies should provide enabling environments for them to do so (United Nations, 2015). The demand for evidence based data and statistics on older persons has been called for since the adoption of the MIPAA in 2002, and has been reinforced more recently in the 2030 Agenda for Sustainable Development adopted by the United Nations General Assembly in 2015.

MIPAA identified three priority directions for action, with several issues identified within each priority direction. Table 1 shows the number of projects detailed in appendix A of this directory, according to the MIPAA priority directions and issues they address, with some projects addressing more than one key issue. Appendix B provides further details of the issues addressed by each project.

As seen in table 1, there has not been much ageing research in some areas such as emergency situations, eradication of poverty, training of care providers and health professionals, rural development, mental health, disability and housing/living environments. These issues were addressed by no projects or just one project, and perhaps warrant more research in future.

Details of projects for each country, along with how the current research on ageing in Africa relates to the MIPAA priorities and issues are shown in Appendix B.

Priority I ‘*Older persons and development*’, has been addressed by research in some countries, such as Ghana, Kenya, South Africa, Togo, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. For example, SAGE data for Ghana and South Africa were being analyzed to assess pension coverage and the association between pensions and health. The project showed that pensions were not sufficient to improve health, but a more integrated approach to social protection, health insurance coverage, access to health care, and attention to risk factors was required. Likewise, a study in the United Republic of Tanzania was being conducted to examine formal and informal social protection systems and their impact on men and women living in rural and urban settings. A study conducted in rural Uganda looked at some aspects of social protection at individual, community and health system levels.

TABLE 1: MIPAA PRIORITY DIRECTIONS

MIPAA priority directions	No. of projects addressing issues *
I. Older persons and development	
Issue 1: Active participation in society & development	2
Issue 2: Work and ageing labour force	2
Issue 3: Rural development, migration & urbanization	3
Issue 4: Access to knowledge, education & training	2
Issue 5: Intergenerational solidarity	4
Issue 6: Eradication of poverty	0
Issue 7: Income, social protection/social security & poverty prevention	6
Issue 8: Emergency situation	0
II. Advancing health and well-being into old age	
Issue 1: Health promotion & wellbeing throughout life	44
Issue 2: Universal and equal access to health-care services	11
Issue 3: Older persons and HIV/AIDS	15
Issue 4: Training of care providers & health professionals	0
Issue 5: Mental health needs of older persons	1
Issue 6: Older persons and disability	1
III. Ensuring enabling and supportive environments	
Issue 1: Housing and living environment	1
Issue 2: Care and support for care givers	11
Issue 3: Neglect, abuse and violence	4
Issue 4: Images of ageing	13

* Note: A single project could have been addressing more than one key issue. Details in APPENDIX B

Priority II ‘*Advancing health and well-being in older age*’ was addressed by a majority of the projects in this Directory. Individual countries such as Ethiopia, Gambia, Ghana, Kenya, Malawi, Nigeria, South Africa, Togo, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe, as well as regional efforts in Eastern and Southern Africa and sub-Saharan Africa (SSA), had various projects that related to this second priority area. A majority of the research focused on health promotion and well-being throughout life, as well as HIV/ AIDS. Other issues in this priority area remained under-researched. For instance, only one project in Uganda focused on estimating the burden of disability and associated social inequality among older people.

Priority III ‘*Ensuring enabling and supportive environments*’ was addressed by projects conducted in Ghana, Kenya, Malawi, Namibia, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. The focus of most of these studies related to the experiences of ageing and caregivers. For example, a project in Ghana explored the experiences of older caregivers in rural areas. A scoping study in Kenya provided a situational assessment of national actions on ageing and resulting recommendations for priority action areas.

In terms of the published research identified, the MIPAA priority of ‘Advancing health and well-being in older age’ was addressed in 81 per cent of publications on ageing in Africa. Within this priority direction, the most common sub-issue addressed was ‘Health promotion and well-being throughout life’ (69 per cent of publications). Research carried out in Ethiopia, Sudan, the Central African Republic and the Republic of the Congo was almost entirely related to this issue. Furthermore, published research into the issue of ‘Older persons and HIV/AIDS’ was prominent in a number of countries. Excluding general health research, HIV/AIDS was the most prevalent topic of published research for Botswana (16 per cent), Malawi (40 per cent), South Africa (14 per cent) and Uganda (30 per cent). Not surprisingly, given the higher prevalence of HIV, colleagues in these countries, conducted more research into this issue.

The priority directions of ‘Older persons and development’ and ‘Ensuring enabling and supportive environments’ made up considerably less of the research, at 8 per cent and 12 per cent, respectively. The most common issues addressed within the MIPAA ‘Older persons and development’ priority direction was ‘Income security, social protection/social security and poverty prevention’. No studies were identified that addressed the issues of ‘intergenerational solidarity’, ‘eradication of poverty’, or ‘emergency situations’. However, HelpAge International produced a body of work, including reports and policy briefs, on these issues (www.helpage.org).

‘Care and support for caregivers’ made up 45 per cent of the research into the third MIPAA priority direction, ‘Ensuring enabling and supportive environments.’ Projects included under this priority direction have investigated the needs and attitudes of informal carers, as well as models for providing formal health care and services for frail older persons.

SECTION 3: Key aspects of data collection and methods

This section provides a brief overview of data collection, methods and analysis techniques used by the various studies. New entries in appendix A of this directory included both qualitative and quantitative methods, in cross-section and some longitudinal studies. Classification of the research methods used by each project can be seen in appendix C.

Only a few projects (conducted in Gambia, Ghana, Kenya, South Africa and Uganda) used longitudinal data for their analysis. For example, a longitudinal ethnographic study in Ghana has been conducted in the same rural community for over 20 years, while another study in Kenya followed older persons with HIV/AIDS over time to understand various risks and impacts on their lives. Studies in Gambia include a prospective study of musculoskeletal ageing among older persons (240 men and 240 women) in eight villages. The study collected anthropometric and body composition measures as well as quality of life, diet and lifestyle factors. One of the studies conducted across two countries (South Africa and Uganda) followed men and women from the SAGE Well-being of Older People Study (SAGE-WOPS HIV) over two waves of interviews, collecting blood samples and other physical measures), with two more waves planned.

Various studies used cross-sectional data from community surveys, such as SAGE Ghana Wave 1, with the potential for these projects to be extended once Wave 2 data were available. A few other projects

from Gambia, Ghana, and South Africa, Uganda, Zambia and Zimbabwe, as well as a multicountry project from Namibia and Uganda, also applied cross-sectional methods for ageing-related research. Many projects in Uganda have made use of the 2010 Uganda National Household Survey.

Some studies used data collected from clinical populations. For instance, two projects in Nigeria examined morbidity patterns and nutritional status in patients presenting to an outpatient clinic. Three other projects in Nigeria used cross-sectional methods to examine factors associated with snoring, sarcopenia and osteoporosis among patients at a geriatric clinic.

A majority of the studies listed in this Directory used questionnaires and interviews to collect self-reported information. A few studies have used biomarker or objective measures, as well as self-reported information. A study of bone health in the Gambia included measurement of bone mineral content, serum measures of vitamin D and calcium and performance measures of muscle function, as well as assessments of diet, sun exposure and other lifestyle factors. SAGE Ghana and South Africa both included anthropometric measurements, performance tests, and collected capillary blood, saliva and urine in Wave 2.

Many studies used a mixed-methods approach, collecting both quantitative and qualitative data. For example, SAGE Ghana used qualitative and quantitative techniques to analyse health issues, ageing and risk factors in a nationally representative sample of adults aged 50 years or over. SAGE-WOPS HIV in Uganda used quantitative and qualitative methods to investigate the direct and indirect impacts of HIV on older adults. Another study that adopted a mixed methods approach, was the “understanding resilience” project conducted in Kenya, which combined in-depth qualitative analysis with quantitative analysis of 2,000 older people. Likewise, projects in Gambia, Nigeria, South Africa, Uganda, Zambia and Zimbabwe also used a mixed-methods approach.

Some studies used only qualitative analysis techniques. For example, a project in Ghana used qualitative anthropological methods to assess perceptions of older persons in a rural community about the traditions of family care. Similarly, a multicountry project (involving Ethiopia, Uganda, Zambia and Zimbabwe) used purposive, non-probabilistic qualitative analysis to explore the role of traditional health practitioners and community leaders in HIV-related health development. Two projects in Malawi explored different aspects of HIV and HIV-related grandparenting using constructivist grounded theories and thematic analysis. Other qualitative projects in different countries mostly explored HIV-related issues, particularly social aspects, and health care use.

For many projects, information about sampling strategy, sample sizes, or male-to-female ratios was incomplete or inadequate. See appendix C for detailed table on the available sample information, methods and analysis techniques associated with the research activities.

Among the published research identified through the bibliographic search, the most common method utilized in African research was quantitative (70 per cent). The majority of these studies investigated factors associated with functional capacity (64 per cent). The second most common aim of quantitative ageing research in African countries was to describe the prevalence or epidemiology of a particular disease, circumstance, or event in an older population (32 per cent).

A number of studies also employed qualitative methods to investigate topics such as health and well-being, HIV/AIDS and provision of care. General studies of health and well-being were the most common areas of qualitative research (26 per cent). HIV/AIDS and care provision-related research were the next most common topics, accounting for 15 and 21 per cent of research activities, respectively. These two topics were often not mutually exclusive, as the impact of HIV/AIDS on family structure has changed the caregiving roles of older adults in Africa. Other notable topics included social policy, non-communicable diseases (NCDs), and health risks, such as poor nutrition.

Many studies utilized existing data sources, such as administrative or national data. Multi-national or large scale data sources such as WHO-SAGE data ($n = 46$ publications) were also used. Similar survey data were used in publications of research in Nigeria (Ibadan Study of Ageing), South Africa (Agincourt Health and Demographic Surveillance System (HDSS) and SAGE-WOPS HIV), the Central African Republic and Republic of the Congo (Epidemiologie des Demences en Afrique Centrale (i.e., Epidemiology of Dementia in Central Africa) (EDAC) and Epidemiology of Dementia in Central Africa (EPIDEMCA)), Malawi (Longitudinal study of families and health), Kenya (Grandparents study and Nairobi urban HDSS), and Uganda (National Household Survey and SAGE-WOPS HIV).

APPENDIX A: Inventory of research on ageing in Africa

This section provides two sets of entries sent by contacts/primary investigators, in response to our email survey, with minor editorial changes:

1. Updated entries from the 1995-2003 directory are color coded in **green**.
2. New projects and/or updated from projects from 2004-2015 are color coded in **blue** and numbered for ease of reference.

All responses for new projects provided up to 31 December 2015 are included here.

Not all research on ageing in Africa is represented here and it is hoped that the Directory encourages other researchers to contribute their ongoing research or undertake new research.

BOTSWANA

GENERAL INFORMATION	
Country:	Botswana
General area of investigation	Health, Living standards
Title of the research project	Health status and functional ability among older adults in Botswana
Expected beginning and ending dates	1 April 1998 – 31 July 2005
Main purpose	To provide new information on health and living conditions in the population 60-plus years of age, to conduct epidemiological research, and to disseminate the information to policy- and decision-makers.
Keywords	Health and access to health care; Nutrition; Functional ability trends; Substance abuse (alcohol and tobacco); Mental health
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Previous to the present national survey, a local-area survey had been carried out; through the course of data processing and presentations the need for national representative data on the 'health of the elderly' emerged. Questionnaires and methods from the local-area survey were used for the national level survey, after making adjustments to improve the format.</p> <p>The aim was: i) To collect and evaluate nationally representative data on the health status and living conditions of the population aged 60 years or older in Botswana; ii) To document and report important health findings; and, iii) To assess morbidity and corresponding socio-demographic correlates in this population.</p> <p>Data was from the cross-sectional National Household Survey (N=1085) which is a hospital-based sample from a sub-sample of the 1998 study across ten rural areas and three urban centers. 372 respondents: 183 women and 189 men aged 60 to 109 years. The sample size of the National Household Survey was set to be 1 per cent of the target population and selected by a multi-stage cluster technique. The sample size of the Medical Survey (sub-sample) was set to be a third of the size of the former. All participants were visited at home, with interviews using standard questionnaires and medical examinations (health screenings). A senior medical student (Norwegian) and an experienced nurse (Botswana) conducted the medical examinations. Basic information on background and socio-demographic characteristics were collected using the questionnaire. In addition, more specific health-related questions and assessment tools were used, including: Mini Mental Status Exam (MMSE), Montgomery and Aasberg Depression Rating Scale (MADRS), Alcohol Use Disorders Identification Test (AUDIT), evaluations of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), Food Frequency Tables, and self-reported health. The medical examination, a standardized general health screening, consisted of height and weight measurements, blood pressure recordings, vision tests, dental status, Peak Expiratory Flow (PEF) tests, urine analysis and blood analysis (haemoglobin and blood glucose), in addition to examination of the musculoskeletal system. Results were as follows: General health: Self-reported health: 25 per cent reported good health, 60 per cent minor health problems and 15 per cent severe health problems. Somatic health: 68 per cent reported musculoskeletal pain in two or more locations, 42 per cent were found to be hypertensive, 32 per cent reported dermatological problems, and 11 per cent were found to be blind. Mental health: 9 per cent were found to have cognitive impairment. 7 per cent were found to have depression. A double burden of undernutrition and overnutrition was found in this sample of older persons in Botswana. A clustering of the three risk factors for increased morbidity (tobacco use, alcohol consumption and underweight) was evident.</p>	
FUNDING SOURCE	Norwegian research and foreign aid institutions

ACKNOWLEDGEMENTS	The survey was a result of 10 years of collaboration between the Department of General Practice and Community Medicine, University of Oslo, and the University of Botswana. The Government of Botswana endorsed the survey.	
UPDATED PUBLICATIONS:		
<ol style="list-style-type: none"> 1. Clausen, T., T. Romren and G. Holmboe-Ottesen, eds. (2003). Health status among the elderly in Botswana. The 131st Annual Meeting of APHA; 2003. 2. Clausen, T., and G. Holmboe-Ottesen, eds. (2004). Health inequalities in older persons in Botswana, a sub-Saharan African country in health transition. <i>European Journal of Public Health</i>, Oxford Univ Press. 3. Clausen, T., T. Romøren, M. Ferreira, P. Kristensen, B. Ingstad and G. Holmboe-Ottesen (2004). Chronic diseases and health inequalities in older persons in Botswana (southern Africa): A national survey. <i>The Journal of Nutrition, Health and Aging</i>, vol. 9, No. 6, pp. 455-61. 4. Clausen, T., K.E. Charlton, K.S. Gobotswang and G. Holmboe-Ottesen (2005). Predictors of food variety and dietary diversity among older persons in Botswana. <i>Nutrition</i>, vol. 21, No. 1, pp. 86-95. 5. Clausen, T., T.I. Romøren, I. Rossow, B. Ingstad, R.M. Molebatsi and G. Holmboe-Ottesen (2005). Patterns of alcohol consumption among older persons in Botswana. <i>Contemporary Drug Problems</i>, vol. 32, No. 2, pp.171-93. 6. Clausen, T., K. Charlton and G. Holmboe-Ottesen (2006). Nutritional status, tobacco use and alcohol consumption of older persons in Botswana. <i>The Journal of Nutrition, Health and Aging</i>, vol. 10, No. 2, pp. 104. 7. Clausen, T., A.O. Wilson, R.M. Molebatsi and G. Holmboe-Ottesen (2007). Diminished mental and physical function and lack of social support are associated with shorter survival in community dwelling older persons of Botswana. <i>BioMed Central Public Health</i>, vol. 7, No. 1. 8. Maruapula, S., K. Chapman-Novakofski (2007). Health and dietary patterns of the elderly in Botswana. <i>Journal of Nutrition Education and Behavior</i>, vol. 39, No. 6, pp. 311-9. 		
MANAGER'S CONTACT INFORMATION:		
Professional title, Name:	Dr Thomas Clausen	
Institution:	Medical Faculty, University of Oslo	
Street/po box:	P.O. Box 1130, Blindern	
Postal code	N-0318	
City / Country:	Oslo, Norway	
Telephone:	(+47) 22850550	
E-mail:	thomas.clausen@samfunnsmed.uio.no	
Affiliated investigators:		
Name:	Email address:	
Kesi Gobotswang	gobotswa@mopipi.ub.bw	
Gerd Holmboe-Ottesen	ottesen@samfunnsmed.uio.no	
Benedicte Ingstad	Benedicte.ingstad@samfunnsmed.uio.no	
Robert Molebatsi	Molebatr@mopipi.ub.bw	
Tor Inge Romoren	trromoren@online.no	

CAMEROON

GENERAL INFORMATION	
Country:	Cameroon
General area of investigation	Health, Living standards, Gender, HIV/ AIDS
Title of the research project	Gender, living arrangements and health/well-being of older adults in Cameroon
Expected beginning and ending dates	01 July 1996 – 20 February 2004
Main purpose	To understand the living conditions and arrangements of older adults and the influences on health and well-being of older persons in 71 villages and one town in Cameroon. Special attention is paid to gender differences, forms of unions (monogamous, polygamous), family structure, the status of women and the extent to which violence against women aggravates the vulnerability of women to poor health.
Keywords	Health status; HIV/AIDS; Living arrangements; Gender differences; Violence against women
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>This project used multilevel modeling to test the hypotheses that: (1) gender differences exist in the health status of older persons; (2) poor health in older persons increases as socioeconomic status decreases; (3) the pattern of use of both modern and traditional health services influences health of older persons; (4) alcohol consumption has a direct effect on high blood pressure in older persons; and, (5) compositional changes in living arrangements are mediating variables in the worsening health conditions of older persons in Africa. Analyses were based on comparable primary population-based datasets collected in 1996-1997 and 2002 in 71 villages and one urban area in Western Cameroon. Levels of polygamy and numbers of households including extended family members are the highest in this area of the country. Survey data were imputed time-trend data on HIV infection rate between 1995 and 2002 in the same population, to calibrate the potential impact of AIDS on the observed estimates. These data included detailed family life histories information collected at the individual level, as well as detailed household and neighborhood socioeconomic, social capital and health- structures variables, and living arrangements information. Health outcomes were based on clinical measures of blood pressure for all persons aged 50 or older and an overall assessment of individual health on a 5-point scale (5=very good, 4= quite good, 3=average, 2=quite poor, 1=poor).</p>	
UPDATED PUBLICATIONS:	
<ol style="list-style-type: none"> 1) Dimbuene, Tsala Z., and B. Kuate Defo (2012). Family environment and premarital intercourse in Bandjoun (West Cameroon). <i>Archives of Sexual Behavior</i>, vol. 41, No. 2, pp. 351-61. 2) Kuate Defo, B. (2006). Interactions between socioeconomic status and living arrangements in predicting gender-specific health status among the elderly in Cameroon. In: <i>Aging in Sub-Saharan Africa: Recommendations for Furthering Research</i>, Barney Cohen and Jane Menken, ed. Panel on Policy Research and Data Needs to Meet the Challenge of Aging in Africa. Washington, DC: The National Academies Press. 	
MANAGER'S CONTACT INFORMATION:	
Name:	Professor Barthelemy Kuate-Defo
Institution:	University of Montreal
City/Country:	Montreal / Canada
Telephone:	(514) 343 7611
E-mail:	Barthelemy.kuate.defo@umontreal.ca

EGYPT

GENERAL INFORMATION	
Country:	Egypt
General area of investigation	Gender, Family
Title of the research project	The patriarchal bargain and intergenerational co-residence in Egypt.
Expected beginning and ending dates	1 January 2003 – 31 June 2003
Main purpose	To examine variation in and the determinants of intergenerational co-residence among older women and men in Egypt using data from the WHO Collaborative Study on the Social and Health Aspects of Aging.
Keywords	Aging; Gender differences; Living arrangements
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The family continues to be the central source of support for most Egyptians, and coresidence is one mechanism by which Egyptian families meet the needs of older adults because systems of public support for older persons are nascent. Rarely does research on patterns of intergenerational coresidence in non-Western settings examine differences in the experiences of older women and men as a function of their positions in the family and society. This gap is surprising given that in many such settings, familial roles and obligations continue to be gendered, and women exhibit varying degrees of disadvantage in socioeconomic status and health in later life. In this paper, I describe and explain variation in patterns of intergenerational coresidence among older women and men in Egypt. Greater attention to intergenerational living arrangements in the Middle East is important because population ageing is imminent in the region, and studies of intergenerational coresidence and other exchanges of support are rare.</p> <p>Multistage, stratified cluster sampling procedures were used to identify eligible respondents. The sample consisted of non-institutionalized Egyptian male and female persons aged 60 years and older. The analysis was based on ever-married women and men with any living children and complete information on variables of interest (weighted sample sizes are 481 women and 494 men).</p> <p>Residence with sons and daughters-in-law was preferred, although residence with daughters and sons-in-law occurred because patrilocal endogamy was common. Whereas residence with sons and daughters declined with age among men, it declined then increased with age among women. Residence with sons-in-law was uncommon among older men and became more frequent with age among older women. Findings were consistent with the idea that patriarchal bargaining, or women's exchange of kin-keeping tasks for protection, gave older women greater access to normative and alternative forms of coresidence, even after accounting for differences by gender in need.</p>	
UPDATED PUBLICATIONS	
Yount, K.M. (2005). The patriarchal bargain and intergenerational coresidence in Egypt. <i>The Sociological Quarterly</i> , vol. 46, No. 1, pp. 137-64.	
MANAGER'S CONTACT INFORMATION:	
Professional title &Name:	Assistant Professor Kathryn M. Yount
Institution:	Rollins School of Public Health, Emory University
Street/po box:	1518 Clifton Rd. NE, Room 724
City / Country:	Atlanta, GA / USA
Telephone:	(+1) 404-7278511

EGYPT and TUNISIA

GENERAL INFORMATION	
Country:	Egypt and Tunisia (1)
General area of investigation	Health, Gender, Family
Title of the research project	The power of older women and men in Egyptian and Tunisian families.
Expected beginning and ending dates	31 January 2001 – 31 January 2002
Main purpose	Explore differences by gender in social status participation in family decisions using secondary data from a study conducted in Egypt and Tunisia.
Keywords	Ageing; Decision-making; Family systems; Gender differences
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Women's increasing advantage in longevity in developing regions also means that a growing percentage of older adults are women. Yet, despite disparities among women and men in their social, material, and human resources, studies comparing their experiences in later life are lacking. Few studies have compared the family power of older women and men, which along with filial obligation, is associated with the care that children provide to parents in many settings.</p> <p>The aim of this study was to compare aspects of the power of older women and men within their family and test for variation in the effects of resources on older women's and men's family power in the more patriarchal setting of Egypt and the more egalitarian setting of Tunisia. These are two countries where norms about marriage, parenthood, and kinship have differed at least since their independence in the 1950s. This analysis was based on secondary data from age-stratified cluster samples of non-institutionalized adults aged 60-plus years in Egypt and Tunisia, collected as part of the WHO Collaborative Study on Social and Health Aspects of Aging (circa 1990). The final, weighted analytic samples include 1,004 cases in Egypt and 1,170 cases in Tunisia.</p> <p>In Egypt, women participate less often than men in most decisions, whereas participation was more gender equitable in Tunisia. Increasing age and declining health were negatively associated with participation in daily and life course decisions, particularly for Egyptian women. Although women in Egypt participated less often than men in life course decisions, involvement was more frequent among widows and those owning their home. Future research should examine the relationship of resources, support, and the family power of older adults across normative contexts.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Yount, K.M., and E.M. Agree (2004). The power of older women and men in Egyptian and Tunisian families. <i>Journal of Marriage and Family</i>, vol. 66, No. 1, pp. 126-46. 2. Yount, K.M., N.D. Khanna and E.M. Agree (2002). The Status of Older Women and Men in Family Systems in Egypt and Tunisia. Paper presented at the American Sociological Association Regular Session on the Sociology of Aging, Chicago, Illinois, 16-19 August 2002. 	
MANAGER'S CONTACT INFORMATION:	
Professional title /Name:	Assistant Professor Kathryn M. Yount
Institution:	Rollins School of Public Health, Emory University
Street/po box:	1518 Clifton Rd. NE, Room 724
Postal code	30322
City /Country:	Atlanta, GA, USA
Telephone:	(+1) 404-7278511
E-mail:	kyount@sph.emory.edu
GENERAL INFORMATION	
Country:	Egypt and Tunisia (2)
General area of investigation:	Health, Gender, Health care

Title of the research project	Gender and use of formal health care among older adults in Egypt and Tunisia.
Expected beginning and ending dates	31 January 2001 – 31 January 2002
Main purpose	To explore gender differences in health care utilization using secondary data from a study conducted in Egypt and Tunisia. Findings will provide information on the mechanisms by which gender inequalities in reported well-being and use of modern services emerge in later life.
Keywords	To explore gender differences in health care utilization using secondary data from a study conducted in Egypt and Tunisia. Findings will provide information on the mechanisms by which gender inequalities in reported well-being and use of modern services emerge in later life.
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>In industrialized countries, women report using health services more often than do men. We explore the applicability of existing theory to explain gender differences in use of formal care among older adults in Egypt and Tunisia, where females have experienced poorer access to care in early life.</p> <p>This analysis was based on secondary data from age-stratified cluster samples of non- institutionalized adults aged 60 years and older in Egypt and Tunisia, collected as part of the WHO Collaborative Study on Social and Health Aspects of Aging. Final, weighted samples with complete data on the variables of interest include ever-married older adults with any living children (1,067 respondents in Egypt and 1,192 respondents in Tunisia).</p> <p>Across the samples, women reported visiting providers and using medications more often than did men; however, adjusted odds of visiting doctors were comparable for women and men in Tunisia and lower for women than men in Egypt. Odds of using formal care were higher for women than men among those reporting no morbidity or functional impairment, but these relative odds diminish or reverse among those reporting multiple morbidities or severe impairments. The contributions of subjective and objective illness, quality of social support, and availability of services on gender differences in care in later life should be assessed in other settings where females face poorer prospects for survival than males in early life.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Yount, K.M., E.M. Agree, and C. Rebellon (2004). Gender and use of health care among older adults in Egypt and Tunisia. <i>Social Science and Medicine</i>, vol. 59, No. 12, pp. 2479-97. 2. Yount, K.M., E.M. Agree and C. Rebellon (2002). Gender, Health and Use of Modern Health Care among Older Adults in Egypt and Tunisia. Paper presented at the International Sociological Association Research Committee (RC15) on Gender and Health of the XV ISA World Congress of Sociology, Brisbane, Australia, 07-13 July 2002. 	
MANAGER'S CONTACT INFORMATION:	
Professional title / Name	Assistant Professor Kathryn M. Yount
Institution	Rollins School of Public Health, Emory University
Street/PO Box	1518 Clifton Rd. NE, Room 724
Postal code	30322
City/ Country	Atlanta, GA, USA
Telephone	(+1) 404-7278511
E-mail	kyount@sph.emory.edu
Affiliated investigators:	
Name:	Email address:
Prof. Emily M. Agree	emily.agree@jhu.edu

GENERAL INFORMATION	
Country:	Egypt and Tunisia (3)
General area of investigation	Health, Gender, Family support
Title of the research project	Reliability of reports of the support of older adults in Egypt and Tunisia
Expected beginning and ending dates	31 January 2001 – 31 January 2002
Main purpose	To explore proxy-respondent agreement on reported social support, variation in agreement by proxy type and respondent's gender, and variation by respondent's gender in effects of proxy type on reported social support.
Keywords	Aging; Gender differences; Social support; Reliability studies
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Although effects of social support on health are known, the reliability of reported support is uncertain in studies of older adults, in which use of proxies is common. Analyses of secondary data (circa 1990) from age-stratified cluster samples of non- institutionalized older adults aged 60 years and older from the World Health Organization's Collaborative Study of the Health and Social Aspects on Aging.</p> <p>The final analytic samples consisted of noninstitutionalized ever-married men and women aged 60 years and older in Egypt (n = 952) and Tunisia (n = 1126) with complete information on variables of interest. Most respondents and proxies perceived that support was available. Both proxies and respondents had a higher probability of agreeing than disagreeing about regularity and source of support. Odds of disagreement about source were <i>higher</i> among women than men in both sites when spouses and sons were proxies and <i>lower</i> in Egypt among women than men when daughters were proxies. Thus, reliability varied by measure of support and the gendered quality of relationships in these settings.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Yount, K.M., and E.M. Agree (2002). Reliability of Respondents' and Proxys' Reports of Health, Social and Economic Resource among Older Adults in Egypt and Tunisia. Presented at the Population Association of America Meeting, Atlanta, GA, 9-11 May 2002. 2. Yount, K.M., E.M. Agree (2004). Social Resources, Environment and Disability among Older Adults in Egypt and Tunisia. Paper accepted for presentation at the Annual Meeting of the Population Association of America, Boston, MA, 1-3 April 2004 	
MANAGER'S CONTACT INFORMATION:	
Professional title / Name:	Assistant Professor Kathryn M. Yount
Institution:	Rollins School of Public Health, Emory University
Street/po box:	1518 Clifton Rd. NE, Room 724
Postal code	30322
City / Country:	Atlanta, GA, USA
Telephone:	(+1) 404-7278511
E-mail:	Kyount@sph.emory.edu

ETHIOPIA

GENERAL INFORMATION	
Country	Ethiopia
General area of investigation	Health care
Title of the research project	The state of health and ageing in Ethiopia: A survey of health needs and challenges of service provisions
Expected beginning and ending dates	December 2011 – March 2012
Main purpose	To provide information on older people's health needs and available health services
Keywords	Health status; Health care access
GENERAL ABSTRACT FOR THIS PROJECT	
<p>The rise in the number of older people increases the burden of providing social services, including health-care services, on duty bearers in developing countries. The situation in Ethiopia is not any different. Yet there is hardly any data available on livelihood strategies, health status and health service availability of older people, making tailored intervention difficult. Hence, with the intention to fill this gap, HelpAge International Ethiopia conducted a national survey, with the aim of acquiring information on the health problems and health service needs of older people in the country.</p> <p>To acquire comprehensive information on the health problems and health service needs of older people in Ethiopia we used:</p> <ul style="list-style-type: none"> • Quantitative data structured questionnaires in 768 sampled households (where at least one older person lived); • Semi-structured key informant interviews and focus groups; and, • Desk reviews of policy and strategic documents. <p>Results of the survey showed that older people are subject to physical, psychological, economic and health-related issues in older age – including the double burden of communicable and non-communicable diseases (NCD). During the survey period, about 75 per cent of respondents reported to be suffering from at least one chronic disease and of these, 77.5 per cent were undergoing medical treatment. The most common diseases for which older people were receiving medical treatment are eye problems (29 per cent), arthritis (20.2 per cent) and hypertension (11.8 per cent). Urinary tract, hearing, and heart conditions are also important health problems for which older people sought medical treatment. Twenty-three per cent of respondents reported not taking medical treatment for reasons that included lack of money, physical incapacity to go to health facilities, and lack of trust in the healthcare service. Although the Ethiopian government has a system in which the poor (which includes the older poor) get free medical service, it seldom serves as intended, because the “beneficiaries” have to, most of the time, buy drugs from private pharmacies/drug stores and/or are given referrals to private laboratories. As such, they are exempted only the payment for cards (for physical examination).</p> <p>It was also possible to learn from the survey that the physical structures of health facilities are not age-friendly. Indeed, the very idea of a physical structure that is friendly to older people is alien to many of the health personnel we interviewed. The government should establish (or reinstate) an authority or a unit that would be solely responsible for planning, coordinating and executing interventions concerning older people. Revitalise the traditional extended family and mutual-help system through extensive promotional work, using all available media, including community conversations. Traditional social institutions such as <i>iddirs</i>³/<i>mahbers</i>⁴ should also be re-oriented to support their older members.</p> <p>The Ministry of Health (MoH) should outline how older people could best access healthcare services and our suggestions are:</p>	

<ul style="list-style-type: none"> • The prevention and treatment of NCD should be given due attention, health personnel should be trained, requisite drugs should be made available in all health facilities. • Accelerate the process of introduction of health insurance system and giving equal attention to the community health insurance initiative. • Devise a mechanism to understand clients' complaints and ethical standards of the activities of health professionals so as to take rectifying measures. • Improve accessibility of health facilities. Establish and/or strengthen mechanisms of facilitating referrals from health centres to specialised care facilities. • Encourage IGA being provided by the government and NGOs. NGOs should also consider funding CBOs working on and with older people. 	
Funding source	BIG Lottery Fund
Acknowledgements	<p>Study team: Dr Ayele Belachew, Mr Kelklachew Ali, Mr Mequanent Tesfu, Mr Negassa Gissila, Mr Nigussie Geletu and Mr Sileshi Temesgen (Nolot Professionals Business PLC), and Dr Fitsum Girma, advisor to the study (Ministry of Health).</p> <p>Major contributing organizations: Federal Democratic Republic of Ethiopia Ministry of Labour and Social Affairs, Federal Democratic Republic of Ethiopia Ministry of Health, Regional Bureau of Labour and Social Affairs of the national regional states of Afar, Amhara, Oromia, Tigray and the Southern Nations Nationalities as well as <i>woreda</i>-level health centres.</p> <p>Contributors: Dr Fitsum Girma and Sister Atsede Kebede (Ministry of Health) and Mrs Alison Rusinow, Dr Pascale Fritsch and Mr Abate Fulas (HelpAge International). The consultancy services of Nolot Professionals PLC's team of experts as well as the professional and technical complements to the study by Dr Fitsum Girma (Ministry of Health), advisor to this study. Other HelpAge staff and volunteers involved in the consultations with older people, including local people who carried out consultations in the regional languages as well as those who reviewed the drafts and provided further inputs, and those who supported the production of the report.</p>
MANAGER'S CONTACT INFORMATION	
Name	Abate Fulas
Professional Title	Senior Programme Officer
Institution	HelpAge International (Ethiopia office)
E-mail	abate.fulas@helpage.org

ETHIOPIA, UGANDA, ZAMBIA AND ZIMBABWE

The following four studies were implemented by HelpAge International. HelpAge International—East, West and Central Africa Regional Development Centre and the Network of partners in Ethiopia, Tanzania, Uganda, and Zambia have been involved in older people’s rights-awareness raising through a range of approaches.

These have included use of advocacy groups, older citizens monitoring (OCM), older people forums/associations, Age Demands Action (ADA) campaigns, media campaigns and engagement with policy makers and policy implementers at different levels. The purpose for this study in these countries was to have on-site learning of the extent to which awareness raising has translated into access to basic services by the vulnerable populations such as Older Persons (OPs), Persons with Disabilities (PWD), People Living with HIV (PLHIV) and Orphans and Vulnerable Children (OVCs).

GENERAL INFORMATION	
COUNTRY:	Ethiopia, Uganda, Zambia and Zimbabwe (1)
General area of investigation	HIV/AIDS
Title of the research project	Roles of Traditional Health Practitioners (THPs), Traditional Leaders (TLs) and Community Leaders (CLs) in health development and HIV and AIDS response for older persons: Lessons from communities in Ethiopia, Uganda, Zambia and Zimbabwe.
Expected beginning and ending dates	February 2011 -June 2011
Main purpose	The purpose of the study is to seek understanding the roles of THPs, TLs and CLs in HIV response and the wider social development agenda.
Keywords	Health care access; Older persons; HIV
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Older persons have remained largely hidden from the international HIV and AIDS agenda on assumption that they are not at risk of contracting HIV. However, evidence in Africa indicates an epidemiological shift towards older adults. Older people are constrained by resources in accessing conventional healthcare and mostly rely on traditional health care providers. WHO estimates about 80 per cent of the population in the African Union Member States use traditional medicine for their primary healthcare. Traditional healing systems in many parts of the world provide a variety of services in health care promotion. Largely, the traditional healing system acts as a complimentary or alternative source of health well being especially for rural communities under-served by the biomedical health care system. Despite their contribution to the health care system, THPs’ recognition beyond their patients and communities is minimal. In practice, most African countries do not have explicit policies regulating traditional medicine practices.</p> <p>The study aim is to strengthen the inclusion in regional and national HIV and AIDS and related policies, strategies and guidelines the role of THPs/Traditional Birth Attendants (TBAs), TLs and community leaders in mitigating the impact of HIV and AIDS on vulnerable groups, especially older persons, and inclusion of THPs, TBAs, TLs and CLs in HIV and AIDS policy and programme development processes. Specifically the study aims to achieve the following objectives: Identify good practices on how traditional medicine is practiced in combating AIDS; Identify key challenges faced by traditional health practitioners in providing health care service and combating HIV&AIDS; Identify gaps in policies, legal frameworks, institutional mechanisms, guidelines and training which need to be addressed as they relate to the role THPs and traditional/community leaders play including in combating HIV and AIDS and prepare recommendations on the priority areas in programming and policy influencing.</p> <p>The study approach was purposive, non-probabilistic qualitative research involving THPs, TLs, CLs, biomedical health practitioners (BHPs) and older persons. It had three main components, literature review, focus group discussions (FGDS), and key informant interviews (KII). Literature review was done on existing key regional</p>	

and national policy documents. Study population for the KIIs consisted of THPs, government officials, TLs, influential community leaders and BHPs. Study participants for the FGDs were purposively selected among identified members of the community who were providing HIV and AIDS services to older people in the community and were willing to participate in the study. In total, 78 KIIs and 32 FGDs were conducted in all four countries. The information gathered from the field study was analyzed qualitatively using thematic procedures.

Different categories of traditional health practitioners exist and play a leading role in the fight against HIV particularly in countries where they have organised themselves into associations. They were found to be entry points for primary health care services including immunisation and HIV campaigns, community mobilisation, distribution of mosquito nets and condoms. Herbalists were more likely to make referrals and follow up of patients to biomedical health. Biomedical health providers were more likely to work with herbalists because they are viewed as not complicated compared to the other categories. However, the traditional healers were found to have a capacity gap in the provision of HIV&AIDS services. Most countries in Eastern and Southern Africa do not have appropriate legislation, policies and guidelines to regulate Traditional Medicine (TM) practices.

The study concludes that if traditional healers are organised into associations with a clear regulatory framework, they can play a critical role in HIV response. Their ability can be explored to strengthen the primary health care strategies. Being the first point of contact for treatment in most rural communities they offer an opportunity for collaboration in services such as HIV counseling and testing.

FUNDING SOURCE:	Sweden/Norad
ACKNOWLEDGEMENTS	Acknowledgement and thanks to all those persons and partners who supported in many ways and helped to carry out this research study across the Eastern and Southern Africa region. Particular thanks go to Dr Douglas Lackey and the staff of the HelpAge Africa Region Office, the HelpAge partners and research assistants who facilitated all data collection in Ethiopia, Uganda, Zambia and Zimbabwe. Most importantly we wish to thank all community members who sacrificed their time to answer our many questions and helped us get around the different places where the research teams visited. Special appreciation goes to Sida Regional HIV&AIDS Team (based in Lusaka, Zambia) for generous financial support to HelpAge that enabled the undertaking of this research study.

ETHIOPIA, SOUTH AFRICA, TANZANIA AND UGANDA

GENERAL INFORMATION		
COUNTRY:	Ethiopia, South Africa, Tanzania and Uganda (2)	
General area of investigation	HIV/AIDS	
Title of the research project	Older people's access to anti-retroviral therapy (ART) in Africa	
Expected beginning and ending dates	November 2011	October 2012
Main purpose	The purpose of the study was to ascertain older women's and men's access and adherence to ART compared with that of other age groups	
KEYWORDS	1. Older persons	2. Health care access
		3. HIV/AIDS
GENERAL ABSTRACT FOR THIS PROJECT:		
<p>Background: Over a ten year period, there was a thirty-fold increase in the number of people receiving ART in developing countries but despite this success in scale up of ART, very little is known about whether people aged 50 and older are accessing and adhering to ART. Research in sub-Saharan Africa has shown that older people have lower levels of knowledge and awareness of HIV than their younger counterparts and are less likely to be tested. Studies conducted in the developed world have also found that older people are more likely to be diagnosed with HIV late. Given these findings, it has been hypothesized that older people may also be initiating treatment later than younger people.</p> <p>Aim: To test the equitability of access to ART for older persons</p> <p>Methods: HelpAge undertook a study analyzing data from health facilities in four countries in East and Southern Africa to examine the initiation into and retention in treatment by age group, in order to assess the proportion of older people on ARV and whether access is equitable. Client data was collected and reviewed for clients who initiated ART during a one year period. Information on a total of 3,541 people initiated on ART during the period was collected. Individual client information on age, sex, date of initiation, CD4 at initiation, loss to follow-up and date of death was recorded, consolidated for each clinic and country and aggregated into five-year age cohorts and into three groups based on CD4 at initiation. Using estimates of the number of PLHIV aged 50-plus in each of the four countries and the proportion of all PLHIV, a basic review of whether access to treatment is equitable for older people and those in the 15-49 year age category was made.</p> <p>Results: On access to ART, in all countries except Tanzania, older people had poor access to ART. Older women generally had better access than older men, except in Uganda. On initiation of ART, data from Ethiopia, Uganda and Tanzania indicated that older people were initiating ART later than younger people. On loss to follow-up, older people in all countries except Tanzania were less likely to be lost to follow up than younger people. On rates of death, in all countries except Ethiopia, a greater proportion of older people who had initiated ART during the study period had died than younger people.</p> <p>Conclusion: Older people do not have equitable access to ART in three out of the four study countries. Older people may be initiating treatment later than their younger counterparts, but are less likely to be lost to follow-up and are more likely to adhere to prescribed treatments.</p>		
FUNDING SOURCE:	Big Lottery Fund	
ACKNOWLEDGEMENTS	HelpAge Ethiopia HelpAge Tanzania Uganda Reach the Aged Association Muthande Society for the Aged, Durban, South Africa	
MANAGER'S CONTACT INFORMATION:		
Name:	Wamuyu Manyara	

Professional Title	Programme Manager and Social Protection Advisor
Department:	Programmes
Institution:	HelpAge International, East, West and Central Africa regional Development Centre
Street/PO Box:	Off Lower Kabete Road, Off Shanzu Road.P.O.Box 14888,Westlands
City:	Nairobi
Postal Code	00800
Country:	Kenya
Telephone:	+254 2637853/4
E-mail:	helpage@helpage.org

ETHIOPIA, UGANDA, TANZANIA AND ZAMBIA

GENERAL INFORMATION			
COUNTRY:	Ethiopia, Uganda, Tanzania and Zambia (3)		
General area of investigation	Social policy		
Title of the research project	An assessment of the extent to which rights awareness creation has translated into access to basic services by vulnerable populations in Eastern and Southern Africa		
Expected beginning and ending dates	June 2013	August 2013	
Main purpose	This study aimed at establishing the extent to which awareness creation on the rights of older persons and orphans and vulnerable children (OVCs) has contributed to the inclusion of older persons, OVCs and other vulnerable populations into basic service delivery between the periods 2008 to 2013.		
KEYWORDS	1. Older persons	2. Human rights	3. Social policy
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Aims: this study sought to establish how rights awareness has translated into: Increased knowledge of rights and entitlements among older persons; Demand creation by older men and women, PWDs, PLHIV under care of older people; OVC under care of older people; Change in how programmes and services are designed and provided at national and community level; and, access to services by older people, PWD and OVC.</p> <p>Methods: The study was conducted in Ethiopia, Tanzania, Uganda, and Zambia. A mixed method approach was used in data collection and the data were later triangulated. The three methods included: literature review of published reports and other relevant literature on the programme activities for raising knowledge and awareness of rights of older persons, 34 key informant interviews and 15 focus group discussions with older persons, community leaders and beneficiaries of services. Data was transcribed and analysed using key words and concepts. Themes were developed to aid in the categorization of the data and reporting.</p> <p>Results: Older people's knowledge of rights and entitlements across countries was high but with marked disparities across gender, social class and geographical areas. Increased demand for services was noted across gender, education and geographical areas. Demand for services was higher among urban and educated. Men were more knowledgeable of their rights than women but women were more aggressive in demanding them. Analysis confirmed improvement in policy and programmatic interventions in favour of older persons as a result of their acquired capacity to engage effectively in national platforms, debates and discourses revolving around ageing issues due to increased knowledge on rights and skills on engagement.</p> <p>Conclusion: Increasing levels of rights awareness for older persons enhances their knowledge and capacity to demand for their rights and entitlements. Raising awareness with service providers increases interest and inclusion of older people in programmes. Development of effective engagement with older people facilitates more effective engagement with governments, NGOs and other organizations to ensure that their issues are accorded attention and priority.</p>			
FUNDING SOURCE:	Sweden/Norad		

ETHIOPIA, KENYA, TANZANIA, UGANDA AND ZAMBIA

GENERAL INFORMATION			
COUNTRY:	Ethiopia, Kenya, Tanzania, Uganda and Zambia (4)		
General area of investigation	Social policy		
Title of the research project	Effects of regional and national (public) policies on vulnerable populations in Eastern and Southern Africa		
Expected beginning and ending dates	November 2013	February 2014	
Main purpose	The main aim of the assessment was to generate evidence on the learning and contribute to universal access to HIV and AIDS services and SP policies/mechanisms for vulnerable groups in SSA		
KEYWORDS (UP TO 3)	1. Older persons	2. Policy	3. HIV
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: Over the past decade, there has been growing recognition of the importance of social protection in response to a range of challenges faced by developing countries, including food insecurity, chronic poverty and the HIV and AIDS pandemic. Further, there is recognition that HIV and AIDS can push people and households into poverty. Policies to promote broad-based economic growth are fundamental to overall social development, but the benefits of growth do not automatically reach the poorest and most vulnerable households. There is growing recognition by national governments and international policy makers of the importance of developing SP systems as part of the strategies to increase equity as a tool, to address multidimensional poverty and vulnerability, and to anticipate and respond to shocks.</p> <p>Aim: Specifically the study sought to: (i) establish the benefits and changes in the lives of vulnerable populations attributable to policy formulation and policy implementation; (ii) explore how the intended beneficiaries are involved in policy formulation; (iii) assess how the enactment of relevant policies translates into improved services for the intended target group; (iv) establish how policies in Eastern and Southern Africa are supported with implementation benchmarks and how and who is involved in policy monitoring; (v) examine how policies in Eastern and Southern Africa are supported by pre-requisite resources and support structures; and (iv) assess what has changed as a result of the enactment of these policies in respective project site countries on the intended target groups.</p> <p>Methods: The information used to generate this report was collected by use of both secondary and primary tools. Review of global, regional and national (target country) policies, guidelines, strategies and relevant project documents was undertaken through sourcing materials from countries and on web platforms. Key informant interviews were conducted with 51 respondents in the five countries with representatives from government, civil society organizations (CSOs), community-based groups and development partners. A focus group discussion was conducted in Ethiopia with a group of older persons.</p> <p>Results: Countries have policies on HIV and AIDS that have been operationalized in the form of strategies, action plans and guidelines. Older people are key target populations for social protection programmes/mechanisms although they are still small scale in nature. Policy formulation is top-down in approach and the involvement of beneficiaries/community members is limited. It emerged that the mechanisms and structures for M&E are weak and very limited resources are allocated to these functions. Resource allocation was considered to be largely aligned to policy provisions through national budgetary allocations. However, it was evident that the ministries responsible for SP programmes, and social development more generally, tend to be among the weakest; hence they are heavily under-resourced.</p> <p>Conclusion: Involvement of target populations in policy formulation practices is crucial to ensure ownership and hence sustainability of programmes/interventions. Resource allocation should be aligned to the policy provisions and commitments made by governments in their national and regional plans. Policy-making being government led should be informed by evidence. This would require the government to work with partners,</p>			

including CSOs, to generate the evidence necessary for policy formulation and reforms. Reliance on donor funding in SP and HIV and AIDS interventions poses a great risk towards sustainability. Most of the donors have their own vested interests and any shift midstream has negative impacts on the programmes.	
FUNDING SOURCE:	Sweden/Norad
ACKNOWLEDGEMENTS	HelpAge International is grateful to several people that made this assessment a success. Special thanks to all the study participants drawn from Government line ministries in the five countries (Ethiopia, Kenya, Tanzania, Uganda and Zambia), civil society organizations, opinion leaders and community members who took their valuable time to participate in the study. Many thanks to the HelpAge International country officers based in Ethiopia, Kenya, Tanzania, Uganda and Zambia for all their support.
MANAGER'S CONTACT INFORMATION:	
Name:	
Institution:	HelpAge International, East, West and Central Africa regional Development Centre
Street/PO Box:	Off Lower Kabete Road, Off Shanzu Road.P.O.Box 14888,Westlands
City:	Nairobi
Postal Code	00800
Country:	Kenya
Telephone:	+254 2637853/4
E-mail:	helpage@helpage.org
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
African Institute for Health and Development (AIHD).	info@aihdint.org

GAMBIA

GENERAL INFORMATION	
Country:	The Gambia
General area of investigation:	Health, Older women
Title of the research project	Contingent lives: fertility, time and ageing in West Africa
Expected beginning and ending dates	1992 – 1995
Main purpose	This study confronted Western linear views of reproduction and ageing with a West African model of ageing as contingent on the cumulative effects of “wear,” for women, especially through obstetric trauma.
Keywords	Fertility
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Most women in the West use contraceptives in order to avoid having children. But in rural Gambia and other parts of sub-Saharan Africa, many women use contraceptives for the opposite reason—to have as many children as possible. Aim of this study was to explain ‘contingent lives’ by Western model and Gambian model.</p> <p>Data was collected in 40 villages surrounding the town of Farafenni in the North Bank Division of the country, under the joint auspices of the Maternal and Child Health unit of the Ministry of Health and the British government-sponsored Medical Research Council (MRC).</p> <p>In 1995, the forty study villages contained a total of 16,642 people, with individual village populations ranging from 60 to more than 1,300. Three ethnic groups were represented: Mandinka, 44 percent, Wolof, 36 percent, and Fula, 20 percent.</p> <p>Using ethnographic and demographic data from a three-year study in rural Gambia, Contingent Lives explains this seemingly counterintuitive fact by juxtaposing two very different understandings of the life course: one is a linear, Western model that equates ageing and the ability to reproduce with the passage of time, the other a Gambian model that views ageing as contingent on the cumulative physical, social, and spiritual hardships of personal history, especially obstetric trauma. Viewing each of these two models from the perspective of the other, Caroline Bledsoe produces fresh understandings of the classical anthropological subjects of reproduction, time, and ageing as culturally shaped within women's conjugal lives. Her insights will be welcomed by scholars of anthropology and demography as well as by those working in public health, development studies, gerontology, and the history of medicine.</p>	
UPDATED PUBLICATIONS	
Bledsoe CH, Banja F. Contingent lives: Fertility, time, and aging in West Africa. University of Chicago Press; 2002	
MANAGER'S CONTACT INFORMATION:	
Name:	Caroline Bledsoe
Professional title	Dr.
Department:	Dept. of Anthropology,
Institution:	Northwestern University
Street/po box:	1810 Hinman St.
City:	Evanston, IL.
Postal code	60208-1310
Country:	USA
E-mail:	cbledsoe@northwestern.edu

GENERAL INFORMATION	
Country:	The Gambia

General area of investigation:	Health, Older women
Title of the research project	Osteoporosis, bone health and calcium nutrition.
Expected beginning and ending dates :	1991 – Ongoing
Main purpose	Low-trauma fractures are rare among women in The Gambia, despite their low dietary calcium intake throughout life, small stature and multiparity. A range of potential explanations were explored, including the influence of bone mass and bone loss in Gambian women, age at menopause, frailty in older age and vitamin D status.
Keywords	Osteoporosis; Women; Calcium

GENERAL ABSTRACT FOR THIS PROJECT:

The ageing population of Africa is at increasing risk of chronic diseases of which osteoporosis is an example. Black women worldwide have a lower fracture rate and in North America they have a higher bone mass than white women. This relationship may be causal; however, data are lacking on the relationship of fracture rates to bone mass in Africa.

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

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

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

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

In conclusion, low-trauma fractures are rare in The Gambia even though women have low BMD. Changes in diet and physical activity in childhood may contribute to differences in bone mass and trunk length. A secular shift in these factors may be seen as younger women reach older age. High levels of physical exercise may partially explain low fracture rates. High rates of bone turnover in this population do not appear to be related to fracture risk, despite very low dietary calcium intakes and high levels of PTH. Vitamin D status is likely to be important in ensuring that dietary calcium absorption and renal re-absorption are optimized.

UPDATED PUBLICATIONS

1. Redmond J, Palla L, Yan L, Jarjou LMA, Prentice A, Schoenmakers I. (2015) Ethnic differences in urinary calcium and phosphate excretion between Gambian and British older adults. *Osteoporosis Int*. 2015;26:1125-35.
2. Aspray TJ, Prentice A, Cole TJ, Sawo Y, Reeve J, Francis RM. Low bone mineral content is common but

osteoporotic fractures are rare in elderly rural Gambian women. *Journal of Bone and Mineral Research*. 1996;11(7):1019-25.

3. Prentice A. Vitamin D deficiency: a global perspective. *Nutrition reviews*. 2008;66(suppl 2):S153-S64.
4. Aspray T, Prentice A, Cole TJ. The bone mineral content of weight-bearing bones is influenced by the ratio of sitting to standing height in elderly Gambian women. *Bone*. 1995;17(3):261-3.
5. Prentice A, Shaw J, Laskey MA, Cole TJ, Fraser DR. Bone mineral content of British and rural Gambian women aged 18–80+ years. *Bone and Mineral*. 1991;12(3):201-14.
6. Aspray TJ, Yan L, Prentice A. Parathyroid hormone and rates of bone formation are raised in perimenopausal rural Gambian women. *Bone*. 2005;36(4):710-20.
7. Prentice A, Schoenmakers I, Jones KS, Jarjou LM, Goldberg GR. Vitamin D deficiency and its health consequences in Africa. *Clinical Reviews in Bone and Mineral Metabolism*. 2009;7(1):94-106.
8. Ward KA, Adams JE, Prentice A, Sayer AA, Cooper C. A life course approach to healthy musculoskeletal ageing. In: *A Life Course Approach to Healthy Ageing*. 2014:162.

MANAGER'S CONTACT INFORMATION:

Name:	Ann Prentice
Professional title	Director
Institution:	MRC Human Nutrition Research Centre
Street/po box:	Elsie Widdowson Laboratory, Fulbourn Road.
City:	Cambridge
Postal code	CB1 9NL
Country:	UK
Telephone:	(+44) 1223426356
E-mail:	ann.prentice@mrc-hnr.cam.ac.uk

Affiliated investigators:

Name:	Email address:
Dr. Terry J. Aspray	

GENERAL INFORMATION:	
Country	The Gambia (1 – 4)
General area of investigation	Nutrition
Title of the research project	Calcium, Vitamin D, and Bone Health of Older People in Rural Gambia
Expected beginning and ending dates	1991 – Ongoing
Main purpose	To identify the calcium and vitamin D requirements for healthy bone ageing in older people in Africa
Keywords	Calcium, Older persons, Osteoporosis
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Rural Gambians have extremely low calcium intakes (about one third of international recommendations), poor growth in infancy and childhood, delayed puberty and a low incidence of fragility fractures in old age. The role of nutrition in bone health, optimal skeletal growth and prevention of osteoporosis and osteomalacia is a considerable public health concern worldwide. Development of effective public health strategies for prevention requires robust research to underpin the evidence-base and there is a need to conduct such research in developing world settings. Furthermore, rapid changes in developing countries from traditional lifestyles are associated with increases in chronic diseases of affluence, including osteoporosis. The protection afforded by traditional diets and lifestyles may hold the key to future prevention, but opportunities to gain such insights are rapidly disappearing. This project aims to determine the impact of a very low calcium intake on bone health in older people in Africa. In addition, this project aims to provide authoritative synthesis of research findings and active engagement with academics, governments and agencies in order to inform policy and practice. Projects within this programme address issues of direct relevance to The Gambia and Sub-Saharan Africa and consider the requirements for calcium and vitamin D for the health of Gambian people through exploratory and intervention studies with an emphasis on defining the lifecourse influences on bone health that underpin, and result from, adaptation to a low calcium intake, nutritional interventions and transition. Measurements of bone mineral content, shape and size, using dual-energy X-ray absorptiometry and peripheral quantitative computed tomography are combined with assessments of dietary intake, physical activity, sunshine exposure, body composition, muscle function, bone turnover, and calcium, phosphate and vitamin D metabolism.</p> <p><i>The Gambia (1) – Gambian bone ageing study (GAMBAS):</i> Investigation of the pattern of musculoskeletal ageing in a rural population accustomed to low calcium intakes. A prospective study of Gambian older adults living in 8 villages in West Kiang, aged 40-75+ years (240 men, 240 women) in eight 5-year age bands, 30 subjects per band, measured at baseline and at 1.75-2 year intervals. Outcome measures are longitudinal changes in bone mineral status (DXA, pQCT), bone size (including vertebral morphometry), upper and lower limb muscle function, anthropometry, body composition, bone and mineral metabolism. Other health measures include: blood pressure, renal function, and quality of life. Measurements of potential explanatory variables include: menopausal/hormonal status, dietary intake, physical activity, and other lifestyle factors.</p> <p><i>The Gambia (2) – Parathyroid hormone (PTH) stimulation study:</i> The purpose of this study is to determine ethnic differences in skeletal and renal responsiveness to increases in PTH. Oral phosphate is administered for 5 d (2 g/d) to stimulate PTH secretion. Subjects are older people 60-75 years (n=15 men, 15 women) studied in two seasons (wet and dry seasons). Primary outcomes are differences and changes in PTH and associations with markers of calcium and bone metabolism. Secondary outcomes are differences and changes in renal phosphate handling, and effects of increased PTH on blood pressure and plasma renin.</p> <p><i>The Gambia (3) – Circadian rhythm study:</i></p>	

This study is to describe the diurnal changes in plasma concentrations and urinary excretion of markers of Ca-P-vitamin D metabolism in older men and women aged 60-75 years as far as possible, without changing the usual routine and environment of the subjects.

The Gambia (4) – Osteoporosis, bone health and calcium nutrition in rural Gambian women:

The study is designed to investigate factors that may explain the low fragility rate in older rural Gambians. This is a cross-sectional study of bone mineral status, measurements of calcium and bone metabolism and dietary intakes conducted in a sample of the female population of three rural Gambian villages representative of each 5 year age band aged 45-75+ years. A number of variables will be measured; bone mass, body size and shape, markers of bone-turnover, and health and socioeconomic data.

Funding source	This research is jointly funded by the Medical Research Council (MRC) and the Department for International Development (DFID) under the MRC/DFID Concordat agreement (MRC Programme numbers U1232661351 and U105960371)
MANAGER'S CONTACT INFORMATION:	
Name	Ann Prentice
Professional Title	Director
Institution	MRC Human Nutrition Research
Street/PO Box	Elsie Widdowson Laboratory, Fulbourn Road
City	Cambridge
Postal Code	CB1 9NL
Country	UK
Telephone	0044 1223 426356
E-mail	ann.prentice@mrc-hnr.cam.ac.uk

GHANA

GENERAL INFORMATION	
Country	Ghana
General area of investigation	Health, Well-being, Ageing, Health care utilization
Title of the research project	Study on global AGEing and adult health (SAGE) Ghana
Expected beginning and ending dates	2003 – 2015+
Main purpose	The focus of SAGE is on health and health-related outcomes and their determinants in older adults with an explicit aim to enhance cross-population comparability especially in lower and middle income countries.
Keywords	Ageing; Epidemiology; Health
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Ghana is among a number of sub-Saharan African countries experiencing epidemiologic transition where chronic diseases are on the increase, including among the older population. The adult population aged 60-plus years in Ghana is projected to almost double by 2050. However, despite their growing numbers, the health and care of the older adult population has not been accorded much attention in Ghana or many other low- and middle-income countries. The main aim of SAGE Ghana is to collect data on household characteristics, self-reported health status, risk factors, chronic diseases, well-being, work history and financial well-being, and health care utilization among a nationally representative population aged 50-plus years, with a smaller sample of adults aged 18-49 for comparison purposes. Ghana used a stratified, multistage cluster design. Wave 0 was implemented in 2003, Wave 1 in 2007/08 and Wave 2 in 2015. Wave 3 is planned for 2016/17. The sample was stratified by administrative region (Ashanti, Brong Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta, and Western) and type of locality (urban/rural), resulting in 20 strata. A total of 10-15 Enumeration Areas (EA) were selected from the strata according to size. Household listings were done for each selected EA. Twenty households with persons aged 50 years and four households with persons aged 18-49 years were then selected for interview. All persons aged 50-plus in 'older' households (households with at least one person aged 50-plus years) were invited to participate, whereas only one person was randomly selected in 'younger' households (households with where adult aged 18-49 would be interviewed) for the individual interview.</p> <p>Household characteristics (Wave 1): The total household population was 27,270 from 5,178 households, with an overall response rate of 86 per cent. Households with more than 11 members were more common in rural areas (57.2 per cent) and in the highest income quintile (30.6 per cent). Household members with no formal education formed 24.7 per cent of the sample, with Northern and Upper East regions reaching more than 50 per cent. Only 26.8 per cent of the household members had insurance coverage. Overall, 84.9 per cent of the households had access to improved sources of drinking water, with the lowest at 29.6 per cent in the Volta region. The overall rate of access to improved sanitation was just 14.9 per cent. The findings show significant regional differences, with the three Northern Regions having worse education, income, and sanitation levels, compared to Southern and Central Regions of the country.</p> <p>Individual characteristics (Wave 1): The overall response rate was 95.9 per cent, ranging from a low of 88.0 per cent in the Upper East region to a high of 100 per cent in the Central region. The study included 4,724 adults aged 50-plus years. The highest prevalence of self-reported chronic conditions was osteoarthritis (13.8 per cent). Health risks were generally high, with 14 per cent reporting hypertension, reaching 51.1 per cent when based on blood pressure measurement. The prevalence of current smokers was 8.1 per cent, while 2.0 per cent were infrequent/frequent heavy drinkers, 67.9 per cent consumed insufficient fruits and vegetables, and 25.7 per cent had a low level of physical activity. Almost 10 per cent of adults were obese and 77.6 per cent had a high-risk waist-to-hip ratio. Risks from tobacco and alcohol consumption continued into older age, while insufficient fruit and vegetable intake, low physical activity and obesity increased with increasing age.</p>	

The patterns of risk factors varied by income quintile, with higher prevalence of obesity and low physical activity in wealthier respondents, and higher prevalence of insufficient fruit and vegetable intake and smoking in lower-income respondents.

In Wave 1, significant differences were observed in households across regions, especially regions in the Northern part of the country. The findings, at the individual level, show a high burden of chronic diseases in the older Ghanaian population, as well as high rates of modifiable health risk factors. A comprehensive national policy on ageing is crucially important to ensure healthy living arrangements and households as elements to maintain health and well-being in ageing populations across all parts of Ghana. The government could consider targeting these health behaviours in conjunction with work to improve enrolment rates in the National Health Insurance Scheme.

See, www.who.int/healthinfo/sage

Funding source	Financial support was provided by the US National Institute on Aging through Interagency Agreements (OGHA 04034785; YA1323-08-CN-0020; Y1-AG-1005-01) with the World Health Organization and a Research Grant (R01 AG034479- 01A1). WHO contributed financial and human resources to SAGE. The University of Ghana's Department of Community Health contributed training facilities, data entry support, and storage of materials. The Ghana Statistical Office provided the sampling information for the sampling frame and updates. Support is also provided from The Ministry of Health, Ghana.
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Updated publications

- Yawson A, and others Sociodemographic and socioeconomic correlates of alcohol use among older adults in Ghana. *Advances in Public Health*. 2015.
- Wu F and others Common risk factors for chronic non-communicable diseases among older adults in China, Ghana, Mexico, India, Russia and South Africa: The Study on global AGEing and adult health (SAGE) Wave 1. *BMC Public Health*. 2015; 15:88.
- Yawson AE, and others, Sex differences and rural-urban disparities in prevalence of self-reported chronic diseases and health risks among older adults in Ghana: Implications for the National Ageing Policy. *J Alcohol Drug Depend*. 2015; 3:3.
- Stewart Williams JA, and others, Prevalence, risk factors and disability associated with fall-related injury in older adults in low- and middle-income countries: results from the WHO Study on Global AGEing and Adult Health (SAGE). *BMC Medicine*. 2015; 13(1):147.
- Stewart Williams J, and others, Risk factors and disability associated with low back pain in older adults in low- and middle-income countries. Results from the WHO Study on global AGEing and adult health (SAGE). *PLoS ONE*. 2015; 10(6):e0127880.
- Calys-Tagoe BNI, and others, Predictors of subjective well-being among older Ghanaians. *Ghana Med J*. 2014;48(4):178-84
- Hewlett SA, and others, Prevalence and geographic distribution of edentulism among older Ghanaians. *J Public Health Dentistry*. 2014;doi:10.1111/jphd.12075.
- Minicuci N, and others, Prevalence of chronic diseases among the older adult population in Ghana: Sociodemographic and socioeconomic patterns. *Glob Health Action*. 2014; 7:21292.
- Peltzer K, and others, Prevalence of loss of all teeth (edentulism) and associated factors in older adults in China, Ghana, India, Mexico, Russia and South Africa. *Int J Environ Res Public Health*. 2014; 11(11):11308-24.
- Yawson AE, and others, Self-reported cataracts in older adults in Ghana: sociodemographic and health related factors. *BMC Public Health*. 2014; 14:949.
- Biritwum RB, and others, Ghana: Study on global AGEing and adult health (SAGE) Wave 1 National Report. Geneva: World Health Organization; 2013.
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- Yawson AE, and others, Tobacco use in older adults in Ghana: sociodemographic characteristics, health risks and subjective wellbeing. *BMC Pub Health*. 2013; 13:979.
- Kowal P, and others, Data Resource Profile: The World Health Organization Study on global AGEing and

adult health (SAGE). Int J Epidemiol. 2012; 41(6):1639-49.	
MANAGER'S CONTACT INFORMATION:	
Name:	Richard B. Biritwum
Professional Title	Professor
Department:	Department of Community Health, College of Health Sciences
Institution:	University of Ghana
Street/PO Box:	Box 4236
City:	Accra
Country:	Ghana
Telephone:	+233-243236839 or +233203236839
E-mail:	birittwum@africaonline.com.gh
AFFILIATED INVESTIGATORS:	
Name	Email address
Alfred E. Yawson	aeyawson@nacp.org.gh
George Mensah	gpmensah@yahoo.com
Nadia Minicuci	nadia.minicuci@unipd.it
WHO SAGE team	sagesurvey@who.int

GENERAL INFORMATION	
Country:	Ghana
General area of investigation	Health, Care provision
Title of the research project	Ageing in rural Ghana: a needs assessment of rural older adults.
Expected beginning and ending dates	9 July 2001 – 31 January 2002
Main purpose	The purpose of this study was to identify the needs of rural dwelling older adults being serviced by the Help the Aged Canada (HTAC) and Project Reach Out (PRO), Mobile Medical Clinic and Agro-Forestry programmes. This needs assessment was intended to direct future programme development according to needs of those being serviced and to provide baseline data on the older adults being serviced by the medical and income-generating projects, in order to demonstrate the likely benefits of these programmes, when the study is repeated in approximately two years.
Keywords	Needs assessment; rural elderly; mobile health care; income generation; community development
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>This survey represents the first round of a two-round longitudinal study of the needs of rural Ghanaians. Aims of this project were to assess the needs of older adults residing in rural Ghana; and the benefits of the Help the Aged (HTA) and Project Reach-out (PRO) health care and income-generating projects. The research is based on original data collected in interviews with older adults living in the rural villages in Ghana.</p> <p>After conducting informal interviews with the rural older adults in Ghana, designing and piloting the questionnaire in four villages, a 45-question survey instrument was developed to assess the health care, income, and psycho-social needs of adults aged 50+ years. Sample recruitment was completed via the HTA/PRO mobile medical clinic. Inclusion criteria: age 50+ years; and resident in a village serviced by the mobile medical clinic. Participants were interviewed at the various clinic sites, via an interpreter, or in English where possible. Both quantitative and qualitative coded data was collected and analysed in Microsoft Excel. There were 131 respondents from 17 different villages. Mean age of 65 years, 49 per cent women, 63 per cent married, and 96 per cent living with family. Financial support and health care were reported as areas of great</p>	

need. The most common reported financial need was a lack of sustainable income for the years when respondents were no longer able to work, and a need for future planning. The primary health concerns were clean drinking water, body aches and pains, heart disease, visual problems, headaches and dizziness, and high blood pressure.

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

MANAGER'S CONTACT INFORMATION:

Name:	Allison M.Cummings
Professional title	Social Worker (MSW)
Institution:	Help the Aged Canada, Canadian International Development Agency (CIDA)
Street/po box:	1300 Carling Avenue, Suite 205
Postal code	K1Z 7L2
City /Country:	Ottawa, Canada
Telephone:	(+11) 416 9160889
E-mail:	Allison.cummings@utoronto.ca

GENERAL INFORMATION

Country:	Ghana
General area of investigation	Nutrition, Care provision
Title of the research project	Nutritional status, dietary habits and nutritional vulnerability of the Ghanaian elderly.
Expected beginning and ending dates	1 April 2001 - 31 December 2001
Main purpose	To provide country-specific nutrition information on older persons in Ghana and to assess their nutritional status and nutritional vulnerability.
Keywords	Armspan; Body mass index; Food consumption; Food expenditure; Nutritional status.

GENERAL ABSTRACT FOR THIS PROJECT:

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

Aims of this study were to: 1) establish the prevalence of undernutrition among older persons using anthropometric measures such as mid upper-arm circumference (MUAC), BMI (body mass index) and BMA (body mass index generated from armspan); 2) examine dietary consumption and food habits; and 3) assess nutritional vulnerability.

Cluster sampling techniques were employed in 15 communities in Accra. Inclusion criteria: age 65+ years; not suffering from spinal curvature, limb contracture, edema, memory loss; and, must have signed or been helped to sign an informed consent form. A study specific semi-structured questionnaire was administered to obtain socio-economic, dietary habits and nutritional vulnerability information. A qualitative food frequency form collected food consumption information. Anthropometric data included measurements of armspan,

halfspan (length of out-stretched arm from mid-sternal notch to end of the middle or longest finger), MUAC, height and weight using standard procedures and trained fieldworkers (who were graduates from the Nutrition and Food Science Department and had received training in ethics and handling of human subjects, field data collection and in anthropometry and were also guided by a field manual for the study). Sample was N=519 persons aged 65-80 years. More than three-quarters were not involved in any economic activity and relied solely on social support systems. About a quarter received retirement benefits, mainly a pension from Government sources that was perceived by respondents as inadequate to meet needs. Less than one-fifth of the total of 519 older persons had some form of investment, but more than half received regular remittance from relations, mainly the nuclear family. Extended families were the main providers of housing. However; 21 per cent lived alone without visits from relations. Thirty-four percent of older persons used prescription medications for various ailments. The main problem that prevented adequate food consumption was lack of money. Most (85 per cent) reported the market as the main source of foodstuff while 58 per cent reported that street foods were the main source of cooked food. Even though it is recommended that older persons eat more than three times in a day, most respondents (97 per cent) ate three times or less per day. On the average, most ate twice per day and the meal mostly skipped was lunch. The main sources of protein were fish and beans (legumes) while cereals, mainly corn, were the main sources of energy. When resources became depleted, the main coping strategies were starving, fasting or drinking sugar-water. Loneliness and depression were the major causes of appetite loss. On average, the same range of monthly income (US\$ 20-93) was observed for monthly food expenditure, meaning that all income was apparently spent on food. A large percentage of the studied population (48 per cent) was undernourished. More men (62 per cent) than women (41 per cent) were undernourished. BMA was equally as sensitive as BMI in detecting undernutrition rates. The prevalence of under nutrition increased with advancing age and decreasing income. It was concluded that these older persons were highly vulnerable to undernutrition with a large proportion being undernourished. It is recommended that pensions be made available to a surviving spouse upon the death of the qualified spouse and employment programmes be developed with older persons in mind.

Updated publications

1. Tayie FAK, and others, Armspan and halfspan as alternatives for height in adults: A sample from Ghana. African J Food Agricult Nutrit Developm. 2003; 3:1-6.
2. Tayie F, Adjetey-Sorsey E, Armah J, Busolo D, Imaya E. Prevalence of undernutrition in elderly persons in Accra. Ghana Med J. 2004; 38(2):51-6.
3. Tayie F, Adjetey-Sorsey E, Armah J, Busolo D. Summary of research findings on the nutritional status and risk factors for vulnerability of older people in Africa. HelpAge International. 2004.
4. Quanjer PH., and others. All-age relationship between arm span and height in different ethnic groups. Eur Respir J. 2014; 44:905-12.

MANAGER'S CONTACT INFORMATION:

Professional title / Name:	(M. Phil) Francis A.K. Tayie
Department:	Department of Food Science, Nutrition and Dietetics
Institution:	Southeast Missouri State University, HelpAge International Africa Regional Development Centre.
Street/po box:	One University Plaza
Postal code	63701
City/ Country:	Cape Girardeau, MO, USA
Telephone:	(+1) 573 651 2000
E-mail:	ftayie@semo.edu

Affiliated investigators:

Name:	Email address:
Dolline Busolo	www.linkedin.com/in/dolline-busolo-9ba62388
Ebenezer Adjetey- Sorsey	helpageghana@gmail.com
Jacob Armah	

GENERAL INFORMATION

Country:	Ghana
General area of investigation:	Health, NCD
Title of the research project	Accra Women's Health Study
Expected beginning and ending dates	June 2003 – November 2009
Main purpose	To measure and account for the burden of non-communicable disease amongst older women living in Accra, Ghana.
Keywords	Physical assessment; Health status

GENERAL ABSTRACT FOR THIS PROJECT:

Recent studies on the global and regional burden of disease have shown that women bear a disproportionate share of the total burden of morbidity despite their generally longer life expectancy than men. This study is designed to measure and describe the magnitude of the burden of communicable and non-communicable disease amongst a representative sample of adolescent and adult women aged 15 and older living in the Accra Metropolitan Area (AMA). The study involves the collection of information on both reproductive and general health from household interview surveys, comprehensive clinical history and physical examinations, laboratory and radiographic analyses.

Initially designed as a single round cross-sectional study, the project re-interviewed women in Wave 2. Wave 1 has served as a baseline for a subsequent series of more specific research and the evaluation of the impact of intervention projects on selected high priority health topics. In addition, the study will contribute to the development of the institutional capacity of the Ghana and Harvard Schools of Public Health to collect analyze and translate into action information on population health obtained from resource-poor communities.

The aims of the study were to:

- (1) obtain information on the health of older women here defined as 55-plus years in Accra;
- (2) collect self-reported data on general health and specific health domains to allow comparison with similar data being collected internationally and in Ghana with the 2003 WHO World Health Survey and 2007/08 WHO Study on global AGEing and adult health (SAGE) in Ghana;
- (3) evaluate the value of reference "health vignettes" as a way of correcting for reporting bias in self-assessments of health status;
- (4) compare the self-reported morbidity data collected at home with the health assessments based on the physician's medical history and examinations and tests in the clinics;
- (5) estimate disease prevalence from a comprehensive medical history and physical examination by combining reports on particular conditions with disease-specific constellations of symptoms, physical examination findings and the results of laboratory and radiographic testing; and,
- (6) create a baseline for a longer-term cohort study of women's health in Accra.

UPDATED PUBLICATIONS

1. Duda RB, Darko R, Adanu RMK, Seffah J, Anarfi JK, Gautam S, Hill AG. HIV prevalence and risk factors in women in Accra, Ghana: Results from the Women's Health Study of Accra. *Amer J Trop Med Health* 2005; 73(1):63-66.
2. Chen JGL, Duda RB, Hill AG, Darko R, Adanu RM, Seffah J, Anarfi JK. Epidemiology of cervical cancer and dysplasia in a cross-sectional study of women in Accra, Ghana. *International Journal of Tropical Medicine*. 2005; 1(1):7-11.
3. Duda RB, Kim MP, Darko R, Adanu RMK, Seffah J, Anarfi JK, Hill AG. Prevalence of elevated blood pressure in women residing in Accra, Ghana: report of the Women's Health Study of Accra. *International J of Cardiology*. 2006.
4. Duda RB, Jumah NA, Hill AG, Seffah J, Biritwum R. Interest in healthy living outweighs presumed cultural norms for obesity for Ghanaian women. *Health and Quality of Life Outcomes* 2006; 4: 44.
5. Seffah J, Anarfi JK, Hill AG. Results of the Women's Health Study of Accra: Assessment of blood pressure in urban women. *Int J Cardiol*. 2007; 117(1):115-22.
6. Hill AG, Darko R, Seffah J, Adanu RMK, Anarfi JK, Duda RB. Health of urban Ghanaian women as identified by the Women's Health Study of Accra. *Int J Gynaecol Obstet*. 2007; 99(2):150-6.
7. Duda RB, Jumah NA, Hill AG, Seffah J, Biritwum R. Assessment of the ideal body image of Women in Accra, Ghana. *Tropical Doctor*. 2007; 37(4):241-4.
8. Duda RB, Anarfi JK, Adanu RMK, Seffah J, Darko R, Hill AG. The health of "older women" in Accra, Ghana: results of the Women's Health Study of Accra. *Journal of Cross-Cultural Gerontology*. 2011; 26(3):299-314.
9. Darko R, Adanu RMK, Duda RB, Douptcheva N. Hill AG. The health of adult women in Accra, Ghana: Self-reporting and objective assessments 2008-2009. *Ghana Med J*. 2012; 46(2):50-7.

MANAGER'S CONTACT INFORMATION:

Professional title /Name:	Professor Allan Hill
Department:	Schools of Public Health
Institution:	Harvard University/University of Southampton & University of Ghana
City /Country:	US, UK and Ghana
E-mail:	ah4e10@soton.ac.uk

Affiliated investigators:

Name:	Email address:
John Anarfi	www.researchgate.net/profile/John_Anarfi
Rudolph Darko	rudolphdarko@hotmail.com
Rosemary Duda	www.researchgate.net/profile/Rosemary_Duda

Country	Ghana (1)
General area of investigation	Family
Title of the research project	Meanings and experiences of growing old and caregiving/receiving in a rural community in Ghana.
Expected beginning and ending dates	1994 – 2015
Main purpose	The social position and (self) perception of older people in a rural community in Ghana.
Keywords	Ageing; Caregiving; Social well-being
GENERAL ABSTRACT FOR THIS PROJECT	
<p>This project focuses on the social position and (self) perception of older people in a rural community in Ghana. Changes in the lives of older people, care activities, respect, dependency, reciprocity, 'successful ageing', sexuality, wisdom, witchcraft, death, and funeral were explored using qualitative anthropological ethnography over a period of 20 years. Findings suggest that care and quality of life is changing for older people in Ghana. Old traditions of family care are being challenged by demographic (migration, longer life expectancy), economic and social (nuclearization of family, shifting family priorities) dynamics. Currently, older people in Ghana feel they are largely neglected by national social policy.</p>	
Funding source	University of Amsterdam
Acknowledgements	We acknowledge the support of our research colleagues and friends in Ghana and the older people and their families for participating in the research.
Other comments	For more information: www.sjaakvandergeest.nl
MANAGER'S CONTACT INFORMATION	
Name	Sjaak van der Geest
Professional Title	Emeritus Professor Medical Anthropology
Department	Cultural Anthropology
Institution	University of Amsterdam
Street/PO Box	P.O. Box 15508
City	Amsterdam
Postal Code	1001 NA
Country	The Netherlands
Telephone	+31 20 5252621
E-mail	s.vandergeest@uva.nl

GENERAL INFORMATION	
Country	Ghana (2)
General area of investigation	Health and wellbeing
Title of the research project	Health and wellbeing of older adults in Ghana: social support, gender and ethnicity.
Expected beginning and ending dates	October 2014 – April 2017
Main purpose	To examine how ethnicity and gender affect structural and functional support in older age and its impact on health and wellbeing
Keywords	Social support systems; Health status; Gender
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Social support is an important resource in older age including Ghana, particularly in the absence of a well-developed welfare state. The traditional kinship ties serve as an informal social protection system, however, these kinship support ties tend to differ by ethnicity and gender of older adults.</p> <p>The goal of this paper is to examine how structural and functional social support maintains health and wellbeing at older ages in Ghana, specifically, to examine how ethnicity and gender affect support in older age and its impact on health and wellbeing. Data comes from WHO's Study on global AGEing and adult health (SAGE) Ghana Wave 1 (2007/08). This study uses both binary and ordered logistic regression models to predict health and wellbeing outcomes.</p> <p>Structural support factors are more important than functional support factors for many older adults. Older adults who receive support, provide support and/or perceive the availability of support are less likely to report better health and wellbeing outcomes. Structural support factors such as the size of one's household, contact with social ties and the perceived quality of one's relationships are significantly associated with an older individual's health and wellbeing. Older adults are generally more concerned with their level of social connectedness than the material resources that flow out of these social relationships. The results suggest that the two dimensions, that is structural and functional social support, cannot serve as substitutes for one another. There is a partial support for gender and ethnic dimensions of social support in old age and its subsequent influence on health and wellbeing. The association between received support and health and wellbeing differ by various categories of ethnicity and gender. Patrilineal ethnicities seem to offer more support in older age.</p>	
Funding source	Self
Acknowledgements	I want to acknowledge the support of the WHO Study on global AGEing and adult health (SAGE) teams in Ghana and WHO.
Other comments	This research is part of the doctoral thesis of the author.
MANAGER'S CONTACT INFORMATION	
Name	Paul K. Ayernor
Professional Title	DPhil candidate
Department	Sociology
Institution	University of Oxford
City	Oxford
Postal Code	OX1 2LB
Country	United Kingdom
Telephone	+44 (0) 7984014794
E-mail	paul.ayernor@regents.ox.ac.uk

GENERAL INFORMATION:	
Country	Ghana, South Africa
General area of investigation	Hypertension and salt intake
Title of the research project	Using spot and 24hr urine capture to assess salt intake in adults in Ghana and South Africa: a natural experiment to assess the health implications of salt legislation on adults
Expected beginning and ending dates	2014 – 2017
Main purpose	To identify policies that will promote the health, economic security, and wellbeing of older people in poorer countries.
Keywords	Hypertension; Salt intake; Public health policy and legislation
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>While debate continues among the scientific community regarding the optimal sodium levels that contribute to health, it is widely agreed that the majority of adults consume more salt than is required on a daily basis and that this contributes to the global epidemic of hypertension and cardiovascular disease (CVD). South Africa will implement legislation in June 2016 mandating maximum sodium levels in a range of foods previously identified as contributing significantly to population sodium intake. Ghana has not had such legislation to address its own issues with high burden from hypertension.</p> <p>The primary objective of this two-country study is to establish a baseline population level sodium intake prior to the South African sodium legislation enforcement in June 2016, and in a country in the same region, Ghana, without such legislation in place. Thereafter, the aim will be to repeat the measure in the same cohort of people to evaluate the impact of the legislation on population level sodium intake. The specific objectives of this project are to: 1) measure baseline sodium and potassium intake, and iodine status using the gold standard the 24hr urinary excretion method in adults; 2) evaluate the relationship between sodium/potassium intake (excretion), salt intake behaviours and blood pressure; 3) compare spot urine samples with 24hr collections in order to identify new regression equations for determining 24hr excretion values from spot urine samples in African populations; 4) measure sodium and potassium intake, and iodine status in adults post-legislation change to evaluate the impact of the sodium legislation on habitual intakes; and, 5) evaluate the relationship between changes in sodium intake and changes in blood pressure within this population pre- and post-legislation, and to compare this with a comparative African country that has no salt legislation (Ghana).</p> <p>Study population</p> <p>This will be implemented as a sub-study implemented within the World Health Organization Study on global AGEing and adult health (WHO-SAGE), a multinational cohort study examining the health and wellbeing of adult populations and the ageing process. The spot and 24hr urine capture will be implemented in a 25 per cent sample in Ghana and South Africa. All six SAGE countries (also including China, India, Mexico and Russia) included questions about salt intake based on the recommended standards from PAHO. Additionally, looking more broadly at health risks, the tobacco questions in SAGE Wave 2 were further harmonized with the CDC's Global Adult Tobacco Study. Wave 2 urine and data capture was completed in 2015. Wave 3 is planned for 2017.</p>	
Funding source	United States Centre for Disease Control (CDC) Foundation, and Bloomberg Philanthropies. The US National Institute on Aging interagency agreements OGHA 04034785, YA1323-08-CN-0020, and Y1-AG-1005-0, and, grant R01-AG034479 supported SAGE Wave 2.
Other comments	<p>Elias Menyenu worked with the SAGE Ghana team to implement the salt sub-study as part of Wave 2 in Ghana. He is using these results as the basis for his PhD programme at the University of Wollongong with Prof Charlton. Dr Asare's laboratory at the University of Ghana will be analyzing the samples.</p> <p>We have partnered with NorthWest University, Hypertension in Africa Research Team (HART), particularly Prof Schutte and Dr Ware, to implement the salt sub-study within SAGE South Africa Wave 2, which was implemented by Outsourced Insight and Dr Stephen Rule. NWU will collaborate on cross-country analyses and with Wave 3 follow-up (2017). Dr Madurai's Global Clinical and Viral Laboratory will be analyzing the samples, with Dr Baumgartner's lab at the Centre of Excellence for Nutrition,</p>

	NWU, undertaking the iodine analyses. Data will be available through the WHO SAGE data archive (http://apps.who.int/healthinfo/systems/surveydata/index.php/catalog/sage/about).
MANAGER'S CONTACT INFORMATION:	
Name	Assoc Prof Karen Charlton and Dr Paul Kowal
E-mails	karenc@uow.edu.au ; and, kowalp@who.int
AFFILIATED INVESTIGATORS:	
Name	Email address
Richard Biritwum	birittwum@africaonline.com.gh
Aletta Schutte	alta.schutte@nwu.ac.za
Lisa Ware	lisa.jayne.ware@gmail.com
Elias Menyano	ekm963@uowmail.edu.au
Lorna Madurai	MLorna@GCVLABS.co.za
George Asare	gasare@chs.edu.gh
Jeannine Baumgartner	Jeannine.Baumgartner@nwu.ac.za
Elizabeth Thiele	lizthiele747@gmail.com
Nirmala Naidoo	naidoon@who.int
Somnath Chatterji	chatterjis@who.int

GHANA AND SOUTH AFRICA

GENERAL INFORMATION	
Country	Ghana and South Africa
General area of investigation	Health
Title of the research project	Pensions, health and wellbeing of older people in low and middle income countries: Insights from WHO SAGE
Expected beginning and ending dates	2013 – 2014
Main purpose	To identify policies that will promote the health, economic security, and wellbeing of older people in poorer countries.
Keywords	Health; Pension; Social wellbeing
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Between 2010 and 2050, the number of people aged 60 and over is set to increase by one and a quarter billion, 81 per cent of which will be in low and middle income countries. Policies which will promote the health, economic security and wellbeing of older people in poorer countries need to be identified urgently. Drawing on a major new international survey, a number of issues of critical relevance to policy-makers were examined. The key research questions included:</p> <ol style="list-style-type: none"> 1. Does receiving a pension improve older people's health? 2. Which older people are most at risk of health conditions like hypertension? 3. How do earlier life experiences affect wellbeing in old age? 4. Other questions: fear of crime, depression and voting. <p>Secondary data analysis of WHO SAGE Wave 1 data was undertaken, including Ghana and South Africa. Findings suggest that pensions alone are unlikely to improve the health of older people if they lack awareness of their health status and if effective treatments are not locally available. This requires a more joined-up approach to health and wellbeing policy for older people. Our preliminary analysis shows that rates of obesity are the main explanation for national differences in hypertension prevalence. In some countries, including South Africa, obesity is a widespread problem among older people, including the poor and rural residents. Poverty and rural residence were often associated with lower awareness, treatment and control of hypertension. The effects of health insurance were not significant in Ghana or South Africa. Our comparison of Ghana and China indicated no associations between older peoples' wellbeing in later life and their parents' education/occupation. This was because the majority of parents had no formal education and had worked in unskilled rural activities. In Ghana, primary education provision was rapidly extended during the school-years of the SAGE cohorts. We found that, controlling for other effects, this extension had contributed to social mobility for urban but not rural women in China, but that this was not the case in Ghana. This was because local macro-economic trajectories strongly mediated relationships between access to education, life chances and wellbeing in later life.</p> <p>Structural support factors are more important than functional support factors for many older adults. Older adults who receive support, provide support and/or perceive the availability of support are less likely to report better health and wellbeing outcomes. Structural support factors such as the size of one's household, contact with social ties and the perceived quality of one's relationships are significantly associated with an older individual's health and wellbeing. Older adults are generally more concerned with their level of social connectedness than the material resources that flow out of these social relationships. The results suggest that the two dimensions, that is structural and functional social support, cannot serve as substitutes for one another. There is a partial support for gender and ethnic dimensions of social support in old age and its subsequent influence on health and wellbeing. The association between received support and health and wellbeing differ by various categories of ethnicity and gender. Patrilineal ethnicities seem to offer more support in older age.</p>	
Funding source	The US National Institute of Health interagency agreements OGHA 04034785,

	YA1323-08-CN-0020, and Y1-AG-1005-0, and, grant R01-AG034479 funded SAGE Wave 1. UK ESRC supported this analysis.
Acknowledgements	See www.uea.ac.uk/devresearch/research-themes/life-course-migration-and-wellbeing/pensions-health-and-wellbeing-of-older-people-in-low-and-middle-income-countries
MANAGER'S CONTACT INFORMATION	
Name	Peter Lloyd-Sherlock
Professional Title	Professor
Department	School of International Development
Institution	UEA
City	Norwich Research Park, Norfolk Road
Postal Code	Norwich
Country	NR4 7TJ
Telephone	UK
E-mail	44 1603 592327
AFFILIATED INVESTIGATORS:	
Name	Email address
Sutapa Agrawal	sutapa.agrawal@phfi.org
Nadia Minicuci	nadia.minicuci@unipd.it
Barbara Corso	barbara.corso@in.cnr.it

GENERAL INFORMATION:	
Country	Ghana, South Africa
General area of investigation	Genetics and epigenetics
Title of the research project	AWIGEN- Africa, Wits-INDEPTH Partnership for the GENomic study of body composition and cardiometabolic diseases risk (AWI-Gen) , part of the H3 Africa (Human Heredity and Health in Africa) Initiative
Expected beginning and ending dates	August 2012 to July 2017
Main purpose	
Keywords	Obesity;
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The AWI-Gen Collaborative Centre (AWI-Gen) is one of the nine projects under the Human Heredity and Health in Africa (H3A) Consortium. It is a partnership between Wits University and the International Network for the Demographic Evaluation of Populations and their Health in low and middle income countries (INDEPTH), that aims to build capacity in Africa for research that leads to an understanding of and response to the interplay between genetic, epigenetic and environmental risk factors for obesity and associated cardiometabolic disease (CMD) in sub-Saharan Africa. By developing this capability, the objective is to enable the application of genomics in addressing questions of biomedical importance.</p> <p>The AWI-Gen addresses three broad themes:</p> <ul style="list-style-type: none"> • Capacity development to enhance capability for genomic research in Africa in order to address critical problems of health and disease; • Understanding the genomic architecture of sub-Saharan African populations and its impact on disease susceptibility; and • Identifying the genetic, genomic and environmental risk factors for obesity by leveraging off existing longitudinal cohorts and adding a genomic dimension to this research. <p>The AWI-Gen's data is drawn from longitudinal research cohorts in five health demographic surveillance sites (HDSSs) across the continent, ensuring a balanced mix of western, eastern and southern African population groups from both rural and urban settings. The participating HDSSs are located in: Agincourt (South Africa); Dikgale (South Africa); Nairobi (Kenya); Nanoro (Burkina Faso); Navrongo (Ghana). The participating birth cohort is the Birth to Twenty programmes, which is part of the Development Pathways for Health Research Unit located at Chris Hani Baragwanath Hospital in Soweto, South Africa. This is Africa's longest-running cohort studying child and adolescent health and development.</p>	
Funding source	US National Institutes of Health, grant U54 HG006938-01.
Other comments	See more at: https://www.wits.ac.za/research/sbimb/research/awi-gen/#sthash.8orvfyEH.dpuf
Publications:	
<ul style="list-style-type: none"> • Clark SJ, Gomez-Olive FX, Houle B, Thorogood M, Klipstein-Grobusch K, Angotti N, Kabudula C, Williams J, Menken J, Tollman S. Cardiometabolic disease risk and HIV status in rural South Africa: establishing a baseline. BMC Public Health. 2015; 15:135. • Ramsay M. Africa: Continent of genome contrasts with implications for biomedical research and health. FEBS Letters 2012; 586(18):2813-9. [PubMed PMID: 22858376] • Crowther NJ, Norris SA. The current waist circumference cut point used for the diagnosis of metabolic syndrome in sub-Saharan African women is not appropriate. PLoS One. 2012; 7(11):e48883. • Ramsay M, Tiemessen CT, Choudhury A, Soodyall H. Africa: The next frontier for human disease gene discovery? Human Molecular Genetics. 2011. [doi: 10.1093/hmg/ddr401] 	
MANAGER'S CONTACT INFORMATION:	
Name	Dr Michèle Ramsay

Professional Title	Professor, Division of Human Genetics at the National Health Laboratory Service
Department	Director, Sydney Brenner Institute for Molecular Bioscience
Institution	University of the Witwatersrand (Wits)
Street/PO Box	
City	Johannesburg
Country	South Africa
E-mail	Michele.Ramsay@nhls.ac.za
AFFILIATED INVESTIGATORS:	
Name	Email address
Osman Sankoh	info@indepth-network.org
Steve Tollman	Stephen.Tollman@wits.ac.za

GHANA, KENYA, SOUTH AFRICA AND TANZANIA

GENERAL INFORMATION	
Country	Ghana, Kenya, South Africa and Tanzania
General area of investigation	Health and Well-being
Title of the research project	The SAGE INDEPTH collaboration.
Expected beginning and ending dates	2006 – ongoing
Main purpose	To generate data on ageing and health from HDSS sites in four African countries (Agincourt, South Africa; Ifakara, Tanzania; Nairobi, Kenya; Navrongo, Ghana) and provide a valuable data collection platform for cross-national comparisons of ageing.
Keywords	Ageing; Health; Well-being
GENERAL ABSTRACT FOR THIS PROJECT	
Four African HDSS fieldsites implemented a short version of the WHO SAGE instruments to adults aged 50+ years to assess measures of physical health, cognitive function and quality of life in 2006/07. First round data collection in occurred 2006. Agincourt (South Africa) implemented a second round of data capture, including a module on health care utilization of people 50 years and older, in 2010. Analyses and national comparisons using the 2010 data in the established cohorts are currently underway.	
Funding source	US National Institute of Health interagency agreements with WHO (OGHA 04034785, YA1323-08-CN-0020, and Y1-AG-1005-0) funded this collaborative research.
Acknowledgements	Dr Richard Suzman was instrumental in realizing this research collaboration.
Publications:	
<ul style="list-style-type: none"> • Kowal P, Kahn K, Ng N, Naidoo N, Abdullah S, Bawah A, Binka F, Chuc NTK, Debpuur C, Ezeh A, Gómez-Olivé FX, Hakimi M, Hirve S, Hodgson A, Juvekar S, Kyobutungi C, Menken J, Minh HV, Mwanyangala MW, Razzaque A, Sankoh O, Streatfield PK, Wall S, Wilopo S, Byass P, Chatterji S, Tollman SM. Ageing and adult health status in eight lower-income countries: the INDEPTH WHO-SAGE collaboration. <i>Global Health Action</i>. 2010; Suppl 2:11-22. doi: 10.3402/gha.v3i0.5302 PMID: PMC2957285 • Ng N, Kowal P, Kahn K, Naidoo N, Abdullah S, Bawah A, Binka F, Chuc NTK, Debpuur C, Egondi T, Gómez-Olivé FX, Hakimi M, Hirve S, Hodgson A, Juvekar S, Kyobutungi C, Minh HV, Mwanyangala MW, Nathan R, Razzaque A, Sankoh O, Streatfield PK, Thorogood M, Wall S, Wilopo S, Byass P, Tollman SM, Chatterji S. Health inequalities among older men and women in Africa and Asia: evidence from eight Health and Demographic Surveillance System sites in the INDEPTH WHO-SAGE study. <i>Global Health Action</i>. 2010; Suppl 2:96-107. doi: 10.3402/gha.v3i0.5420. PMID: PMC2958198 • Gómez-Olivé FX, Thorogood M, Clark BD, Kahn K, Tollman SM. Assessing health and well-being among older people in rural South Africa. <i>Global Health Action</i>. 2010; 3(suppl. 2):23-35. • Mwanyangala MA, Mayombana C, Urassa H, Charles J, and others, Health status and quality of life among older adults in rural Tanzania. <i>Global Health Action</i>. 2010; 3(suppl. 2):36-44. • Kyobutungi C, Egondi T, Ezeh A. The health and well-being of older people in Nairobi's slums. <i>Global Health Action</i>. 2010;3(suppl. 2):45-53. • Debpuur CY, Welaga P, Wak G, Hodgson A. Self-reported health and functional • Limitations among older people in the Kassena-Nankana District, Ghana. <i>Global Health Action</i>. 2010; 3(suppl. 2):54-63. • Ameh S, Gómez-Olivé FX, Kahn K, Tollman SM, Klipstein-Grobusch K. Predictors of health care use by adults 50 years and over in a rural South African setting. <i>Glob Health Action</i>. 2014; 7:24771. • Gómez-Olivé FX, Thorogood M, Kandala N-B, Tigbe W, Kahn K, Tollman S, Stranges S. Sleep problems and mortality in rural South Africa: novel evidence from a low-resource setting. <i>Sleep Med</i>. 2014; 15(1):56-63. • Gómez-Olivé FX, Thorogood M, Bocquier P, Mee P, Kahn K, Berkman L, Tollman S. Social conditions and disability related to the mortality of older people in rural South Africa. <i>Int J Epidemiol</i>. 2014. • Schatz E, Gilbert L. "My Legs Affect Me a Lot. ... I Can No Longer Walk to the Forest to Fetch Firewood": Challenges Related to Health and the Performance of Daily Tasks for Older Women in a High HIV Context. 	

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MANAGER'S CONTACT INFORMATION

Name	WHO SAGE team, INDEPTH colleagues, Umeå University, Sweden
Institution	WHO and INDEPTH
E-mail	sagesurvey@who.int or info@indepth-network.org or global.health@epiph.umu.se

Country	Ghana, South Africa, Tanzania
General area of investigation	Health, Disability
Title of the research project	Health and Aging in Africa: Longitudinal Studies of INDEPTH Communities (HAALSI)
Expected beginning and ending dates	2013 – 2014
Main purpose	To study the drivers and consequences of HIV and non-communicable diseases in an aging population in Agincourt, South Africa.
Keywords	Health; Disability; HIV; Health risks
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The study is nested in three Health and Demographic Surveillance System centres in sub-Saharan Africa countries at different stages of the epidemiologic transition. A stratified sample of equal numbers of both men and women, age 50+ years, was selected from each of the study sites with calculation of the sampling weights for the varying sampling fractions so that our sample is representative of the centre population as per the most current site census.</p> <p>We aim to enrol at least 4000 people in each country for a total of 12 000 participants. To maximize our longitudinal information, we enrolled large numbers of men and women who completed earlier waves of the WHO Study on global AGEing and adult health (SAGE) in each of the three countries and additionally include all participants in the smaller SAGE long questionnaire. We then drew on the baseline wave of HAALSI to obtain a 10 per cent subsample on which a detailed clinical substudy was carried out. This substudy included determination of traditional and novel blood based biomarkers, body fat distribution and ascertainment of cardiovascular outcomes, such as peripheral vascular disease and ischaemic heart disease. A second wave of measures will be obtained three years after the initial survey in the Agincourt site to allow determination of trends and incidence rates.</p> <p>Our working hypothesis is that ill health and disability are major factors in determining: household composition; household income and expenditure; labor force participation; and subjective well-being. By surveying and testing a cohort of Agincourt residents for HIV infection and cardiometabolic disease risk factors, and then integrating that data with mortality data from the well-established INDEPTH Health and Demographic Surveillance System (HDSS) data at the Agincourt site, our aim is to identify the effects of ill health and disability on the economic well-being and productivity of this older SSA population.</p> <p>A cohort of approximately 5,000 adults aged 40 and over was recruited in 2014 in Agincourt, South Africa. A home-based survey is being used to collect information on household income and socioeconomic status, and individuals are being asked about their: general health and well-being; cognition; daily function and mobility; social networks; ability to work; and, impact on family members. A series of home-based biomarkers and point-of-care measures are being administered, including blood pressure, height and weight, and anemia testing. Dried blood spots are being collected for later testing of HIV and other illnesses. Follow-up clinical assessments are being carried out in the Agincourt research laboratory, where a series of cognitive tests are administered, along with additional clinical measures of cardiometabolic risk factors.</p> <p>Through the HAALSI collaboration, the project will conduct two pilot studies in Tanzania and Ghana to test the feasibility of administering the HAALSI survey in the rural context of Navrongo, Ghana and the Dar Urban Cohort Study site in Dar es Salaam, Tanzania. Funding permitting, HAALSI plans baseline surveys in Tanzania and Ghana in the near future, and a follow-up survey in Agincourt, South Africa approximately 2-3 years after the baseline in 2014-15.</p>	
Funding source	Awarded a P01 grant in 2013 from the National Institute on Aging
Other comments	http://www.hsph.harvard.edu/population-development/research-focal-areas/major-projects/haalsi/ The Health and Aging Study in Africa: Longitudinal Studies of INDEPTH

	communities (HAALSI) is led by an interdisciplinary team of collaborators from: Harvard T.H. Chan School of Public Health, Witwatersrand University, the INDEPTH Network.
MANAGER'S CONTACT INFORMATION:	
Name	Lisa Berkman
Professional Title	Thomas D. Cabot Professor of Public Policy, Epidemiology, and Global Health and Population, Harvard T.H. Chan School of Public Health
Department	Director, Harvard Center for Population and Development Studies
Institution	Harvard University
City	Boston, MA
Postal Code	02115
Country	USA
E-mail	popcenter@hsph.harvard.edu
AFFILIATED INVESTIGATORS:	
Name	Email address
Steve Tollman	Stephen.Tollman@wits.ac.za
Till Bärnighausen	tbaernig@hsph.harvard.edu
David Canning	
Peter Byass	peter.byass@umu.se

Country	Ghana, Ethiopia, Nigeria, South Africa, Uganda
General area of investigation	Dementia and cognition
Title of the research project	10/66 Dementia Research Group
Expected beginning and ending dates	
Main purpose	
Keywords	
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>10/66 is a part of Alzheimer's Disease International, and is co-ordinated from the Institute of Psychiatry, King's College London. 10/66 aims to provide a detailed evidence-base to inform the development and implementation of policies for improving the health and social welfare of older people in low and middle income countries, particularly the 14 million people with dementia, their relatives and carers.</p> <p>The mission of 10/66 is to:</p> <ul style="list-style-type: none"> • estimate the numbers of persons with dementia in those countries and regions where little or no research has been carried out • use these studies to learn more about the genetic and environmental causes of dementia • describe care arrangements for people with dementia • quantify the impact of dementia and other chronic health conditions on disability, dependency and caregiver strain • encourage the development of support services, and to test their effectiveness • collaborate with other work groups to study topics in social gerontology, nutritional health, cardiovascular and metabolic disorders • disseminate these research findings widely, in the communities where we carry out the research, to policymakers, opinion formers, civil society and the public at large. <p>The 10/66 Dementia Research Group includes 30 research groups in 20 countries in Latin America, the Caribbean, India, Russia, China and SE Asia. This includes Ghana, Nigeria and South Africa.</p>	
Funding source	Funding information for specific studies are described against the relevant study. However, the research team wish to acknowledge additional support from: The Rockefeller Foundation for the dissemination meeting at their Bellagio Centre, and Alzheimer's Disease International in their support for networking and infrastructure.
Other comments	https://www.alz.co.uk/1066/; https://www.alz.co.uk/1066/population_based_study_centres.php
Publications	
<p>Hanlon C, Medhin G, Selamu M, Breuer E, Worku B, Hailemariam M, Lund C, Prince M, Fekadu A. Validity of brief screening questionnaires to detect depression in primary care in Ethiopia. <i>Journal of Affective Disorders</i>. 2015; 186: 32-9.</p> <p>Fekadu A, Hanlon C, Medhin G, Alem A, and others, Development of a scalable mental healthcare plan for a rural district in Ethiopia. <i>British Journal of Psychiatry</i>. 2015; 207:5.</p> <p>At J, Bryce R, Prina M, Acosta D, and others, Frailty and the prediction of dependence and mortality in low- and middle-income countries: a 10/66 population-based cohort study. <i>BMC Medicine</i>. 2015; 13: 1 38.</p> <p>Guerra M, Prina AM, Ferri CP, Acosta D, and others,, A comparative cross-cultural study of the prevalence of late life depression in low and middle income countries. <i>Journal of Affective Disorders</i>. 2016; 190:362-8.</p>	
MANAGER'S CONTACT INFORMATION:	
Name	Martin Prince
Professional Title	Professor
Department	Department of Health Service and Population Research
Institution	King's College London
Street/PO Box	M116, 1 st floor, Institute of Psychiatry

City	Denmark Hill
Country	United Kingdom
Telephone	+44 (0)20 7848 0137
E-mail	1066drg@iop.kcl.ac.uk ; martin.prince@kcl.ac.uk
AFFILIATED INVESTIGATORS:	
Name	Email address
Cleusa Ferri	
Renata Sousa	
Emiliano Albanese	
Dr. Richard Uwakwe	Nigeria (Anambra) - Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria, ruwakwe2001@yahoo.com
Prof. Malan Heyns	South Africa (Muangang) - University of the Free State, Bloemfontein, South Africa, pmheyns@shisas.com
Naana Ageyman	University of Legon, Accra, Ghana / Kintampo DSS, Ghana. naana.ageyman@kcl.ac.uk
Assoc Prof Abebaw Fekadu	www.researchgate.net/profile/Abebaw_Fekadu

KENYA

GENERAL INFORMATION	
Country:	Kenya
General area of investigation:	Family/community relations, Health/social status
Title of the research project	Long term qualitative ethnographic (anthropological) research on ageing and older people among Abaluyia of rural western Kenya and in the cities of Kisumu and Nairobi.
Expected beginning and ending dates	1982 – ongoing
Main purpose	To examine older persons and family culture in the context of economic, political and sociocultural change in the Abaluyia ethnic community of rural western Kenya.
Keywords	Family support; Gender; Health
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The research identifies and describes old people's sources of wellbeing under conditions of socioeconomic and cultural change among Abaluyia of rural western Kenya and in the cities of Kisumu and Nairobi. Several dimensions of wellbeing were investigated: social, economic, physical, subjective. Within this socio-cultural-historical framework, definitions of 'old' and attitudes toward older age and older people are described. A socioeconomic profile of older adults, their needs and the structures of support available to them are described in terms of gender and age cohort differences. Older people's subjective assessments of their lives and wellbeing are presented. Individual lives appear anecdotally within chapters. These are descriptive, impressionistic, and subjective. Examples of common experiences of ageing and attitudes of Samia people, young and old, toward older age, older people and social change are presented. Finally, policy and programme recommendations and suggestions for further research focusing on older people within the extended family are discussed.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Cattell MG. Aging and social change among Abaluyia in Western Kenya: anthropological and historical perspectives. <i>Journal of cross-cultural gerontology</i>. 2008; 23(2):181-97. 2. Cattell MG. "Nowadays it isn't easy to advise the young": Grandmothers and granddaughters among Abaluyia of Kenya. <i>Journal of Cross-Cultural Gerontology</i>. 1994; 9(2):157-78. 3. Cattell MG. Praise the lord and say no to men: Older women empowering themselves in Samia, Kenya. <i>Journal of Cross-Cultural Gerontology</i>. 1992; 7(4):307-30. 4. Cattell MG. Models of old age among the Samia of Kenya: Family support of the elderly. <i>Journal of Cross-Cultural Gerontology</i>. 1990; 5(4):375-94. 5. Cattell MG. Knowledge and social change in Samia, Western Kenya. <i>Journal of Cross-Cultural Gerontology</i>. 1989; 4(3):225-44. 6. Cattell MG. Old age in rural Kenya: gender, the life course and social change. <i>Dissertation Abstracts International A, Humanities and Social Sciences</i>. 1990;50(8):2548-9 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Maria Cattell
Institution:	Northern Virginia Community College, Annandale Campus
Street/po box:	8333 Little River Turnpike
City/ Country:	Annandale VA, USA
Postal code	22003-3796
Telephone:	+1 717 872-2105
E-mail:	MGCattell@aol.com

GENERAL INFORMATION

COUNTRY:	Kenya (1)		
General area of investigation	Health and Wellbeing; Living Standards; Care Provision; Family; Family Support		
Title of the research project:	The study on migration, poverty and the wellbeing of older people in Nairobi slums, Kenya: Urbanization, Poverty and Health Dynamics Programme (UPHD) in sub-Saharan Africa		
Expected beginning and ending dates	January 2006	December 2010	
Main purpose	To investigate the living arrangements and well-being of older people living in informal settlements and how these differ by migration status and socioeconomic circumstances.		
KEYWORDS	1. Poverty	2. Health and access to health care	3. Cumulative disadvantage
GENERAL ABSTRACT FOR THIS PROJECT:			
Background.	Older people living in urban areas of sub-Saharan Africa particularly those in informal settlements or slums face diminished capacity to engage in income generation as a result of declining physical capacity, lack of opportunities and skills to complete in a changing labour market with no social protection to fall back on. Older people living in slums are disadvantaged due to the changing composition of the family and living arrangements which is more dynamic in urban areas. The study therefore aimed to contribute to research on the situation of older people in sub-Saharan Africa, particularly among the urban poor.		
Aim.	The study examined the poverty status, economic activity, demographic profile, living arrangements, and social support networks of older people; the determinants of health and health-seeking behaviour; their migration histories, migration intentions and linkages with place of origin. The study also examined patterns of care and support in later life and how this is affected by increased mortality of economically active adults.		
Methods.	The study used mixed methods involving three waves of panel data following around 3,000 older people who were 50-plus years at the start of observation and qualitative study made up of focus group discussions with general population and indepth interviews with a selection of older people.		
Results.	77 per cent of older people have aged in-situ having migrated directly from rural areas. The slums are therefore a permanent home for these older people as the annual migration rate was only 4 per cent. Older people do play a crucial role in providing care and support for people with AIDS and the study highlighted the less reported role of men as caregivers. Older people rely on multiple sources of support with a high proportion (68 per cent) receiving some form of support from their children. Receipt of support was significantly associated with the older person's living arrangements, health status, ethnicity, and number of surviving children. Even in a community where all the people can be classified as living in poverty, socio-economic status is an important determinant of health among older people living in slum environment.		
Conclusion.	The slums are home to a growing number of older people and there is need for social protection policies to address the livelihood, health and social wellbeing of ageing population in urban areas.		

FUNDING SOURCE:	The Wellcome Trust (UK)	
ACKNOWLEDGEMENTS	The African Population and Health Research Centre (APHRC)	
MANAGER'S CONTACT INFORMATION:		
Name:	Jane Falkingham	
Professional Title	Professor of Demography and International Social Policy	
Department:	Social Sciences	
Institution:	University of Southampton	
Street/PO Box:	Faculty of Social, Human and Mathematical Sciences; University of Southampton; Murray Building; Highfield	
City:	Southampton	
Postal Code	SO17 1BJ	
Country:	United Kingdom	
Telephone:	+44 23 8059 5000	
E-mail:	J.C.Falkingham@soton.ac.uk	
AFFILIATED INVESTIGATORS:		
NAME:	EMAIL ADDRESS:	
Alex C. Ezeh	aezeh@aphrc.org	
Gloria C. Langat	G.C.Langat@soton.ac.uk	

GENERAL INFORMATION	
Country	Kenya (2)
General area of investigation	Demographics
Title of the research project	Ageing in an era of change: Contextualizing the upcoming demographic shift in Marich Pass, North Western Kenya
Expected beginning and ending dates	2008 – 2010
Main purpose	To explore the context, experiences, and needs of the growing older adult population in Marich Pass, north-western Kenya.
Keywords	Rural location of residence; Older adults; Caregiving; Socioeconomic and demographic characteristics
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The Republic of Kenya, in east Africa, has begun to witness the early effects of the demographic shift to an ageing world. While individuals 60 and older currently make up a relatively small portion of the total Kenyan population, by the year 2050, this proportion of individuals is expected to increase from 4 per cent to 15 per cent, translating to a jump from 1.2 to 8.6 million people in this cohort. At the same time as Kenya is beginning to pass through a demographic transition, new challenges are emerging that are affecting the experiences and care of older adults. Specifically, the changing nature of phenomena such as migration levels, technology use, cultural norms, religious preferences, and family structure appear to be altering societal views on ageing and older populations, and undermining those structures that were once responsible for the support and care of older persons.</p> <p>In order to meet the health and quality of life requirements of ageing populations, the formal and informal support networks currently available to Kenyans will need to be improved. Kenya's healthcare and pension systems, purportedly the pillars of the country's formal support system for older adults, are currently inadequate by measure of low availability and accessibility, owing largely to the country's position within the global market system. As a result of this and other socio-cultural and economic factors, informal caregivers, including family members, neighbours, and other non-salaried individuals, have assumed the majority of care duties to date. Further, shortcomings in the formal support system will need to be addressed by buttressing existing supports and developing new supports to fulfil unmet needs. Only once adequate supports are made available in Kenya will older individuals be in the position to 'age well'.</p> <p>The aim of this study is to explore with older Pokot elders, their perceptions of the characteristics and needs of the overall older population living in the Marich Pass area of Kenya's West Pokot District in face of change. The primary research question adopted to design and carry out this study is:</p> <ul style="list-style-type: none"> - How are societal changes shaping the characteristics and needs of Kenya's ageing population? <p>Secondary research questions formulated to tease out the nuances of the primary research question include the following:</p> <ul style="list-style-type: none"> - What are the specific characteristics and needs of older adults residing in the Marich Pass area? - What forms of change are shaping these characteristics and needs? - How are different forms of change connected to and influenced by broader geo-political, economic, historical, and socio-cultural phenomena? - Which forms of formal and informal support are available to older adults residing in the Marich Pass area? <p>Secondary data analysis, participant observation, and individual in-depth interviewing were chosen as the primary methods of data collection in order to triangulate findings. These methods were selected for their suitability to the study's theoretical framework, as the combination creates space for a spectrum of multi-scalar and multi-faceted data collection ranging from the intimate experiences of individual older persons, to generalized national and international demographic trends.</p> <p>Data capture was conducted in Marich Pass, a community in the West Pokot District of the Rift Valley Province, north western Kenya. This particular community was selected because: a) the community houses a significant population of individuals 60 and older; b) Dalhousie University has developed links with Marich Pass Field Studies Centre, where the researcher stayed for the duration of the fieldwork; and, c) there were no foreseeable safety concerns involved in conducting research in the community, for either the participants or</p>	

the researcher.

Twenty-five respondents 50 and older, 12 men and 13 women, were interviewed at times and locations that were convenient to them, often in their homes or in other local, private spaces. Two local translators hired through the Marich Pass Field Studies Centre facilitated the Pokot and/or Swahili to English translation process so that both the respondents and the researcher were able to communicate using their primary language. Interviews lasted between 46 and 107 minutes, with an average interview length of approximately 75 minutes. Consistent with the literature on ageing and change in low income countries, various forms of change pertaining to settlement patterns, technology use, cultural norms, religious preferences, and familial size and structure appear to be altering the experiences and care of older Pokot adults living in and around the community of Marich Pass, north western Kenya. Specifically, these mutually causative and inextricably connected changes are undermining capacity to care for themselves, while at the same time disrupting the formal and informal support structures once in place for older adults. The cumulative effects of these change-related stressors have heightened the need to: a) make resources available to informal caregivers so that they can better provide for ageing relatives and friends without compromising their own health and wellness; b) improve the breadth and coverage of national healthcare and social security schemes so that they can serve a larger portion of those who would benefit from accessing them; and, c) develop new forms of formal support in order to better address the spectrum of social and health needs. This also points to broader structural inequality issues at the local and global levels.

Funding source	Killam Trust Graduate Scholarship
Acknowledgements	This research was made possible thanks to assistance from the following individuals: Mama Hidat Roden, Samuel Tsegay, Paul Roden, David Biwott Lomoywara, Raymond Nyeris, Sheila Lorot, and David Kerio, and all of the many wonderful people of Marich Pass who shared their time, stories, and experiences ageing in and around Marich Pass.
Other comments	https://www.linkedin.com/in/laurelvandekeere

MANAGER'S CONTACT INFORMATION:

Name	Laurel Van De Keere
Professional Title	Senior Policy Analyst
Department	Ministry of Seniors
Institution	Government of Alberta
Postal Code	
Country	Canada
Telephone	
E-mail	laurel.vandekeere@gov.ab.ca

GENERAL INFORMATION	
Country	Kenya (3)
General area of investigation	Care provision
Title of the research project	Unravelling the complex burden of HIV/AIDS: Indirect impacts and risk of HIV infection among older people
Expected beginning and ending dates	October, 2010 – August, 2013
Main purpose	To understand the mechanisms and causal processes through which HIV and AIDS affect older people using empirical research with a longitudinal design.
Keywords	Caregiving; HIV/AIDS; Family support; social environment
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>In sub-Saharan Africa, HIV and AIDS affect older people indirectly as carers to children who are orphaned as a result of their parents dying of AIDS, in caring for people ailing from AIDS, and through losing potential support from adult children who are ill or succumb to AIDS. Older people are also affected directly as a group at risk of infection or are living with HIV in their old age. The study followed older people who were affected by HIV/AIDS to understand the socio-economic and health trajectories over time. It examined changes in living arrangement, income, wealth, physical and psychosocial health, and how these changes are associated with HIV/AIDS. The study also sought to investigate the factors associated with repeat experiences of caregiving and to understand the association between perceived risk and socio-demographic and sexual exposure factors. The study was quantitative and used secondary panel data to analyse changes over time. Statistical techniques used include event history analysis and repeated measures. The key results from the study were that compared with non-caregivers, older people who provided care to people with HIV and AIDS reported poorer health, with men more likely to report poor health than women. Similarly, when compared with their male counterparts who did not provide care over the study period, men caring for someone with an AIDS-related condition were significantly more likely to report disability and having a severe health problem. Over time however, the men who were caregivers reported a significant improvement in health unlike the women indicating an adaptation among the men to the caregiving role. It emerged that age was a significant factor in becoming a caregiver, but there were no significant differences by gender or marital status.</p> <p>Older people who became carers during the study and those with more than one caregiving episode had higher socio-economic position than non-caregivers. Older people who are carers to a care recipient with a HIV-related condition were more likely to care for more than one person during the period of the study. These multiple care episodes sometimes ran concurrently. The other key finding from the study was that a majority of older people did not consider themselves at risk of infection. Of those who felt at risk, a greater proportion sensed only a small chance of contracting HIV. Women cited 'no sexual activity' while men mentioned 'having only one and/or a faithful sexual partner' as the primary reasons for perceiving minimal risk of HIV infection. There were no differences by sex in the basis for perceiving moderate-to-great risk of infection. Religion is a key factor in risk perception with Muslims perceiving higher levels of risk and, conversely, devotees irrespective of faith perceiving lower levels of risk. Older people willing to be tested for HIV had a decreased likelihood of perceived risk compared with those unwilling to be tested. The improvement over time in the health of men who were caregivers could indicate an adaptation among the men to the caregiving role whereas the health condition of women continued to worsen. The other conclusion from the study was that the increased likelihood of repeat caregiving episodes could be due to the heterosexual mode of HIV transmission in sub-Saharan Africa which means that HIV infection and transmission clusters within family increasing the chances of one person in the family caring for more than one person with a HIV-related condition. This finding draws attention to the need to for timely interventions to caregivers for people with HIV-related illness who are likely to end up providing care to multiple care recipients.</p>	
Funding source	The British Academy (UK)
Acknowledgements	The British Academy (UK) for funding through the postdoctoral fellowship programme (2010-2013) and the African Population and Health Research Centre (Kenya) for data source.

MANAGER'S CONTACT INFORMATION:	
Name:	Gloria Chepngeno Langat
Professional Title	Demographer and Gerontologist
Department:	Centre for Research on Ageing, Social Sciences
Institution:	University of Southampton
Street/PO Box:	Faculty of Social, Human and Mathematical Sciences; University of Southampton; Murray Building; Highfield
City:	Southampton
Postal Code	SO17 1BJ
Country:	United Kingdom
Telephone:	+44 23 8059 2571
E-mail:	G.C.Langat@soton.ac.uk

GENERAL INFORMATION			
COUNTRY:	Kenya (4)		
General area of investigation	HIV/AIDS		
Title of the research project:	A situational analysis on HIV and AIDS among older people and their role in care giving		
Expected beginning and ending dates	March 2011	June 2011	
Main purpose	The main purpose of this study was to investigate the experiences and practices of older people in relation to HIV and AIDs and their role as caregivers		
KEYWORDS	1. Caregiving	2. Older people	3. HIV
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: Despite the great international focus on the HIV epidemic, little attention has been given to HIV prevalence among older people. UNAIDS, UNGASS and other prominent sources of data report prevalence rates only for those aged 15–49 years. The burden of HIV among those aged 50 years or older has often been ignored and this represents a significant blind spot in the global response to the epidemic of HIV and AIDS. The first case of HIV in Kenya was reported in 1984 and in 1999, HIV was declared a national disaster by the Government of Kenya. The responsibility of caring for an increasing number of orphaned grandchildren and adult children living with HIV/AIDS has affected many grandparents' ability to cope.</p> <p>Aim: The study aims to investigate the proportion of older people involved in care giving role; establish the extent to which care giving by older people affects their wellbeing and exposes them to the risk of HIV infection; to establish the level of adherence to HIV and AIDS related treatment by older people and those under their care and to establish the extent of inclusion of older people in HIV and AIDS policies and programmes.</p> <p>Methods: This study was carried out two districts in Kenya, Thika and Nyando districts. The study constituted of review of current literature on HIV and AIDS among the older people. A survey was conducted through the use of 690 household questionnaires. Focus Group Discussions were conducted to gain an in-depth understanding of older people's lived experiences, attitudes and practices related to HIV and AIDS and care giving. Key informant interviews were conducted with a selected number of professionals and practitioners in HIV and AIDS. The study also involved case studies of identified older people who were in HIV and AIDS care giving in order to distil and document interesting experiences and lessons. Quantitative data from the questionnaire was coded and analysed using SPSS. The qualitative data from Key Informant Interviews, FGDs interviews and case studies was tape-recorded, transcribed and analysed manually. Themes were then developed to aid in the categorization of the data.</p> <p>Results: The study established that a majority of the older persons involved in the care of OVC and PLHIV were</p>			

<p>poor and relied heavily on financial support from organisations and well-wishers. Older women formed the largest proportion of the carers. Knowledge on HIV and AIDS among the older persons was found to be relatively high although a lot of misconceptions and knowledge gaps still abide in areas related to modes of infection, prevention and care of the infected. Further, only a small proportion of older persons (both men and women) considered themselves to be at risk of HIV infection. The burden of HIV and AIDS care on older people had major consequences on the wellbeing of older persons including; reduced economic generating opportunities, increased expenses, sell/disposal of productive assets, declined health status, reversed social roles, social isolation, trauma related to suffering and death of those under their care, pressure from those under their care and a higher burden imposed on women.</p>	
<p>Conclusion: The study concludes that there is need to develop appropriate options to integrate the needs of older carers within existing HIV and AIDS programmes in Kenya. For a long time, older people in Kenya have been marginalized in interventions that address HIV and AIDS, with prevention, information and care services not meeting the needs of older carers.</p>	
FUNDING SOURCE:	National AIDS Control Council-Kenya AIDS Research Coordinating Mechanism (NACC-KARSCOM)
ACKNOWLEDGEMENTS	<p>The communities of Thika West, Gatundu North and Nyando districts for their willingness in participating in the study. The government officers in the three districts were very supportive and gave invaluable inputs. NACC officers were very supportive at all levels. The participating partners of HelpAge especially HelpAge Kenya mobilized the communities and educated them on the importance of the study.</p> <p>The Main funding for this study was from the government of Kenya through NACC-KARSCOM.</p>
MANAGER'S CONTACT INFORMATION:	
Institution:	HelpAge International, East, West and Central Africa regional Development Centre
Street/PO Box:	Off Lower Kabete Road, Off Shanzu Road.P.O.Box 14888,Westlands
City:	Nairobi
Postal Code	00800
Country:	Kenya
Telephone:	+254 2637853/4
E-mail:	helpage@helpage.org
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
Charles Nzioka, PhD	cnzioka@uonbi.ac.ke

GENERAL INFORMATION		
COUNTRY:	Kenya (5)	
General area of investigation	Economics	
Title of the research project	Relevance of older people to the post-2015 development agenda in sub-Saharan Africa: establishing basic parameters.	
Expected beginning and ending dates	2013	2014
Main purpose	To generate- through a systematic secondary analysis of (sub-) nationally representative data from Kenya, Nigeria, Namibia and Zambia - a first body of sound evidence on the scope and patterns of older people's economic activity, role in smallholder agriculture, intergenerational impacts and age-based inequitable limitations in access to basic services.	

KEYWORDS	1. Intergenerational relations	2. Income generating activities	3. Cumulative disadvantage
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: The Common Africa Position (CAP) on post-2015 development places prime importance on a need to reduce widening income and wealth inequalities. Second, the CAP emphasizes the vital need for a broad agricultural transformation to catalyse economic development in the continent. Third, the CAP discerns a critical need for Africa to invest in children and youth to fully realize their potential contributions to economic growth, and the achievement of a demographic dividend. Thus far, however, virtually no focused investigations or robust evidence on these issues exist. The overall purpose of this project is to begin to address the knowledge gaps on older persons' relevance to each of the three priority areas outlined above.</p> <p>Aim: To provide a robust, initial evidence base for the forging of incisive advocacy thrusts and for the development of advanced analyses to underpin cogent recommendations for mainstream action on older people in the post-2015 period. the three specific objectives of the project were to (a) generate descriptive, nationally representative evidence on basic parameters of older persons relevance to (i) reducing inequalities, (ii) transforming smallholder agriculture and (iii) building human capital of children and adolescents in SSA (b) identify emerging implications for policy advocacy thrusts and (c) pinpoint questions for advanced analysis and research.</p>			
<p>Methods: The project involved a programme of systematic secondary analysis of data from latest rounds of national household surveys and most recent available census data from a number of SSA countries (Burkina Faso, Cameroon, Kenya, Malawi, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Tanzania, Uganda and Zambia). The study countries span SSA's four sub-regions, as well as a range of low- and middle-income economies and human development levels, and national policy efforts on ageing. Secondary analysis proceeded in a step-wise fashion, comprising three broad stages.</p> <p><i>Stage 1</i> involved a detailed scrutiny of target surveys questionnaires to identify individual and household-level variables to be used in the analysis of each substantive area.</p> <p><i>Stage 2</i> involved the development of plans for initial, descriptive analyses on each thematic area and, based on these, the conduct of exploratory uni-, bi- and multi-variate analyses on each dataset to identify basic, statistically significant associations between relevant independent and outcome variables. All analyses were performed using the STATA 12.1 statistical package.</p> <p>In <i>Stage 3</i>, analysis results for each substantive area were interpreted and implications for policy advocacy and further research were distilled.</p>			
<p>Results:</p> <p>A. Reducing inequalities Age emerges as a major axis of inequality in SSA in the areas of education and health status. Poor older people are among the most vulnerable groups in terms of ill-health and lack of education. Age and gender emerge as axes of potential inequities in health service access in the poor population, with older women the least likely to use health services. Age also emerges as an axis of poverty inequalities, particularly so in urban areas</p> <p>B. Transforming smallholder agriculture While they are lower than those of younger-aged adults, the proportions of older adults who remain in the labour force are substantial across all countries</p> <p>C. Building human capital of children and adolescents in SSA Older people's household-level connections and their potential impacts on investments in health and education of children and adolescents are substantial, going clearly beyond HIV/AIDS contexts. Such connections and potential impacts appear particularly clustered in rural areas and, crucially, among poor populations. There are indications that living, compared to not living, with an older person has a differential impact on health and education investments for children / adolescents. Such impacts appear pronounced for children living in skipped generation households.</p>			
<p>Conclusion: The evidence and perspectives generated may serve as an initial basis for the forging of strengthened policy advocacy on issues of older persons, and a mainstreaming of ageing in Africa. Further, detailed research and analysis are needed urgently to develop the emerging thrusts into incisive policy</p>			

arguments and recommendations.	
FUNDING SOURCE:	HelpAge EWCARDC Southern Africa Regional Development Centre (SARDC)
ACKNOWLEDGEMENTS	
OTHER COMMENTS	
MANAGER'S CONTACT INFORMATION:	
Name:	Dr Isabella Aboderin
Professional Title	Senior Research Scientist
Department:	Research
Institution:	African Population and Health Research Center
Street/PO Box:	P.O. Box 10787
City:	Nairobi
Postal Code	00100
Country:	Kenya
Telephone:	+254 20 400 1082
E-mail:	iaboderin@aphrc.org

GENERAL INFORMATION	
Country	Kenya (6)
General area of investigation	Health and wellbeing
Title of the research project	Understanding resilience in later life in a low resource setting
Expected beginning and ending dates	April 2013 – July 2015
Main purpose	To better understand the ways in which older slum residents cope with stresses and shocks, and how some of them are able to adapt, and to emerge with better health and socio-economic outcomes and overall wellbeing relative to their peers living in the same environment and exposed to the same conditions.
Keywords	Stress, Social support, Socioeconomic and demographic characteristics
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>It is estimated that close to 60 per cent of the urban population in Kenya live in slums and informal settlements, and the number of slum dwellers continues to grow at a fast pace. One of the key development goals is to reduce urban poverty and improve the lives of slum dwellers. The majority of the population in urban areas in sub-Saharan Africa, including Nairobi, is of working age. However, recent research highlights that a growing number of migrants are choosing to age 'in situ', resulting in an increase in the number of older people living in slum areas. Ageing in urban areas of developing countries can be challenging particularly given the lack of formal social support systems for the aged, coupled with employability in the urban economy which is notably problematic for older people. Furthermore, the capacity of the family to contribute to the wellbeing of older persons may be weakened both by migratory moves and the daily challenge of life in the slum. Given this context, it is crucial to understand how older people in low-resource settings adapt their resourcefulness in maximising on the available social capital and how this translates to better health and socio-economic outcomes and overall wellbeing. We aimed to improve our understanding of how social capital, economic, and individual factors interact to enhance the wellbeing of older people living in the slums of Nairobi, Kenya. The study adopted a mixed methods approach, combining in-depth qualitative research with quantitative analysis of unique panel data of approximately 2,000 older people, aged 50 and over living in two Nairobi slums who have been followed over a ten-year period. The study found that the women face cumulative disadvantages which mask the female survival advantage observed across world regions. The study also observed large within-gender differences amongst men which if not accounted for could exaggerate a male advantage in survival. The unique data allowed an investigation of the coping strategies following the post-election violence</p>	

which occurred in 2008. Older people who maintained or increased formal local networks faced less detrimental effects of the post-election violence whereas informal local and non-local networks do not have the same effect. Supporting inclusive community organisations which are accessible to older people is valuable for promoting the resilience of older people living in low resource settings such as slums. The study also recommends gender sensitive policies which seek to both redress the disadvantages women face across the life course and to account for the special needs of both genders in these settings.

Funding source	Economic and Social Research Council (UK) and Department of Foreign and International Development (ESRC-DFID)
Acknowledgements	Funders and African Population and Health Research Centre (APHRC)

MANAGER'S CONTACT INFORMATION:

Name:	Isabella Aboderin
Professional Title	Senior Research Scientist
Department:	Research
Institution:	African Population and Health Research Center
Street/PO Box:	P.O. Box 10787
City:	Nairobi
Postal Code	00100
Country:	Kenya
Telephone:	+254 20 400 1082
E-mail:	iaboderin@aphrc.org

AFFILIATED INVESTIGATORS:

Name	Email address
Maria Evandrou	maria.evandrou@soton.ac.uk
Angela Baschieri	A.Baschieri@soton.ac.uk
Rachel Bennett	rbennett3@glos.ac.uk
Jane Falkingham	J.C.Falkingham@soton.ac.uk
Gloria Chepngeno Langat	G.G.Langat@soton.ac.uk

GENERAL INFORMATION

COUNTRY:	Kenya (7)		
General area of investigation	Demographics		
Title of the research project	Working group on ageing and a demographic dividend in Africa		
Expected beginning and ending dates	2013	2015	
Main purpose	To examine the potential relevance of Africa's present older population to the realization of a demographic dividend in the continent, and, where relevant, to develop recommendations on how African states can harness it.		
KEYWORDS	1. Ageing	2. Older persons	3. Developing countries

GENERAL ABSTRACT FOR THIS PROJECT:

<p>The Working Group on ageing and a demographic dividend in Africa (ADDA) is a partnership initiative of APHRC, the African Union Commission (AUC) Department of Social Affairs and the UN Economic Commission for Africa (UNECA) Social Development Policy Division. The Working Group brings together 17 relevant experts and role players from academia, civil society and policy, spanning the fields of development, youth, ageing, demography, economics and ageing to engage in joint, incisive conceptual thinking, evidence generation on a potential relevance of Africa's older population to a full realization of a demographic dividend in Africa – and potential approaches to harnessing it.</p> <p>Aim: To examine the potential relevance of Africa's present older population to the realization of a demographic dividend in the continent, and, where relevant, to develop recommendations on how African states can harness it.</p> <p>Methods: Evidence generation, synthesis of group perspectives, distillation of key arguments Results: To be finalized in 2016</p>	
FUNDING SOURCE:	UN Economic Commission for Africa (UNECA) Social Development Policy Division ESRC Impact Acceleration Account, University of Southampton, UK
MANAGER'S CONTACT INFORMATION:	
Name:	Dr. Isabella Aboderin
Professional Title	Senior Research Scientist
Department:	Research
Institution:	African Population and Health Research Center
Street/PO Box:	P.O. Box 10787
City:	Nairobi
Postal Code	00100
Country:	Kenya
Telephone:	+254 20 400 1082
E-mail:	iaboderin@aphrc.org
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
The African Union Commission (AUC) Department of Social Affairs	
The UN Economic Commission for Africa (UNECA) Social Development Policy Division	

GENERAL INFORMATION	
COUNTRY:	Kenya (8)
General area of investigation	Health and wellbeing
Title of the research project	Women's and men's experience of ageing and health in Africa
Expected beginning and ending dates	2014-2015
Main purpose	To bring together and synthesize key findings of a set of small-scale qualitative investigations of older adults' experiences of health and ageing conducted in 2014

	in three urban settings or cities in sub-Saharan Africa (SSA) - Bamenda (Cameroon), Conakry (Guinea), and Kampala (Uganda)		
KEYWORDS	1. Gender	2. Perceptions of ageing	3. Health
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>In 2014, the World Health Organization Department of Ageing and Lifecourse (ALC) commissioned a set of small-scale qualitative investigations of older adults' experiences of health and old age in three urban settings in sub-Saharan Africa (SSA) — Bamenda (Cameroon), Conakry (Guinea), Kampala (Uganda). The specific objectives of the studies were to:</p> <ul style="list-style-type: none"> ▪ Enhance understanding of the experience of ageing for older men and women in Africa, what having a good quality of life means to them and what they perceive to be the key opportunities and barriers to attaining good health and well-being in their communities. ▪ Test to what extent the age-friendly city assessment methodology developed by WHO is relevant to the lived experience of urban life and ageing in Africa. ▪ Identify gender-based barriers to a good quality of life in older age, particularly for women. <p>Aim: The specific objective of the study was to (i) develop a synthesis that distils key common thrusts and themes emerging across the three study sites (ii) places these insights within the context of relevant scientific literature on ageing, and (iii) identifies broad implications for policy, practice and research going forward.</p> <p>Methods: In order to bring together, make sense of, and distil major commonalities in the three bodies of reported evidence, the synthesis employed a stepwise process drawing on elements of a narrative synthesis approach and a framework approach to qualitative analysis.</p> <p>Results: The synthesis of findings of the three studies on older men's and women's experiences of ageing and health in urban Bamenda, Cameroon; Conakry, Guinea; and Kampala, Uganda has brought into relief a number common thrusts that emerge strongly across the three sites. Most of these thrusts chime strongly with themes identified in a considerable body of existing anthropological, sociological and public health evidence on realities of old age in various SSA settings. An exception are the studies' fresh findings on barriers and opportunities to well-being related to older Africans' physical and infrastructural environment – an area in which there is as yet no proper corpus of research or debate.</p>			
FUNDING SOURCE:	WHO, Department of Ageing and Lifecourse		
MANAGER'S CONTACT INFORMATION:			
Name:	Dr Isabella Aboderin		
Professional Title	Senior Research Scientist		
Department:	Research		
Institution:	African Population and Health Research Center		
Street/PO Box:	P.O. Box 10787		
City:	Nairobi		
Postal Code	00100		
Country:	Kenya		
Telephone:	+254 20 400 1082		
E-mail:	iaboderin@aphrc.org		

GENERAL INFORMATION		
COUNTRY:	Kenya (9)	
General area of investigation	Social Policy	
Title of the research project	Toward a pilot evidence revolution on ageing in Kenya: first scoping study	
Expected beginning and ending dates	April 2014	March 2015
Main purpose	To provide a situational assessment of current government and civil society consideration and action on ageing, and to pinpoint the priority evidence needs to advance the cross-sectoral endeavour on ageing nationally.	
KEYWORDS	1. Perceptions of ageing	2. Needs assessments
		3. Decision making
GENERAL ABSTRACT FOR THIS PROJECT:		
Background.	This project is a direct outcome of the Global AgeWatch Index Initiative carried out in 2013.	
Aim.	The specific aims of the study were to: identify the scope and current awareness on ageing and inclusion of a focus on older persons in the work of relevant government sectors; identify focal areas of key civil society organizations working on ageing; identify major factors curtailing government sectoral and civil society action on ageing; identify key evidence and knowledge on ageing required by government and civil society stakeholders across the ten thematic areas of the national policy on older persons and ageing (NPOPA); explore the extent to which the priority evidence needs may be addressed through existing survey- or administrative data sources; offer a model and recommendations for replication of the scoping study in other sub-Saharan Africa countries.	
Methods.	The scoping study employed a qualitative methodology comprising five distinct steps: a) mapping of stakeholders; b) designing consultation tools c) piloting consultation tools d) stakeholder consultation -with key state and non-state agencies to establish a draft evidence generation 'wish-list' as well as potential avenues for furnishing it, and e) analysis and report writing.	
Results.	The scoping study highlighted an existing broad cognizance of ageing as an area of growing policy importance. Consonant with the broad awareness of ageing among many sectors, the study found an explicit reference to or stipulations on older people in a considerable number of existing or draft form sectoral or overarching policies or strategies. In line with, and as a partial result of, the limited mainstreaming of issues of ageing at policy level, the study found only marginal focus on older persons in programmatic action exist across sectors. To address their current gap in robust knowledge on Kenya's older population, stakeholders pinpointed a set of 17 topic areas (evidence wish list), and associated sub-themes on which national- and county-level evidence is required urgently and as a priority.	
Conclusion.	The findings point to a need and opportunity for coordinated cross-sectoral efforts to deepen stakeholders understanding of the full spectrum of ageing-related challenges and opportunities as captured in, and extending beyond the NPOPA. An immediate next step for Kenya is to foster discussion and validation of the study's findings- specifically the generated priority evidence wish list- by relevant national stakeholders. A critical subsequent step will be for the partners to embark on a systematic effort to build on existing data generation platforms to furnish the wish list.	
FUNDING SOURCE:	University of Southampton, UK	

	HelpAge International East, West and Central Africa Regional Development Center (EWCARDC)
MANAGER'S CONTACT INFORMATION:	
Name:	Dr Isabella Aboderin
Professional Title	Senior Research Scientist
Department:	Research
Institution:	African Population and Health Research Center
Street/PO Box:	P.O. Box 10787
City:	Nairobi
Postal Code	00100
Country:	Kenya
Telephone:	+254 20 400 1082
E-mail:	iaboderin@aphrc.org
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
Ministry of Labour, Social Security and Services, Division of Older Persons and Social Welfare	info@labour.go.ke

GENERAL INFORMATION			
COUNTRY:	Kenya (10)		
General area of investigation	Health and wellbeing		
Title of the research project:	Piloting the WHO Age Friendly City Indicator Guide		
Expected beginning and ending dates	November 2014	April 2015	
Main purpose	To pilot test a set of core and supplementary indicators on the age-friendliness of cities in two informal urban settlements or 'slums' - Korogocho and Viwandani in Nairobi - where the African Population and Health Research Center (APHRC) runs a longitudinal health and demographic surveillance system – the Nairobi Urban Health Demographic Surveillance System (NUHDSS).		
KEYWORDS	1. Socioeconomic and demographic characteristics	2. Living circumstances	3. Older persons
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: Nairobi city typifies the rapid urbanization and population growth that have characterized sub-Saharan Africa (SSA) in past decades. Between 1969 and 1999 the city grew at a rate of about 5 per cent per annum and had an additional 1.1 million in a decade. The consequence of the rapid and uncontrolled population increase is the proliferation of informal settlements in Nairobi, with between 60 and 70 per cent of Nairobi residents estimated to be living in slums. For example, Korogocho grew from a population of about 2,000 in 1970 to 41,000 in 2009. Within this context, a growing number of people are ageing in situ, resulting in a sharply increasing older population in slum areas. This trend raises profound and urgent questions on how the infrastructure, services and facilities in informal settlements impact on older slum dwellers' ability to live active and fulfilled lives – and what adjustments are needed to ensure their quality of life.</p>			
<p>Aim: The overall purpose of the pilot test was to support the WHO Kobe Center in collecting formative data on the core indicators set out in the AFC Indicator Guide and in gathering inputs for improving the Guide from a user's perspective. To this end, the project's core aims were to: Populate, to the fullest extent possible, the core, supplementary and equity indicators set out in the Guide, through analysis of relevant survey- or administrative data on the two study sites; generate an understanding of older slum dwellers' priority concerns and needs regarding life in their communities; establish the relevance of the current AFC outcome domains,</p>			

and the potential need for additional or alternative domains, for capturing older slum dwellers central concerns; based on the foregoing, propose a set of priority outcome domains and, where relevant, specific indicators to undergird a potential AgeFriendly Slums initiative; explore the likely feasibility of an AgeFriendly Slums initiative in the two study communities, and; Offer feedback on the overall usefulness of the Guide .	
Methods: Information to populate the set of core age friendly indicators proposed in the Guide was extracted from three key sources: (a) Accurate and complete data on household livelihoods, collected as part NUHDSS Data used is from 2013. (b) 2009 survey data on the situation and wellbeing of older residents (60+) in Korogocho and Viwandani collected as part of a larger study on Urbanization, Poverty and Health Dynamics (UPHD). Data used is from a sub-sample of individuals aged 60 years and above; and, (c) A physical mapping exercise of the study sites to (i) identify possible sources of information (police, chief's records, etc.) relevant to the indicators on reported cases of maltreatment of older persons and proportion of eligible voters, and (ii) generate information on neighborhood walkability, accessibility of public spaces and buildings, and accessibility of public transportation stops in a structured format.	
Results: On one level, our results bring to the fore the acute age- <i>un</i> friendliness of the two informal settlements – as assessed by AFC indicators. They show a starkly unfavourable physical environment characterised by poor neighbourhood walkability, and severely limited accessibility of public spaces, buildings, transportation vehicles and stops. Of particular concern is older slum dwellers' wide lack of access to economic security and to health services that provide essential, quality care for old age-related health needs – as well as their limited engagement in socio-cultural activities. As so often, gender emerges as the most pronounced axis of inequality. On a second level, and crucially, our results show clearly that the current AFC indicator set must be modified and expanded to encompass the priority concerns of older adults in informal settlements in SSA - and thus to offer a framework that meaningfully captures the 'age-friendliness' of such slum communities. Key dimensions that would need to be integrated into an 'age-friendly slums' framework for SSA are (i) the basic quality of housing and sanitation facilities, (ii) good local governance and (iii) the prospects for children youth.	
Conclusion: Taken together, our study has not only underscored the need for forging an 'age-friendly slums' endeavour in SSA – it has also offered a potential basis for developing a framework to guide it.	
FUNDING SOURCE:	WHO, Health and Development Center, Kobe
MANAGER'S CONTACT INFORMATION:	
Name:	Dr Isabella Aboderin
Professional Title	Senior Research Scientist
Department:	Research
Institution:	African Population and Health Research Center
Street/PO Box:	P.O. Box 10787
City:	Nairobi
Postal Code	00100
Country:	Kenya
Telephone:	+254 20 400 1082
E-mail:	iaboderin@aphrc.org

GENERAL INFORMATION		
COUNTRY:	Kenya (11)	
General area of investigation	HIV	
Title of the research project:	Characteristics, outcomes and experiences of HIV infected older population	
Expected beginning and ending dates	Dec 2015	Dec 2018
Main purpose	To describe the epidemiology of HIV older persons over a continuum of care and	

	explore older persons experiences and their healthcare needs.		
KEYWORDS	1. HIV /AIDS	2. Ageing, older persons	3. Health care needs
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: HIV prevalence in older adults has risen alarmingly due to ageing that is attributed to wider access of antiretroviral therapy and new infections occurring among those aged 50-plus years. HIV among older adults in SSA continues to remain a neglected area, with inadequacy of surveillance data and as a result, there remains a significant evidence and policy gap in the global HIV response.</p> <p>Research studies have shown that, there are challenges that are unique to older persons living with HIV which has led to diagnostic delays and late presentation to care. Symptoms of HIV at its late stage are similar to those of conditions that are associated with ageing and as a result healthcare providers are less likely to suspect HIV as a cause of illness and hence miss an opportunity to test.</p> <p>It is therefore important to understand the factors that are associated with HIV testing, time to ART initiation as well as those of mortality, morbidity and lost to follow up among older adults in order to tailor HIV care to the older population. Moreover, healthcare settings providing HIV care need to be cognisant of the special needs of older persons.</p> <p>Aim: To describe the epidemiology of HIV infected individuals aged ≥ 50 years over the course of HIV care and assess the impact of age on time to ART initiation, death and lost to follow up.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Compare the baseline demographic, clinical and laboratory characteristics of HIV-positive persons aged ≥ 50 years vs. < 50 years 2. Compare factors associated with outcomes over time among HIV positive persons aged ≥ 50 years vs. < 50 years. 3. Explore experiences and healthcare needs of persons aged ≥ 50 years living with HIV <p>Methods: The study will be conducted at the AMPATH programme, western Kenya, using a mixed method study design employing both qualitative and quantitative methods. Retrospective review of longitudinal clinical care data will be conducted. We will also conduct focus group discussions with the elderly persons infected with HIV to attempt to explain the results obtained from quantitative data.</p> <p>Time to event analysis will be conducted. Qualitative data will be analysed using thematic content analysis. Both inductive and deductive methods will be used. We hope to assess HIV knowledge, risk perception, disclosure, adherence, stigma and discrimination as well as healthcare needs for older people.</p> <p>Results: We hypothesize that: 1) older persons come into care with very low CD4+ and high viral load and at a late stage of HIV infection; and, 2) older persons progress to AIDS stage faster than the younger adults and are more likely to fail first line ART.</p> <p>Conclusion: We anticipate that the results from this study will guide policy regarding treatment and care of older persons infected with HIV both locally, regionally and even globally.</p>			
FUNDING SOURCE:	This study is funded in part by CARTA programme		
ACKNOWLEDGEMENTS	I wish to appreciate the guidance of the supervisors this far, Prof. Negin for his reviews and inputs as well as CARTA programme for the PhD fellowship support.		
OTHER COMMENTS	Since this study is at its proposal stage and is still under review, some of the objectives continue to be refined. It is currently being reviewed by supervisors before submission to faculty for assessment.		
MANAGER'S CONTACT INFORMATION:			
Name:	Jephirchir Kiplagat		
Professional Title	Assistant Lecturer and Research Administrator, AMPATH Programme		
Department:	School of Medicine, Department of Behavioural Sciences		
Institution:	Moi University, College of Health Sciences		
Street/PO Box:	Nandi Road – MTRH Complex, P.O Box 4606-30100		
City:	Eldoret		

Postal Code	30100
Country:	Kenya
Telephone:	+254722288653
E-mail:	kiplagat@cartafrica.org or chiri2809@gmail.com
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
Prof. Charles Chasela	cchasela@hsrc.ac.za or charles.chasela@wits.ac.za
Dr. Ann Mwangi	annwsum@gmail.com
Prof. Joel Negin	joel.negin@sydney.edu.au

LESOTHO AND NIGERIA

GENERAL INFORMATION	
Country:	Lesotho and Nigeria
General area of investigation	Social Policy
Title of the research project	Population ageing in Africa
Expected beginning and ending dates	May 2001 to 30 April 2002
Main purpose	To provide baseline information and raise awareness about the emerging phenomenon of population ageing in Africa with a view to possible policy interventions.
Keywords	Socio-economic and demographic characteristics; Modernization and living arrangements; Future ageing trends (projections).
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The project was oriented toward drawing the attention of African policy makers and members of the research community to a neglected area of importance – older persons in Africa. Present data and future projections reveal substantial numbers of persons aged 60 years and above in Africa, and this is coupled with the gradual but steady erosion of traditional family support systems particularly in urban dwellings, which is a product of changing economic and social environments. Policy makers and researchers should further incorporate the needs and requirements of this population subgroup into programmes and policies. Much attention has been paid to rapid population growth and its antecedents of high fertility and declining mortality over the years. With fertility reductions occurring throughout parts of Africa, it should be noted that declines in birth rates result in population ageing. The two phenomena are inextricably linked and have far-reaching social and economic consequences. Secondary data analysis used census data from Lesotho and Nigeria plus the United Nations (World Population Prospects).</p> <p>The project resulted in a number of publications on (i) Africa, (ii) Nigeria, and (iii) Lesotho. The absolute number of persons aged 60 years and over in Africa is large enough not to be ignored. Most of the national population policies of African governments say little or nothing about the aged and persons with disability. Population projection analysis by the component method has revealed that as a result of the demographic transition currently sweeping through Africa, Nigeria will witness dynamic changes in its age structure that should have implications for public policy. The findings show that by 2050, persons aged 60 years and over will be over 31 million, representing about one in every eight Nigerians, with a concentration in the age group 60-69 years. Lesotho can expect increases in both the absolute number and proportion of older persons in the coming decades – with a majority of these persons residing in extended family households. The findings further indicate gender, place of residence, level of educational attainment, marital status, children's age, and advancing age of the older individual may be important factors contributing to kin co-residence of Lesotho's older populations.</p> <p>Publications from these analyses were widely circulated. More research efforts are needed to sensitize policy makers in order to develop programmes and strategies that target Africa's older populations.</p>	
Publications	
<p>Mba CJ. Determinants of living arrangements of Lesotho's elderly female population. <i>Journal of International Women's Studies</i>. 2002;3(2):1-22. http://vc.bridgew.edu/jiws/vol3/iss2/1</p>	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Mr. Jonathan Chuks Mba
Institution:	Regional Institute for Population Studies, University of Ghana
Street/po box:	P.O. Box 96
City/ Country:	Legon, Ghana
Telephone:	233-20-8183860/233-21-500274

E-mail:

chuksmba@hotmail.com

MADAGASCAR

GENERAL INFORMATION	
Country:	Madagascar
General area of investigation:	Social policy, Care provision
Title of the research project	Census of NGOs dealing with older persons and identification of older persons' needs.
Expected beginning and ending dates	July 2001- September 2001
Main purpose	To contribute to the health of older persons and to provide a means for elaborating a policy focused on them. More specifically, the project aims at identifying the basic needs of older persons and at creating an inventory of the NGO's dealing with this population in Madagascar
Keywords	Basic needs; family and social environment, functional ability; NGO
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The project consists of a survey identifying both the status of older persons and the NGOs that target or include this population on the island. The aim of this project was to provide baseline information on well-being of older persons and a basis for formulating a policy for older persons. The data was collected on survey forms completed by researchers. Out the 6 provinces, 33 district survey sites were selected in a reasoned way. The survey questionnaires collect the following data for each individual: age, gender, residence, marital status, education level, profession and income. There were 828 older persons from six autonomous provinces, 20 per cent of whom live in rural settings and 80 per cent in urban, 406 are men and 422 women. There is an appreciation of the state of physical, mental and social health and a description of the measures taken in case of illness. Concerning leisure activities, the survey looks at the activities engaged and those that are inaccessible. It also takes into account the emotional situation of the individual, and his/her degree of independence.</p>	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Director, Jacob Felicien
Institution:	Ministry of Population Faculty of Arts and Social Sciences, University of Toamisia
City/ Country:	Antananarivo
Telephone:	(+261) 2223936
Affiliated investigators:	
Name:	Email address:
Prof. Dieudonne Randrianarimanana	oms@dts.mg
Planificateur Joeline Rasoanirina	rjoeline@yahoo.fr

MALAWI

GENERAL INFORMATION	
Country:	Malawi
General area of investigation	Nutrition, Health
Title of the research project	Nutritional status and functional ability of older people in rural Malawi
Expected beginning and ending dates	July 1994 – November 1998
Main purpose	To ascertain the levels of malnutrition and functional impairment among older persons. In addition, the study also investigated the relationship between nutritional status and functional ability to find ways of assisting older persons to remain functionally independent as long as possible.
Keywords	Nutritional status; Anthropometry/body mass index; Functional ability; Social support systems
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Until 1996, virtually no work had been done in Malawi to assess nutritional status and functional ability of older people although there was ample evidence suggesting that the population of older people was increasing. Until then, the focus had been on problems and programmes of children and pregnant women. The study was designed to assess nutritional status and functional ability, examine the interrelation between, and to identify risk factors for poor nutritional status.</p> <p>A cross- sectional study. Respondents aged from 55 to 94 years in rural Malawi from April to July 1996. The study population comprised a total of 296 subjects: 97 men and 199 women selected from three traditional authorities (Chiseka, Kabudula and Mazengera) in Lilongwe district. A total of 11 villages were selected. Selected anthropometric measurements such as height, weight, arm-span, demi-span, mid upper arm circumference (MUAC) and triceps skin-fold thickness were measured and others were computed using standard equations to assess nutritional status. A general questionnaire was also administered to assess social vulnerability and a clinical examination was taken. Data analysis was carried out using SPSS (Statistical Package for Social Science), version 5.0 and version 6.1.</p> <p>The study population comprised a total of 296 subjects: 97 men and 199 women selected from three traditional Authorities (Chiseka, Kabudula and Mazengera) in Lilongwe district. A total of 11 villages were selected. Men were significantly heavier and taller than women but had smaller mid-upper arm circumferences and triceps skin-folds than women. Prevalence of under-nutrition defined as body mass index (BMI) <18.5kg/m², was 33.7 per cent among men and 27.7 per cent among women. Low BMI was associated with a history of smoking, fear of dependence and disability, poverty and living alone among men and women. BMI was also associated with reduced food intake during the pre- harvest season and a history of anaemia. The study demonstrated for the first time that undernutrition is a significant problem among older people in Malawi.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Chilima DM. Nutrition status and functional ability of older people in rural Malawi. PhD thesis, London School of Hygiene and Tropical Medicine. 1999. 2. Chilima DM, Ismail S. Nutrition and handgrip strength of older adults in rural Malawi Public Health Nutrition. 2001; 4:11-17. 3. Chilima DM. Anthropometric characteristics of older people in rural Malawi. Eur J Clin Nutr. 1998;52:643-9. 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Dr. Dorothy M. Chilima
Institution:	Home Economics/Human Nutrition Department; Bunda College of Agriculture, University of Malawi.

Street/po box:	P.O Box 219
City/ Country:	Lilongwe, Malawi
Telephone:	(+265) 1277436
E-mail:	Dchilma@bund.sdn.org.mw
Affiliated investigators:	
Name:	Email address:
Dr. Suraiya Ismail	s.ismail@lshtm.ac.uk

GENERAL INFORMATION	
Country	Malawi (1)
General area of investigation	HIV/AIDS
Title of the research project	Older adults' experiences of ageing, sex and HIV infection in rural Malawi
Expected beginning and ending dates	September 2007 – September 2012
Main purpose	To understand how older adults experience HIV infection
Keywords	HIV/AIDS; Ageing; Non-communicable disease
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Prevalence of HIV after age 50 is considerable, especially in southern Africa. In Malawi, HIV at older ages (50-plus) is likely to account for 18.6 per cent of the total adult HIV epidemic and might be much higher among men. In Malawi's majority rural population, HIV among men aged 50-64 years in 2010 was significantly higher than those aged 15- 49 (8.9 per cent compared with 4.1 per cent). This prevalence is attributable to both, new infection in later life and increased survival of those infected earlier in life following expansion in access to effective antiretroviral treatment (ART).</p> <p>To explore how older adults understand old age and how that influences their behaviour (including their sexual behaviour) and older adults understand HIV at old age, and how those understandings shape what it is like to grow old with HIV in Malawi we used a constructivist grounded theory. It is based primarily on data produced using repeat dependent in-depth interviews (N=135) with 20 men and 23 women living in approximately 25 small, rural villages in southern Malawi. Participants were aged between 50 and around 90 years, of whom 18 had HIV. Data from these interviews were supplemented by fieldwork observations made over 12 months, data from single in-depth interviews with men and women in all regions of Malawi (N=42), group interviews with HIV support groups in southern Malawi (N=3), and key informant interviews (N=19) and policy documents.</p> <p>The body was the dominant and overarching theme across older adults' discussions on a wide range of topics. Within the specific context of rural Malawian livelihood systems based on self-sufficiency and familial support networks, able bodies (those with sufficient fluid, or "blood") were necessary for social and personal recognition of an individual as an adult. Adulthood was conceived as a marker of social validity, aligned to being a person. It constituted a role and social ('group') identity. Old age was understood to dramatically lessen the body's ability and was associated with declining physical productivity and increasing dependency. However, regardless of their body, no older adults presented themselves as having the identity of a non-adult, or non-person. Maintaining the adult identity and avoiding its childlike counter identity influenced their experiences and behaviours with regards to sexuality and HIV infection. Sex was understood as an innate part of being an adult. Sexual pleasure depended on the giving and receiving of sexual fluids. These fluids contained and constituted a person's strength, or life force. Ability to have pleasurable sex was evidence of being alive. Sexual pleasure therefore remained salient in old age. Since old bodies had less strength, sex was on one hand beneficial to weakened older bodies, but on the other, not accessible to such bodies. Some respondents reported having less strength for sex as they aged. However, rather than challenging their adult identities, these respondents presented their behaviours as demonstrative of wisdom and self-restraint. These narratives can be understood as respondents' redefinition of the behaviours aligned</p>	

with the adult identity from physical to 'moral' or 'social' production. HIV infection in older age was understood to result from foolish sexual behaviours. Older adults with HIV were perceived to be neither socially and morally, nor physically productive. Their behaviours could not be aligned with either definition of the adult identity presented in these data. However, respondents with HIV controlled perceptions of their behaviour so that they were considered neither foolish nor finished. Instead they employed narratives in which they featured as both wise, caring, restrained, and physically capable adults. Alternatively, mirroring responses to the ageing body, they stressed the externality of the causes of their decreased working by separating their 'real' selves, which were physically productive, from the effects of the virus. Others discussed how their behaviours had changed following HIV diagnosis. For these respondents, age and HIV had 'cleansed' them and encouraged the adoption of new morally productive behaviours. Respondents with HIV utilised different combinations of the potential rhetorical strategies presented based on their pre-diagnosis adult identities.

Older adults are at risk of sexually-transmitted HIV infection. They recognised and positioned themselves as both, sexually-restrained caring elders and physically productive sexually accomplished adults. Older adults may be reluctant to request care and support when they need it if doing so undermines their identities as valid members of the social world – adults. Accounts of old age in policy and programme discourses should avoid positioning self-reliance and the receipt of reciprocal familial care as markers of successful ageing.

Funding source	The UK Economic and Social Research Council
Acknowledgements	The study was conducted within the auspices of the Malawi Longitudinal Study of Families and Health.
MANAGER'S CONTACT INFORMATION:	
Name:	Emily Freeman
Professional Title	Assistant Professorial Research Fellow
Department:	Social Policy
Institution:	London School of Economics
Street/PO Box:	Houghton Street
City:	London
Postal Code	WC2A 2AE
Country:	UK
Telephone:	+44 (0)20 7106 1422
E-mail:	e.freeman@lse.ac.uk

GENERAL INFORMATION	
Country	Malawi (2)
General area of investigation	Family support; Grandparenting
Title of the research project	Grandparenting in the Context of AIDS and Poverty in Rural Malawi
Expected beginning and ending dates	December 2015 – Ongoing
Main purpose	To understand what place do grandfathers have in care work for orphans and vulnerable children (OVC) in HIV-affected and impoverished communities in rural Malawi
Keywords	HIV/AIDS; Intergenerational relations; Poverty
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Sub-Saharan Africa accounts for over 70 per cent of the world's HIV/AIDS-related morbidity and mortality and subsequently 85 per cent of the global orphans and vulnerable children (OVC). Most of these OVC are being cared for by their relatives. However, HIV/AIDS, poverty, and other contextual factors seem to have challenged the capacity of kin to care and support OVC, leading to widespread non-voluntary caregiving (often by grandmothers). Yet, research about grandparenting in sub-Saharan Africa is lacking. Studies that are available have almost exclusively focused on grandmothers because they are the common primary caregivers of OVC/grandchildren. Consequently, grandfathers are silent in the research literature and little is known about their place in OVC care.</p> <p>The proposed objectives are to explore the following:</p> <ol style="list-style-type: none"> 1) although grandfathers are not common primary caregivers, research about their lives and contribution to OVC care, particularly in the context of HIV/AIDS and poverty, deserves attention; and, 2) grandmothers and grandfathers differ significantly in their roles, involvement with children, and caring experiences. <p>To generalize grandfathers' lives from research about/with grandmothers may misrepresent grandfathers. Thus, there is need for research about/with grandfathers in sub-Saharan Africa. Using ethnography, the intersectional framework, and participatory approaches and methods, the place of grandfathers in OVC care in HIV/AIDS-affected and impoverished communities in southern Malawi will be explored. Given that grandfathers are silent in the research literature on grandparenting in Malawi (as elsewhere in sub-Saharan Africa), it is envisaged that the findings of this study will contribute to empirical knowledge about grandfathers, and also have practical implications for social work for OVC care. To explore the place of grandfathers in care work for orphans and vulnerable children (OVC) in AIDS-affected and impoverished communities. Qualitative research will be conducted. The sample will consist of eight families (comprised of grandfathers, grandmothers, and children and young people); six professionals (e.g. teachers, Health Surveillance Assistants, Child Protection Officers), two local leaders (e.g. chiefs), and 30 community members.</p>	
Funding source	University of Hull PhD Studentship; University of Malawi; Careers and Employability Services (University of Hull); and, Sir Philip Reckitt Educational Trust Award.
Other comments	This research is ongoing and is part of a PhD programme at the University of Hull (UK).
MANAGER'S CONTACT INFORMATION	
Name	Mayeso Lazaro
Professional Title	Lecturer
Department	Department of Human Ecology
Institution	University of Malawi (Chancellor College)
Street/PO Box	P.O Box 280
City	Zomba, Malawi

Country	Malawi
Telephone	+265 997 425 385 or +44 74599 12109
E-mail	mlazaro@cc.ac.mw or M.C.Lazaro@2014.hull.ac.uk

MALAWI AND SOUTH AFRICA

GENERAL INFORMATION	
Country:	Malawi, South Africa
General area of investigation:	Economics, Intra- and inter-household transfers
Title of the research project	Economic analysis of funerals in Malawi and South Africa.
Expected beginning and ending dates :	March 2004
Main purpose	To examine the economics of funerals and patterns of intra- and inter-household transfers and exchanges
Keywords	Economics of ageing, intra- and inter- household transfers and exchanges
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Objective of this project was to examine the economics of funerals and patterns of intra- and inter-household transfers and exchanges. Questions on transfers and exchanges one year before and one year after a death will be piggybacked onto existing surveys. Specific details on funeral expenditures and on sources of funds to pay for funerals will also be collected. Because this is a relatively under-researched topic, the insights gained from these two countries will assist other SSA countries to plan for the coming onslaught of AIDS deaths, as well as the deaths from the rapidly ageing population.</p> <p>Specific Aim #1: To apply existing models and to develop new models of intergenerational transfer and exchange to explain the economic behaviour surrounding funerals, and to use empirical data to test these models. Aim #2: To examine the determinants of various dimensions of funerals, such as costs and size of attendance, and to examine the differential impact of causes of death on funeral expenditures and attendance. Aim #3: To examine how funeral costs are funded and shared among household members and the community at large, and to examine the various financing options available for funerals, including funeral insurance, burial societies, and credit clubs. Aim #4: To examine the impact of rising AIDS deaths versus deaths from ageing on types of funerals demanded, supplied, and insurance demanded. Aim #5: To examine the impact of various public policies and public subsidies on demand and supply of funerals and on intergenerational and inter vivos transfers and exchanges. Aim #6: To examine the impact of deaths and size of funerals on health.</p> <p>Using data collection platforms from the Malawi Diffusion and Ideational Change Project (MDICP) and the Nelson Mandela/HSRC Study on HIV/AIDS in South Africa, test the proposed economic model needs to be revised and augmented to take into consideration the impact of funeral and other forms of social insurance (e.g., pension in South Africa) on actual demand and supply of funerals and on vertical and lateral inter-household transfers. An initial qualitative focus-group and key-informant interview process will be used to determine the best piggyback questions for the quantitative surveys scheduled for 2004 and 2006. After the first round of the quantitative surveys, additional detailed qualitative interviews of a subsample of the respondents will be administered in order to provide context and clarify issues related to the quantitative survey results. In addition to the rich set of questions already included in the MDICP and NM/HSRC surveys, the proposed study will add questions on intergenerational and inter-household transfers to elicit expenditures and receipts during the time window starting one year before death to one year after death.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Bignami-Van Assche S, Smith K, Reniers G, Anglewicz P, Thornton R, Chao L-W, Weinreb A, Watkins S, Hoffman I. the MDICP STI Team. Social Networks Project Working Papers. 6. Philadelphia: University of Pennsylvania; 2004. Protocol for Biomarker Testing in the 2004 Malawi Diffusion and Ideational Change Project 2. Chin B. Income, health, and well-being in rural Malawi. Demographic research. 2010; 23(35):997. 3. Trinitapoli J. The Malawi Religion Project: Data collection and selected analyses. Demographic research. 	

2009;21(4):255

MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Li-Wei Chao
Institution:	School of Medicine & The Wharton School. University of Pennsylvania
City/ Country:	Pennsylvania/ USA
Telephone:	(+1) 215 590-0943
E-mail:	chao69@wharton.upenn.edu

MULTI-COUNTRY AFRICA

GENERAL INFORMATION:	
Country	Multi-country Africa
General area of investigation	Health Information Systems
Title of the research project	Quantified Longevity Guide (QLG)
Expected beginning and ending dates	2012 – Ongoing
Main purpose	Early diagnosis of ageing-related ill health and personalization of ageing-related and health-span extending treatments
Keywords	Ageing; Aetiology; Health information systems
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>There is a vital need to estimate health conditions and effectiveness of treatments for a variety of ageing-related diseases, based on the evaluation of the ageing processes underlying those diseases. Thanks to such “early diagnosis” of ageing, as a pre-clinical or concomitant condition for a variety of ageing-related diseases, it may be possible to solve the problems of early diagnosis of those ageing-derived diseases. This need is acute for the developed world, and is becoming urgent for the developing world, including Africa, whose demography is rapidly shifting toward prevalence of ageing-related non-communicable diseases. The current project is developing an expert single window (SW, www.unescap.org/sites/default/files/0 per cent20- per cent20Full per cent20Report_5.pdf) system for indication of physiological age, early diagnosis of ageing-related conditions, and personalization of ageing-related and health-span extending treatments. The main methodological emphasis of the present project is that it provides an integrated approach for the evaluation of the ageing process that takes into consideration the non-linear interrelation of a multitude of parameters – biomarkers and intervention factors, using information theoretical measures, such as entropy and mutual information, rather than linear statistical measures. The methodology of information theory uniquely allows the selection of the most beneficial and economical individual diagnostic and intervention factors and factors’ combinations for combating chronic age-related diseases and increasing the health span, indicating physiological age as a cost-effective method of preclinical diagnosis for a variety of chronic age-related diseases. The methodological apparatus, the modeling and predictive ability, have been validated for a variety of databases on ageing-related diseases, including: diabetes, heart disease, and cancer. Currently, extended clinical data are sought in order to proceed toward clinical application. Following broad clinical validation, the use of the developed Quantitative Longevity Guide Expert SW System, utilizing the methods of information theory, may allow the selection of the most beneficial factors for combating ageing-related diseases and increasing the health span.</p>	
Funding source	Independent
Acknowledgements	We thank our affiliates – the International Society on Aging and Disease (ISOAD, www.isoad.org) and Longevity for All (www.longevityforall.org) for providing the network of expertise and social support and for increasing the education and awareness of ageing research internationally.
Other comments	<p>The current project is conducted by the Israeli Longevity Alliance (www.longevityisrael.org)</p> <p>It should also be noted that the Israeli Longevity Alliance is not only involved in scientific research of ageing, but also in social advocacy for ageing and longevity research. Hence, together with its affiliates, mainly the International Society on Aging and Disease and Longevity for All, it is strongly involved in promotion of education and advocacy for biomedical ageing and longevity research in Africa, encouraging the development of and cooperating with advocacy groups in Africa, with especially strong ties with groups in Benin, Egypt, Morocco, Nigeria, South Africa and Uganda. http://www.longevityforall.org/africa-aging-research-directory/</p>

MANAGER'S CONTACT INFORMATION:	
Name	Ilia Stambler, PhD
Professional Title	Project coordinator
Department	Israeli Longevity Alliance and Department of Science, Technology and Society
Institution	Bar Ilan University, Israel
Street/PO Box	Harashba 12
City	Rishon Lezion
Postal Code	7548306
Country	Israel
Telephone	972-3-961-4296 / 0522-283-578
E-mail	ilia.stambler@gmail.com
AFFILIATED INVESTIGATORS:	
Name	Email address
David Blokh	david_blokh@012.net.il
Ilia Kreiman	ilia.kreiman@gmail.com

NAMIBIA

GENERAL INFORMATION	
Country	Namibia (1)
General area of investigation	Care provision
Title of the research project	An educational practice-orientated programme for caregivers of older adults in Old Age Homes in Windhoek and Rehoboth
Expected beginning and ending dates	2009 – 2012
Main purpose	To develop, implement, and evaluate a supportive educational programme for caregivers of older adults in old age homes in Windhoek.
Keywords	Caregiving; Older persons; Support needs
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>According to the National Planning Commission (2001), older persons numbered 122,915 in Namibia in 2001. The Khomas Region, incorporating Windhoek as the capital city, included 8858 older people, which represented 7.2 per cent of all older people in Namibia. Although normal ageing does not imply disease, the incidence of chronic disease increases with age. Another major problem for older people is the prevalence of co-morbidity (several chronic diseases in one person) which makes treatment, quality of care, and life more difficult. Therefore, caregivers have a major role in coordinating comprehensive long-term care. In many instances care for the frail people, especially in long-term care institutions, is provided under minimal supervision by caregivers who are lay people. This can lead to poor quality care or neglect of the frail adults. The research questions were: “How competent the appointed lay people, who are carers for older adults in old age homes, but lack the opportunity for training and improving their knowledge and skills, in delivering care to older adults.” In the second phase, a conceptual framework was derived from the results of phase 1, using the activities prescribed by Dickoff, James and Wiedenbach (1968). In the third phase, a programme was developed from of the findings of the previous phase. Finally, the educational programme was implemented and evaluated in old age homes in Windhoek. The aim of the study was to conduct a situational analysis and out of the findings to develop a conceptual framework and an educational programme for caregivers, in order to better the quality of care for older adults. The research design employed a qualitative, explorative, descriptive, contextual, and phenomenology design to perform this study. Purposive sampling was employed. The study was conducted in three phases. Firstly, a situational analysis was conducted to explore and describe the experiences and needs of the caregivers and older persons. The situation analysis revealed themes in terms of interpersonal relationships that could be positive or negative regarding older adults, with sub-themes such as, communication, support, and caring for older people. These themes and sub-themes include the following: Interpersonal relationships were viewed as an important aspect of the caring process. Lack of regular in-service training sessions for caregivers, with a subtheme of a lack of adequate knowledge of procedures. Lack of human resources, equipment and policies. The target population consisted of 64 caregivers of which 26 were interviewed. Three (3) were in their twenties; six (6) were in their thirties; fourteen (14) were in their forties: two (2) were in their fifties and one (1) was 63 years of age. Most of the caregivers were women (one was a man). 29 older adults participated. Twenty-one (21) were women and eight (8) were men. The age range was from 60-97 years of age. Most of the caregivers were from the Damara speaking Namibians, a few coloureds, and one Oshiwambo speaking. The programme was implemented, evaluated, and adjusted according to the recommendations and findings. Focus group discussions were conducted for the evaluation of the programme. The feedback session with participants indicated that their responses to the programme were positive and they mentioned that the programme was indeed needed. The intention and hope is that the educational programme will help caregivers of older adults to increase their knowledge and skills and provide quality care.</p>	
Funding source	University of Namibia
Acknowledgements	Prof Agnes Van Dyk, Main Supervisor

	Dr Louise Pretorius, Co-Supervisor The caregivers of the five old age homes in Windhoek and Rehoboth. Older adults in the five old age homes in Windhoek and Rehoboth. Management of the five old age homes. University of Namibia for granting permission and sponsorship
OTHER COMMENTS	
MANAGER'S CONTACT INFORMATION:	
Name:	Joan M Kloppers
Professional Title	Doctor
Department:	Nursing and Public Health
Institution:	University of Namibia
Street/PO Box:	304 Mandume Ndemufayo street; Private Bag 13301
City:	Windhoek
Postal Code	9000
Country:	Namibia
Telephone:	+264 0814290901 +264 2063224
oE-mail:	jkloppers@unam.na
AFFILIATED INVESTIGATORS:	
Name	Email address
Agnes van Dyk	avandyk@unam.na
Louise Pretorius	lpretorius@unam.na

GENERAL INFORMATION	
Country	Namibia (2)
General area of investigation	Care provisions
Title of the research project	An evaluation of social work support groups with informal caregivers to prevent elder abuse and neglect: A Namibian perspective
Expected beginning and ending dates	2010 – 2013
Main purpose	To design and evaluate a support group for informal caregivers of older persons with an aim to prevent elder abuse and neglect.
Keywords	Elder abuse; Older persons; Community participation in care
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Previous studies on caregiving have focused more on institutional care of older people. However, little is known about community-based caregiving of older persons in Namibia. In fact, the overwhelming majority of older persons lives in community setting and relies on the care of informal caregivers. The aim of the study was to design and evaluate a support group programme, with informal caregivers of the older person from an urban and rural community setting, which aimed at preventing elder abuse and neglect. A mixed method design was applied to first conduct a needs assessment, through a qualitative exploration with key informants, informal caregivers, and older people. It was followed up with a quantitative study, which involved the design, implementation, and evaluation of a support group programme to evaluate its effectiveness towards the prevention of elder abuse and neglect in community settings. In the needs assessment, it was found that informal caregivers of older persons are ill prepared for their role, have no source of income, and are in need of support to cope with the many challenges surrounding caregiving. On the other hand, the intervention study, which was of a quantitative nature, has found that support group programmes can be one of the means for informal caregivers to obtain education and support. Interventions in the form of support groups for informal caregivers can enhance community care of older people in urban</p>	

and rural areas.	
Funding source	University of Namibia Staff development support.
Acknowledgements	I wish to acknowledge all the participants, research assistants and colleagues who in one way or another contributed towards the outcome of this research project.
MANAGER'S CONTACT INFORMATION:	
Name	Janetta Ananias
Professional Title	Doctor
Department	Social work
Institution	University of Namibia
Street/PO Box	Private Bag 13301, Windhoek, Namibia
City	Windhoek
Postal Code	9000
Country	Namibia
Telephone	+264812885344
E-mail	jananias@unam.na
AFFILIATED INVESTIGATORS:	
Name	Email address
Herman Strydom	Herman.Strydom@nwu.ac.za

NAMIBIA and UGANDA

GENERAL INFORMATION	
Country	Namibia and Uganda
General area of investigation	Ageing
Title of the research project	What places? What ageing(s)? Ageing-in-place in contemporary African urbanities: The cases of Namibia and Uganda
Expected beginning and ending dates	Dec 2015 – January 2019
Main purpose	A comparison of ageing in two different countries, how ageing is affected by local conditions, the urban context in particular.
Keywords	Ageing; Older households; Poverty
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>People in Africa are ageing under rapidly changing social and economic conditions, and urban areas are particularly dynamic places. A point of departure for the project is that this complex web of spaces is intertwined with older people's strategies and subjectivities. The proposed project examines spatial aspects of older people's everyday life and ageing in the context of contemporary urban situations in Africa: Walvis Bay, Namibia and Jinja, Uganda, both major industrial towns. These spaces can be seen as 'throwtogetherness', in which ageing-in-place is a negotiation of diverse spaces (social, imaginary and practical/functional) in which the older person's ageing emerge, implying a constructionist perspective on ageing. Existing research on ageing in urban Africa is scarce and does not acknowledge space as a factor in the construction of ageing, a gap the proposed project will address. A qualitative research design will be used in fieldwork carried out in communities for economically disadvantaged groups. About 30 participants aged 60 and older will participate, including women and men, retirees from the formal sector and workers in the informal sector. Different data collection methods will be employed, such as interviews, visual methods and workshops. Two senior researchers with experience from research in both Namibia and Uganda will be engaged in the three-year project.</p>	
Funding source	Riksbankens jubileumsfond, Sweden
MANAGER'S CONTACT INFORMATION:	
Name:	Catharina Nord
Professional Title	Associate professor
Department:	Department of Social and Welfare Studies, National Institute for the Study of Ageing and Later Life
Institution:	Linköping University
City:	Norrköping
Postal Code	60174
Country:	Sweden
Telephone:	+46 704029034
E-mail:	Catharina.nord@liu.se
AFFILIATED INVESTIGATORS:	
Name	Email address
Andrew Byerley	andrew.byerley@gu.se

NIGERIA

GENERAL INFORMATION	
Country:	Nigeria
General area of investigation	Health, Nutrition
Title of the research project	Oral mucosa integrity and possible effect on nutrition in geriatric patients.
Expected beginning and ending dates	March 2001 – Ongoing
Main purpose	One of the main purposes is to identify the specific role of nutrition in atrophic epithelium, often encountered in our geriatric denture wearers. The focus of the study was to analyze possible nutritional deficiencies that lead to atrophic epithelium in patients aged 50 years and older.
Keywords	Oral epithelium; Nutritional deficiency; Denture wearers; Mouth ulcers
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Atrophic oral epithelium has been associated with advancing age. However, several predisposing factors have been noted as catalysts in advancing the condition, including poor diet, chronic smoking, alcohol and cigar smoking. Literature abounds on the effect of alcohol and smoking on oral carcinogenesis. The relationship between nutrition and oral mucosa has also been well established. On the other hand, the literature on effects of malnutrition on oral epithelium of ageing African population is scanty. The population under study consists of cohorts aged 50-plus whom are denture wearers, reside locally, with adequate demographic strata, as Ibadan is a large metropolis, with people from all over the country represented. Further details will be forwarded once available.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Lawal A, Kolude B, Adeyemi B, Lawoyin J, Akang E. Serum antioxidant vitamins and the risk of oral cancer in patients seen at a tertiary institution in Nigeria. Nigerian Journal of Clinical Practice. 2012; 15(1). 2. Lawoyin JO. Incidence and Management of Oral Cancer in Nigeria. Nigerian Medical Journal. 2010; 51:39-51. 3. Agbaje J, Arowojolu M, Kolude B, Lawoyin J. Torus palatinus and torus Mandibularis in a Nigerian population. African Journal of Oral Health. 2005; 2(1-2). 4. Lawoyin JO, Aderinokun GA, Kolude B, and others, Oral cancer awareness and prevalence of risk behaviors among dental patients in south western Nigeria. Afr J Med Med Sci. 2003;32:203-207 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Dr. Jonathan O. Lawoyin
Institution:	Consultant Oral Pathology, Dental School, University of Ibadan
City/ Country:	Ibadan/ Nigeria
Telephone:	(+234) 28100740
E-mail:	sesikuto@skannet.com
Affiliated investigators:	
Name:	Email address:
Dr. Bamidele Kolude	

GENERAL INFORMATION	
Country:	Nigeria
General area of investigation	Oral health
Title of the research project	Epidemiological pattern of oral disease in geriatric patients seen in Ibadan Nigeria: a twenty year review.
Expected beginning and ending dates	10 January 2001 – 30 May 2002
Main purpose	To define the main oral health problems among the aged in South Western Nigeria. This is expected to facilitate awareness among dental clinicians, leading hopefully to a better planning.
Keywords	Epidemiological survey; Oral disease; Geriatric care practices
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The study was embarked upon to establish the exact epidemiological pattern of oral disease presentation in the geriatric population that attends the University College Hospital Dental Clinic, Ibadan. No previous study has been conducted in this part of the world specifically on geriatric oral pathology. The oral diagnosis clinic records were retrieved to collect data on age, sex, site and diagnosis on presentation. Results will be compared with similar studies from other parts of the world. During the period under study (1996-2000), 6520 patients out of the 33,640 seen at the Oral Diagnosis/Oral Medicine Clinics of the University College Hospital (UCH) were between ages 60 and above, this represents a percentage of 19.4 per cent. Results showed that Inflammatory Lesion was predominant, 4245(65.1 per cent), followed by Benign Soft Tissue (BST), Lesion 756 (11.6 per cent) Benign Hard Tissue (BHT) Lesion 639(9.8 per cent), Malignant Lesion (ML) 228(3.5 per cent), Oral Medicine 326(5.0 per cent) and others 326(5.0 per cent). An increase in the number of elderly patients seeking dental treatment is noted. This is thought to be possibly connected to improved life expectancy and awareness in the population group. Geriatric dentistry as specialty is least understood and understudied in the Nigerian dental community. It is now time to sensitize practitioners to the special need of this enlarging population group with a view to developing both long and short term measures in meeting the imminent challenge it might eventually pose.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Agbaje JO, Kolude BM, Ahayi OF, Lawoyin JO. Pattern of precancerous oral epithelial lesions presenting at University College Hospital, Ibadan. African Journal of Oral Health. 2012:5 2. Lawal A, Kolude B, Adeyemi B, Lawoyin J, Akang E. Social profile and habits of oral cancer patients in Ibadan. African Journal of Medicine and Medical Sciences. 2011; 40(3):247-51. 3. Adisa AO, and others, Clinico-pathological profile of head and neck malignancies at University College Hospital, Ibadan, Nigeria. Head & Face Medicine. 2011; 7(9). 4. Denloye O, Aderinokun G, Lawoyin J, Bankole O. Reviewing trends in the incidence of cancrum oris in Ibadan, Nigeria. West African Journal of Medicine. 2003; 22(1):26-9. 5. Lawoyin J, Akande O, Kolude B, Agbaje J. Lipoma of the oral cavity: clinicopathological review of seven cases from Ibadan. Nigerian Journal of Medicine: Journal of the National Association of Resident Doctors of Nigeria. 2000; 10(4):189-91. 6. Kolude B, Lawoyin J, Akang E. Salivary gland neoplasms: a 21 year review of cases seen at University College Hospital, Ibadan. African Journal of Medicine and Medical Sciences. 2000; 30(1-2):95-8. 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Dr. (DDS) Jonathan O. Lawoyin
Institution:	College of Medicine, University College Hospital
City/ Country:	Ibadan/ Nigeria
Telephone:	(+234) 28100740
E-mail:	sesikuto@skannet.com

Affiliated investigators:	
Name:	Email address:
Dr. Dele Kolude	
Dr. Gbemi Aderinokun	

GENERAL INFORMATION	
Country	Nigeria (1)
General area of investigation	Health care; Non-communicable diseases
Title of the research project	Morbidity Pattern Amongst Older Adult Patients Presenting at a Primary Care Clinic in Nigeria
Expected beginning and ending dates	September 2004 – April 2005
Main purpose	Dissertation for the West African College of Physicians (WACP) Fellowship
Keywords	Health; Non-communicable diseases; Health risks

GENERAL ABSTRACT FOR THIS PROJECT

Disease and deteriorating health are often assumed to be associated with ageing, with age as a risk for many chronic medical illnesses. The project aimed to describe the morbidity patterns of older adult patients presenting at the General Outpatients Clinic of the University College Hospital, Ibadan, Nigeria. This was a cross-sectional descriptive study of 500 respondents who presented at the clinic between September 2004 and April 2005. They were interviewed according to the format of the electronic, second revision of the International Classification of Primary Care (ICPC-2-E) questionnaire. Main outcome measurements were the prevalence of various morbidities, self-reported health status, and socio-demographic characteristics. Body mass index (BMI) was used to assess respondents' nutritional status.

Respondents were found to under-report their actual health problems. The mean \pm s.d. of self-reported health problems was 1.7 ± 0.9 (range 1–6), while the mean \pm s.d. of diagnosed morbidities was 2.7 ± 1.4 (range 1–8). The most prevalent morbidities were hypertension (40.0 per cent), cataracts (39.4 per cent) and osteoarthritis (26.8 per cent). The prevalence of anaemia was 8.0 per cent (women = 11.2 per cent; men = 2.6 per cent) and it was significantly associated with gender ($p = 0.001$). Nutritional status indicated a high prevalence of overweight and obesity (51.8 per cent), which was significantly higher amongst women than men ($p = 0.001$). The prevalence of chronic medical illnesses was high amongst older adults in this setting – albeit a self-selected population who accessed services at this clinic. In addition, the older adults attending clinic generally under-reported their actual health problems. The high prevalence of overweight and obesity amongst older adults in this setting calls for public health action that advocates lifestyle changes to manage the health of ageing and older adults.

Funding source	Self
Other comments	Published in: African Journal of Primary Health Care and Family Medicine 2011;3(1) .

MANAGER'S CONTACT INFORMATION	
Name	Lawrence Adekunle Adebusoye
Professional Title	Doctor
Department	Department of Family Medicine
Institution	University College Hospital
Street/PO Box	PMB 5116, Agodi
City	Ibadan
Postal Code	20020
Country	Nigeria

Telephone	+234-805 2781 221
E-mail	larrymacsoye@yahoo.com
AFFILIATED INVESTIGATORS	
Name	Email address
Modupe M Ladipo	ladipomodupe@yahoo.com
Eme T Owoaje	emeowoaje@yahoo.com
Adetola. M Ogunbode	tolaogunbode@yahoo.co.uk

GENERAL INFORMATION	
Country	Nigeria (2)
General area of investigation	Health care
Title of the research project	Nutritional Status of Older Persons Presenting in a Primary Care Clinic in Nigeria
Expected beginning and ending dates	September 2009 – December 2009
Main purpose	To determine the prevalence and the risk factors of nutritional problems among older patients presenting at the G.O.P.D, UCH, Ibadan.
Keywords	Older persons with chronic disease, Nutritional assessment, Geriatric medicine

GENERAL ABSTRACT FOR THIS PROJECT:

Nutritional problems (undernutrition and overweight) are a commonly overlooked in older adults. This is often due to the implicit assumption that undernutrition is a rare occurrence in old age and overweight is an invariable consequence of ageing. Nutritional problems predispose to or worsen the existing chronic medical illnesses in older adults. Also, chronic medical illnesses could predispose older adults to nutritional problems. The aim was to determine the prevalence and the risk factors of nutritional problem among elderly patients presenting at the G.O.P.D, UCH, Ibadan. A cross-sectional descriptive design was used to select 500 consecutively presenting participants aged 60 years and older between September and December 2009. The Mini-Nutritional Assessment (MNA) tool and body mass index were used to assess undernutrition and overweight, respectively. The prevalence of nutritional problems was 61.9 per cent (undernutrition = 7.8 per cent and overweight = 54.1 per cent). Being unmarried ($P < 0.001$), engagement in a job after the age of 60 years ($P < 0.001$), constipation ($P = 0.009$), rectal bleeding ($P = 0.008$), and oral problems (mouth, teeth, and tongue) were significantly ($P < 0.001$) associated with undernutrition. Younger age ($P < 0.050$) and female gender ($P = 0.011$) were significantly associated with being overweight. Logistic regression analysis showed being unmarried OR = 1.36 (95 per cent CI 1.08–1.71) to be the most important factor for the development of undernutrition. The high prevalence of nutritional problems in this study underscores the need for intervention in this population. Correlation analysis (Pearson's) showed a positive association between BMI and MNA scores ($r = 0.152$, $P = 0.001$).

Funding source	Self
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Publications

Adebusoye LA, Ajayi IO, Dairo MD, Ogunniyi AO. Nutritional status of older persons presenting in a primary care clinic in Nigeria. *Journal of Nutrition in Gerontology and Geriatrics*. 2012;31(1):71-85.

MANAGER'S CONTACT INFORMATION:

Name:	Lawrence Adekunle Adebusoye
Professional Title	Doctorr
Department:	Department of Family Medicine
Institution:	University College Hospital
Street/PO Box:	PMB 5116, Agodi

City:	Ibadan
Postal Code	20020
Country:	Nigeria
Telephone:	+234-805 2781 221
E-mail:	larrymacsoye@yahoo.com
AFFILIATED INVESTIGATORS:	
Name	Email address
Ikeoluwapo O Ajayi	Ikeajayi2003@yahoo.com
David M Dairo	drdairo@yahoo.com
Adesola Ogunniyi	aogunniyi53@yahoo.co.uk

GENERAL INFORMATION	
Country	Nigeria (3)
General are of investigation	Health care
Title of the research project	Profile and correlates of functional status in older patients presenting at a primary care clinic in Nigeria
Expected beginning and ending dates	September 2010 – November 2013
Main purpose	To assess the correlates of functional status in older patients
Keywords	Functional ability; Older persons; Geriatrics
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Assessing the functional status of older patients is central in measuring their health outcome. However, little is known about the functional status of older patients attending our primary care clinic in Nigeria. Therefore, we aimed to assess the correlates of functional status in older patients presenting at the General Outpatient Clinic of the University College Hospital, Ibadan, Nigeria. A cross-sectional study of 360 randomly selected patients, aged 60 years and older was undertaken to assess their functional status by scoring their basic activities of daily living (BADL) using the Modified Bathel Index. An interviewer-administered questionnaire was used to obtain the socio-demographic data, anthropometric measurements, and morbidities of each patient. The mean age was 69.1 ± 6.6 years with a female-to-male ratio of 1.9: 1. The prevalence of overall functional disability (defined as when assistance was sought in the performance of at least one of the components of BADL) was 88.3 per cent. The highest prevalence of functional disability was experienced in the area of personal hygiene and grooming (95.3 per cent) and transferring from bed to chair (95.3 per cent). Overall functional disability significantly increased with increasing age (χ^2 for trend=14.004, $p < 0.0001$), living in a polygamous family unit ($p = 0.025$), and lack of formal education ($p = 0.020$). Functional disability was high amongst older adults in this setting. Age, education, and living in a polygamous type of family unit had significant influence on the functional status. High premium should, therefore, be placed on considering these factors in reducing functional disability in older adults.</p>	
Funding source	Self
Other comments	Ajayi SA, Adebusoye LA, Ogunbode AM, Akinyemi JO, Adebayo AM. Profile and correlates of functional status in elderly patients presenting at a primary care clinic in Nigeria. African Journal of Primary Health Care and Family Medicine. 2015;7(1).
MANAGER'S CONTACT INFORMATION:	
Name:	Samuel Ayosina Ajayi
Professional Title:	Doctor
Department:	Department of Family Medicine
Institution:	University College Hospital
Street/PO Box:	PMB 5116, Agodi

City:	Ibadan
Postal Code:	20020
Country:	Nigeria
Telephone:	+234-802 3517 864
E-mail:	Ayosina86@yahoo.com
AFFILIATED INVESTIGATORS:	
Name	Email address
Lawrence A Adebusoye	larrymacsoye@yahoo.com
Adetola M Ogunbode	tolaogunbode@yahoo.co.uk
Joshua O Akinyemi	odunjoshua@yahoo.com

GENERAL INFORMATION	
Country	Nigeria (4)
General area of investigation	Health Care
Title of the research project	Factors associated with reported snoring among older patients attending a geriatric centre in Nigeria
Expected beginning and ending dates	January 2013 – April 2013
Main purpose	Assessment of sleep disorders in older persons
Keywords	Geriatric health care; Sleep disordered breathing; Functional ability
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Snoring is the major symptom of sleep disordered breathing (SDB), contributing to some morbidities as well as mortality in older adults. Few studies have addressed this problem in older Nigerians. The objective of this study was to determine the prevalence and the risk factors associated with snoring among older patients presenting at the outpatient unit of the Chief Tony Anenih Geriatric Centre (CTAGC), University College Hospital (UCH), Ibadan, south-western Nigeria.</p> <p>This project was a cross-sectional study of 843 older adult patients attending the Geriatric Centre, University College Hospital, Ibadan, Nigeria. Data were collected on variables associated with snoring; socio-demographic characteristics, morbidities, lifestyle habits, and functional ability using the Katz index of activities of daily living. Anthropometric measurements such as body mass index and neck, waist, and hip circumferences were taken. Statistical analysis was done with SPSS 17.</p> <p>The point prevalence of reported snoring was 31.2 per cent. Habitual snoring was reported by 24.8 per cent of participants. Snoring was significantly associated with obesity, moderate to severe oropharyngeal crowding, as well as wide neck and waist circumferences in both sexes. Logistic regression analysis showed wide neck circumference (OR=6.005; 95 per cent CI= 2.150-16.770) among men as well as obesity (OR=2.028; 95 per cent CI= 1.344-3.061) and moderate to severe oropharyngeal crowding (OR=1.639; 95 per cent CI= 1.057-2.543) in women to be the most significant factors associated with snoring.</p> <p>The high prevalence of snoring among older adult patients in this clinical population in Nigeria calls for concerted effort by healthcare workers to educate older adults about the risks and therapies for sleep disordered breathing.</p>	
Funding source	Self
Other comments	Published in: Pan African Medical Journal. 2014; 19:309
MANAGER'S CONTACT INFORMATION	
Name	Lawrence Adekunle Adebusoye
Professional Title	Doctor
Department	Department of Family Medicine & Chief Tony Anenih

	Geriatric Centre
Institution	University College Hospital
Street/PO Box	PMB 5116, Agodi
City	Ibadan
Postal Code	20020
Country	Nigeria
Telephone	+234-805 2781 221
E-mail	larrymacsoye@yahoo.com
AFFILIATED INVESTIGATORS	
Name	Email address
Adetola M Ogunbode	tolaogunbode@yahoo.co.uk
Olufemi O Olowookere	Femikemi2001ng@yahoo.com

GENERAL INFORMATION	
Country	Nigeria (5)
General area of investigation	Health care
Title of the research project	Factors associated with osteoporosis among older patients at the Geriatric centre in Nigeria
Expected beginning and ending dates	February 2013 – August, 2014
Main purpose	To determine the prevalence and factors associated with osteoporosis
Keywords	Osteoporosis; Non-communicable disease; Social support

GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Osteoporosis is a silent disabling clinical condition which is often attributed to ageing and it has assumed public health importance on account of its complications and attendant morbidity and mortality. This study aimed to determine the prevalence and factors associated with osteoporosis among older patients attending the Chief Tony Anenih Geriatric Centre, University College Hospital (UCH), Ibadan, Nigeria. Cross-sectional study of 2401 consecutive older patients (60 years and above) who presented at the Geriatric centre, UCH, Ibadan for various ailments were recruited into this study. Variables which may be associated with osteoporosis, such as socio-demographic characteristics, physical and lifestyle habits, as well as anthropometric indices were assessed. Bivariate and multivariate analyses were carried out using SPSS 17. The point prevalence of osteoporosis was 56.9 per cent (men = 43.7 per cent and women = 65.8 per cent). The most significant variables which were associated with osteoporosis on multivariate analyses were increasing age, female sex, lack of formal education, lack of engagement in occupational activities, and living with relatives/friends. Receiving social support from relatives/friends, non-participation in sporting activities at younger ages, prolonged used of medications for peptic ulcer disease, hospitalization on or after the age of 60 years, and asthenic build were also found to be significant. Yearly increase in age has a 6.9 per cent (95 per cent CI 5.4 to 8.4 per cent) increase in the odds of having osteoporosis. The high prevalence of osteoporosis among older persons in this study calls for concerted efforts by the health care workers to prevent osteoporosis among older patients.</p>	
Funding source	Self
Other comments	Yet to be published.

MANAGER'S CONTACT INFORMATION:	
Name:	Temitope Oluwagbemiga Alonge
Professional Title	Professor
Department:	Department of Orthopaedics and Trauma
Institution:	University College Hospital
Street/PO Box:	PMB 5116, Agodi

City:	Ibadan
Postal Code	20020
Country:	Nigeria
Telephone:	+234-8033234279
E-mail:	temitopealonge@gmail.com
AFFILIATED INVESTIGATORS:	
Name	Email address
Lawrence A Adebuseye	larrymacsoye@yahoo.com
Adetola M Ogunbode	tolaogunbode@yahoo.com
Olufemi O Olowookere	femikemi2001ng@yahoo.com
Modupe M Ladipo	ladipomodupe@yahoo.com
Williams Balogun	balogee@yahoo.com
Victoria N Okoje-Adesomoju	vnokoje@gmail.com

GENERAL INFORMATION	
Country	Nigeria (6)
General area of investigation	Health care
Title of the research project	Factors associated with sarcopenia among older patients attending a geriatric clinic in Nigeria
Expected beginning and ending dates	March 2014 – July 2014
Main purpose	To determine the prevalence and the factors associated with sarcopenia
Keywords	Geriatric medicine; Health; Physical functioning
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Sarcopenia is prevalent among older persons but most often it is not recognized because most healthcare workers especially in developing countries like Nigeria do not look for it due to lack of awareness and knowledge of this condition. Therefore, this project aimed to determine the prevalence and the factors associated with sarcopenia among older patients attending the geriatric clinic, University College Hospital (UCH), Ibadan, Nigeria. Cross-sectional study of 642 older patients aged 60 years and above who presented at the geriatric clinic. Sarcopenia was diagnosed using the European Working Group on Sarcopenia in Older People (EWGSOP) criteria. Socio-demographic characteristics, lifestyle habits, and health related factors were assessed as candidate variables. Bivariate and multivariate analyses were carried out using SPSS 20. The point prevalence of sarcopenia was 5.4 per cent, which was significantly higher among females compared with the males (7.1 per cent vs 2.8 per cent), $p = 0.021$. Other factors associated with sarcopenia were increasing age ($p < 0.0001$), not currently married ($p = 0.026$), having no formal education ($p < 0.0001$), receiving financial support from others ($p < 0.0001$), sedentary lifestyle ($p = 0.001$), being on regular medication in the past one year ($p = 0.026$), and cognitive impairment ($p = 0.002$). Low muscle mass and low gait speed were found in 10.9 per cent and 36.1 per cent, respectively. Logistic regression analysis showed age (OR = 1.092; 95 per cent CI = 1.037 – 1.150, $p = 0.001$), having no formal education (OR = 2.918; 95 per cent CI = 1.089 – 7.821, $p = 0.033$), and male gender (OR = 2.846; 95 per cent CI = 1.017 – 7.963, $p = 0.046$) to be the most significant factors associated with sarcopenia. Older people in this setting are at risk of developing sarcopenia. Healthcare workers should address the social and health related factors which could lead to sarcopenia.</p>	
Funding source	Self
Other comments	Yet to be published
MANAGER'S CONTACT INFORMATION:	
Name:	Lawrence Adekunle Adebuseye
Professional Title	Doctor

Department:	Department of Family Medicine & Chief Tony Anenih Geriatric Centre
Institution:	University College Hospital
Street/PO Box:	PMB 5116, Agodi
City:	Ibadan
Postal Code	20020
Country:	Nigeria
Telephone:	+234-8033234279
E-mail:	larrymacsoye@yahoo.com
AFFILIATED INVESTIGATORS:	
Name	Email Address
Adetola M Ogunbode	tolaogunbode@yahoo.com
Olufemi O Olowookere	femikemi2001ng@yahoo.com
Modupe M Ladipo	ladipomodupe@yahoo.com

SOUTH AFRICA

GENERAL INFORMATION	
Country:	South Africa
General area of investigation:	Health and wellbeing
Title of the research project	Study on global AGEing and adult health (SAGE) South Africa
Expected beginning and ending dates	2003 to 2015+
Main purpose	A multinational study
Keywords	Ageing; Epidemiology; Health
GENERAL ABSTRACT FOR THIS PROJECT:	

The phenomenon of population ageing has become more significant in South African society during recent decades, with the cohort aged 50 years or older increasing noticeably in both percentage and number. The social, economic and political consequences of population ageing have thus become a significant factor to be taken into account in all planning aspects of policies and programmes. This is particularly the case with regard to the care of older people, including the sustainability of social assistance and services in the light of a growing epidemic of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and non-communicable chronic diseases (NCDs), with the consequent additional social and economic pressures and responsibilities that have been placed on older people.

In South Africa, Wave 1 of the Study of global AGEing and adult health (SAGE) collected data over the period 2007–2008. SAGE Wave 0 was collected in 2003, Wave 2 in 2015 and Wave 3 planned for 2017 in South Africa.

The main aim of SAGE South Africa is to collect data on household characteristics, self-reported health status, risk factors, chronic diseases, well-being, work history and financial well-being, and health care utilization among a nationally representative population aged 50-plus years, with a smaller sample of adults aged 18-49 for comparison purposes. South Africa used a stratified, multistage cluster design. The sample was stratified by enumeration area, province, and type of locality (urban/rural), then by visiting points and finally households. Household listings were done for each selected VP. Thirty households were selected per EA. All persons aged 50-plus in 'older' households (households with at least one person aged 50-plus years) were invited to participate, whereas only one person was randomly selected in 'younger' households (households with where adult aged 18-49 would be interviewed) for the individual interview.

See, www.who.int/healthinfo/sage

Funding: Financial support was provided by the US National Institute on Aging through Interagency Agreements (OGHA 04034785; YA1323-08-CN-0020; Y1-AG-1005-01) with the World Health Organization and a Research Grant (R01 AG034479- 01A1). WHO contributed financial and human resources to SAGE. HSRC contributed training facilities, data entry support, and storage of materials. StatsSA provided the sampling information for the sampling frame and updates.

Publications

- Wu F, and others, Common risk factors for chronic non-communicable diseases among older adults in China, Ghana, Mexico, India, Russia and South Africa: The Study on global AGEing and adult health (SAGE) Wave 1. *BMC Public Health*. 2015; 15:88.
- Stewart Williams JA, and others, Prevalence, risk factors and disability associated with fall-related injury in older adults in low- and middle-income countries: results from the WHO Study on Global AGEing and Adult Health (SAGE). *BMC Medicine*. 2015; 13(1):147.
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- Peltzer K, and others, Prevalence of loss of all teeth (edentulism) and associated factors in older adults in China, Ghana, India, Mexico, Russia and South Africa. *Int J Environ Res Public Health*. 2014; 11(11):11308-24.
- Phaswana-Mafuya R, and others, South Africa: Study on global AGEing and adult health (SAGE) Wave 1 National Report. Geneva: World Health Organization; 2013.
- Kowal P, and others, Data Resource Profile: The World Health Organization Study on global AGEing and adult health (SAGE). *Int J Epidemiol*. 2012; 41(6):1639-49.
- Peltzer K, Phaswana-Mafuya N. Cognitive functioning and associated factors in older adults in South Africa. *South African Journal of Psychiatry*. 2012; 18 (4):157-63.
- Peltzer K, Phaswana-Mafuya N. Fruit and vegetable intake and associated factors in older adults in South Africa. *Glob Health Action*. 2012; 5:1-8.
- Peltzer K, Phaswana-Mafuya N. Patient experiences and health system responsiveness among older adults in South Africa. *Glob Health Action*; 2012; 5:1-11.
- Peltzer K, Phaswana-Mafuya N. Physical inactivity and associated factors in older adults in South Africa. *African Journal for Physical, Health Education, Recreation & Dance*. 2012; 18(3):447-61.
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- Peltzer K, Phaswana-Mafuya N. Depression and associated factors in older adults in South Africa. *Glob Health Action*. 2013; 6:1-9.
- Peltzer K, Phaswana-Mafuya N. Hypertension and associated factors in older adults in South Africa. *Cardiovascular Journal of Africa*. 2013; 24(3):67-71.
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- Peltzer K. Sociodemographic and health correlates of sleep problems and duration in older adults in South Africa. *South African Journal of Psychiatry*. 2012; 18(4):150-6.
- Phaswana-Mafuya N, Peltzer K, Chirinda W, Kose Z, Hoosain E, Ramlagan S, Tabane C, Davids A. Self-rated health and associated factors among older South Africans: evidence from the study on global ageing and adult health. *Global Health Action*. 2013; 6.
- Phaswana-Mafuya N, Peltzer K, Chirinda W, Musekiwa A, Kose Z, Hoosain E, Davids A, Ramlagan S. Self-reported prevalence of chronic non-communicable diseases and associated factors among older adults in South Africa. *Glob Health Action*. 2013; 6:20936.
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6:20680.	
MANAGER'S CONTACT INFORMATION:	
Names:	Refilwe Phaswana-Mafuya and Karl Peltzer
Institution:	Human Sciences Research Council
City:	Port Elizabeth
Country:	South Africa
E-mail:	NPhaswanamafuya@hsrc.ac.za and kpeltzer@hsrc.ac.za
AFFILIATED INVESTIGATORS:	
Name	Email address
Margie Schneider	
Khangelani Zuma	
Monde Makiwane	
Shandir Ramlagan	
Cily Tabane	
Adlai Davids	
Ntombizodwa Mbelle	
Gladys Matseke	
Khanyisa Phaweni	
WHO SAGE team	sagesurvey@who.int

GENERAL INFORMATION	
Country:	South Africa
General area of investigation:	Health, Demographic changes
Title of the research project	National Burden of Disease Study for South Africa
Expected beginning and ending dates :	January 2002 – December 2004
Main purpose	To analyze available data sets to estimate the current burden of disease for South Africa, the future impact of HIV/AIDS and the attributable burden due to selected risk factors.
Keywords	Health status; Burden of disease; Health transition
GENERAL ABSTRACT FOR THIS PROJECT:	
Data from surveys, census and vital registration were analyzed to describe demographic and epidemiological trends. Discrepancies between data sets were investigated so as to derive best estimates of the levels and causes of mortality experienced in South Africa. Due to the rapid mortality transition, a modeling approach will be used to derive more recent estimates-calibrated to the historical empirical data. Due to the paucity of morbidity data, a ratio method is used to estimate the years lived with disability (YLDs) from the estimated years of life lost (YLLs). The causes of the burden of diseases experienced by older persons will be examined and interpreted in the context of risk factors and lifestyle behaviors during adulthood.	
UPDATED PUBLICATIONS	
<ul style="list-style-type: none"> • Joubert J, Bradshaw D. Health of older persons. South African Health Review. 2003;p. 147-62. • Dorrington R, Bourne D, Bradshaw D, Laubscher R, Timæus IM. HIV/AIDS data in South Africa. Lancet. 2002; 360(9340):1177. • Mayosi BM, and others, The burden of non-communicable diseases in South Africa. Lancet. 2009; 374(9693):934-47. • Puoane T, and others, Obesity in South Africa: the South African Demographic and Health Survey. Obesity Research. 2002; 10(10):1038-48. • Steyn K, and others, Hypertension in South African adults: results from the Demographic and Health 	

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MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Dr. Debbie Bradshaw
Institution:	Burden of Disease Research Unit, South African Medical Research Council.
Street/po box:	P.O. Box 19070
City/ Country:	Tygerberg / South Africa
Postal code	7505
Telephone:	(+27) 219380427
E-mail:	Debbie.bradshaw@mc.ac.za

Affiliated investigators:

Name:	Email address:
Dr. Pam Groenewald	
Ms. Jane Joubert	
Ms. Ria Laubscher	
Ms. Nadine Nannan	
Dr. Rosana Norman	
Ms. Michelle Schneider	

GENERAL INFORMATION

Country:	South Africa
General area of investigation:	Health, Nutrition
Title of the research project	Development and validation of a nutrition screening tool for use in older African adults.
Expected beginning and ending dates	March 2002 – December 2002
Main purpose	To develop and validate a nutritional screening instrument for elder South Africans.
Keywords	Nutritional assessment; Health status; Physical functioning; Dietary intake.

GENERAL ABSTRACT FOR THIS PROJECT:

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

- Socio-economic factors, health and functioning and health services utilization.
- Dietary intake was assessed using a 24-hour recall method, and nutritional status assessed using the 12-item DETERMINE and Mini Nutritional Assessment (MNA) .

- Physical and cognitive function tests: Chair rise, balance, functional reach, get-up-and-go, and 2.4 m walk tests; grip strength by dynamometer; 6-item cognitive impairment test.
- Body measurements: blood pressure; body weight and height, waist and hip circumference; mid upper-arm circumference; calf circumference; knee height; per cent body fat (bio-electrical impedance); skin fold measurements using Harpenden callipers.
- Fasting blood samples were drawn.

The reported dietary energy intake was low (25 per cent of men and 19 per cent of women had intakes below 67 per cent DRI), which was explained by a very low fat intake (20.1 per cent total energy). Regarding micronutrient intake, over half of the sample had inadequate intakes (i.e. <67 per cent DRI) for the following vitamins: riboflavin, vitamins A, B6, C, D, E, K, folate, and biotin, and for the following minerals: calcium, magnesium, copper, selenium. Ten percent of subjects had low serum albumin concentrations (<35g/L), while almost a quarter were anaemic and two thirds had suboptimal plasma vitamin C concentrations. 65 per cent of older South African women were classified as obese, while an additional 20 per cent of women were overweight. A fifth of men were underweight (BMI < 18.5), compared to only 2.2 per cent of women.

Using the MNA tool, 5 per cent of subjects were classified as being malnourished and 50.4 per cent at risk of malnutrition. Better cognitive function was associated with a higher MNA score. Of the nutrition-related blood parameters, plasma vitamin C was positively associated with MNA in women, while in men serum ferritin was inversely associated with MNA score. In women, both the indices of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) scores were positively and significantly associated with MNA score, while in men a similar, but non-significant, trend was seen.

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

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

UPDATED PUBLICATIONS

1. Charlton KE, Kolbe-Alexander T, Nel J. Development of a novel nutrition screening tool for use in elderly South Africans. *Public Health Nutrition*. 2005; 8(5):468-79.
2. Charlton KE, Steyn K, Levitt N, Zulu J, Jonathan D, Veldman F Nel J. Ethnic differences in intake and excretion of sodium, potassium, calcium and magnesium in South Africans. *European Journal of Cardiovascular Prevention and Rehabilitation*. 2005; 12(4):355-62.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Assoc Prof Karen E. Charlton
Institution:	University of Wollongong, School of Medicine
City/ Country:	Wollongong NSW Australia
Postal code	2522
Telephone:	+61 2 4221 4754
E-mail:	karenc@uow.edu.au

Affiliated investigators:

Name:	Email address:
Ms. T. Kolbe	
Dr. E. V. Lambert	

GENERAL INFORMATION	
Country:	South Africa
General area of investigation	Health, Social Policy
Title of the research project	Living circumstances of retired farm workers, farm evictions and the “dop” system in the Western Cape Province.
Expected beginning and ending dates	October 1997 – May 1998
Main purpose	To investigate the living circumstances of retired farm workers in the Western Cape Province in a socio-historical context. Historically, the “dop” system (part remuneration of farm workers with tots of wine) was practiced on farms in this sub-region, and it was hypothesized that as a result, farm workers suffered cumulative disadvantage over their life careers.
Keywords	Retired farm workers; Farm evictions; “dop”(tot) system; Livelihoods; Cumulative disadvantage
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Historically, farm workers were partly remunerated with alcohol (they were supplied tots of wine daily, known as the “dop” system). Retired farm workers were assumed to have suffered cumulative disadvantage over the life course. The purpose of the study was to obtain knowledge on rural ageing in the Western Cape Province by investigating the living circumstances of coloured retired farm workers who may have been evicted from the farm on which they last worked, when they were no longer economically productive. The study was conducted in three towns in the province: Grabouw, Genadendal and Robertson. Exploratory field work showed that on retirement, farm workers tend to relocate to the nearest town. A convenience sample of 181 persons aged 60-plus years was drawn in the three towns. All towns are fairly large and in the middle of prolific wine producing farm areas (thus, remuneration of farm workers with wine). Sampling was conducted at pension pay points (post offices) in three towns on monthly pension pay day. Every tenth person in the queue was approached for an interview; if a refusal, the next person was approached and so on until a respondent was recruited; then every tenth person after that until the sample size was realized. Interviews were then conducted later with respondents, after they had collected their pension and left the pay point; some at their homes, some at other convenient venues. Data were collected by specially trained interviewers of the same ethnic group using a structured survey questionnaire. In addition, case studies were conducted with six respondents. The study yielded knowledge on the impact of two historically iniquitous practices on the life course of the sample population: a lack of security of tenure on farms, and the social and health effects of the “dop” system. Although no evidence of cases of eviction was found, a lack of suitable alternative retirement accommodation for this sub-population was identified. As the population is vulnerable and at risk of displacement, multisectoral strategies to alleviate its plight are indicated. The practice of the “dop” system on the farms in the areas surveyed appears to be virtually phased out.</p>	
UPDATED PUBLICATIONS	
<p>1. Ferreira M, Charlton K, Mosaval Y, Co-operative Research Programme on Ageing, Retired farm workers, farm evictions and dop system: An exploratory study in three towns in the Western Cape Province. Cape Town: University of Cape Town, HSRC/UCT Centre for Gerontology; 1998.</p>	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Monica Ferreira
Institution:	Institute of Ageing in Africa, University of Cape Town
City/ Country:	Observatory, Cape Town / South Africa
Postal code	7925
Telephone:	(+27) 21 406-6538

E-mail:	Mf@cormack.uct.ac.za
Affiliated investigators:	
Name:	Email address:
Prof. Karen Charlton	karenc@uow.edu.au
Ms. Yoemna Mosaval	yosaval@uctgsh1.uct.ac.za

GENERAL INFORMATION	
Country:	South Africa
General area of investigation:	Work and Retirement
Title of the research project	Non-Contributory Pensions and Poverty Study (NCPSS). South African Survey
Expected beginning and ending dates	January 2001 to December 2003
Main purpose	The comparative multinational study has assessed the impact of non-contributory pension income in poor households in Brazil and South Africa. The South African survey was conducted independently, with input from the NCPSS Group and coordinated at the University of Manchester, UK.
Keywords	Non-contributory old age pensions; Poverty; Older households

GENERAL ABSTRACT FOR THIS PROJECT:

Poverty remains a serious problem in developing countries and older persons are often victims of poverty. This study examines the role of non-contributory pensions in alleviating poverty in these countries. Very few developing countries have well-designed and sustainable non-contributory pension programmes. Brazil and South Africa have well-established, relatively similar programmes; the two countries are also similar in that both are middle income countries, have a vast poor population and have similar racial stratification. Similar surveys were conducted in the two countries to shed light on the impact of pension income on pensioner households in the countries. The South African case study surveyed the living conditions, and financial and health situations of 1111 older households (at least one member of the household was 55 years and over) in the Cape Town metropole and in rural areas of the Eastern Cape. A multistage sampling design, a variation of the probability proportional-to-size sampling method, was used to select equal proportions of black and colored households in the Cape Town area and rural black households in the rural areas. Data were collected using a structured questionnaire by interviewers of the same ethnic group as the respondents, in Oct/Nov 2002.

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

UPDATED PUBLICATIONS

1. Møller V, Ferreira M. Non-contributory pensions and poverty study. Country report for South Africa, Country Report. Grahamstown and Cape Town: ISER, Rhodes University and UCT; 2003
2. Barrientos A. Non-contributory pensions and poverty reduction in Brazil and South Africa. IDPM, University of Manchester. 2005.
3. Barrientos A. What is the impact of non-contributory pensions on poverty? Estimates from Brazil and South Africa. Estimates from Brazil and South Africa. 2003.

4. Ferreira M. The differential impact of social-pension income on household poverty alleviation in three South African ethnic groups. *Ageing and Society*. 2006; 26(3):337-54.
5. Barrientos A, Lloyd-Sherlock P. Non-contributory pensions and social protection. *Issues in Social Protection Series* Geneva: International Labour Organization. 2002.
6. Lloyd-Sherlock P, Barrientos A, Moller V, Saboia J. Pensions, poverty and wellbeing in later life: Comparative research from South Africa and Brazil. *Journal of Aging Studies*. 2012; 26(3):243-52.
7. Møller V. Perceptions of fortune and misfortune in older South African households: Social pensions and the 'good life'. Research report, 2011.

MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Monica Ferreira
Institution:	Institute of Ageing in Africa, University of Cape Town
City/ Country:	Observatory, Cape Town / South Africa
Postal code	7925
Telephone:	(+27) 21 406-6538
E-mail:	Mf@cormack.uct.ac.za
Affiliated investigators:	
Name:	Email address:
Professor Valerie Møller	v.moller@ru.ac.za

GENERAL INFORMATION	
Country:	South Africa
General area of investigation	Health, Social Policy
Title of the research project	Living circumstances of retired farm workers, farm evictions and the "dop" system in the Western Cape Province.
Expected beginning and ending dates	October 1997 – May 1998
Main purpose	To investigate the living circumstances of retired farm workers in the Western Cape Province in a socio-historical context. Historically, the "dop" system (part remuneration of farm workers with tots of wine) was practiced on farms in this sub-region, and it was hypothesized that as a result, farm workers suffered cumulative disadvantage over their life careers.
Keywords	Retired farm workers; Farm evictions; "Dop"(tot) system; Living circumstances; Cumulative disadvantage

GENERAL ABSTRACT FOR THIS PROJECT:

Historically, farm workers were partly remunerated with alcohol (they were supplied tots of wine daily, known as the "dop" system). Retired farm workers were assumed to have suffered cumulative disadvantage over the life course. The purpose of this study was to obtain knowledge on rural ageing in the Western Cape Province by investigating the living circumstances of coloured retired farm workers who may have been evicted from the farm on which they last worked, when they were no longer economically productive. The study was conducted in three towns in the province: Grabouw, Genadendal and Robertson. Exploratory field work showed that on retirement, farm workers tend to relocate to the nearest town. A convenient sample of 181 persons aged 60 years and over was drawn in the three towns. All towns are fairly large and in the middle of prolific wine producing farm areas. Sampling was conducted at pension pay points (post offices) on monthly pension pay day. Every tenth person in the queue was approached for an interview; if a refusal, the next person was approached and so on until a respondent was recruited; then every tenth person after that until the sample size was realized. Interviews were then conducted after they had collected their pension and left the pay point; some at their homes, some at other convenient venues. Data were collected by specially trained interviewers of the same ethnic group using a structured survey questionnaire. In addition, case studies were conducted with six respondents.

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UPDATED PUBLICATIONS

Ferreira M, Charlton K, Mosaval Y, Co-operative Research Programme on Ageing, HSRC/UCT Centre for Gerontology. Retired Farm Workers, Farm Evictions and Dop System: An Exploratory Study in Three Towns in the Western Cape Province. Cape Town: University of Cape Town; 1998.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Professor Monica Ferreira
Institution:	Institute of Ageing in Africa, University of Cape Town
City/ Country:	Observatory, Cape Town / South Africa
Postal code	7925
Telephone:	(+27) 21 406-6538
E-mail:	Mf@cormack.uct.ac.za
Affiliated investigators:	
Name:	Email address:
Prof Karen Charlton	karenc@uow.edu.au
Ms. Yoemna Mosaval	yMosaval@uctgsh1.uct.ac.za

GENERAL INFORMATION

Country:	South Africa
General area of investigation:	Work and Retirement
Title of the research project	Non-Contributory Pensions and Poverty Study (NCPPS). South African Survey
Expected beginning and ending dates	January 2001 to December 2003
Main purpose	The comparative multinational study has assessed the impact of non-contributory pension income in poor households in Brazil and South Africa. The South African survey was conducted independently, with input from the NCPPS Group and coordinated at the University of Manchester, UK
Keywords	Non-contributory old age pensions; poverty; pensioners; older households; impact on household poverty; older households

GENERAL ABSTRACT FOR THIS PROJECT:

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

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

by interviewers of the same ethnic group as the respondents, in Oct/Nov 2002.

Separate profiles are provided of household members aged 55 years and older (n= 1400 and of old age pensioners (n= 828). A gradient of disadvantage and contrasting poverty levels across the three subsamples are consistently evident in the data, with rural black households being worst off and urban colored households the least disadvantaged, and urban black households falling in between. Pension income constitutes a major portion of total income in pension households. Pension sharing is found to be the norm in black households. Other government transfers, e.g. the child support grant, contribute less to poor households' income. The researchers conclude that basic pension income should be supplemented with other government transfers to which poor households are entitled, so that pensioners may benefit individually from their pension income.

UPDATED PUBLICATIONS

1. Møller V, Ferreira M. Non-contributory pensions and poverty study. Country report for South Africa. Grahamstown and Cape Town: ISER, Rhodes University and UCT; 2003.
2. Barrientos A. Non-contributory pensions and poverty reduction in Brazil and South Africa. IDPM: University of Manchester; 2005.
3. Barrientos A. What is the impact of non-contributory pensions on poverty? Estimates from Brazil and South Africa. 2003.
4. Ferreira M. The differential impact of social-pension income on household poverty alleviation in three South African ethnic groups. Ageing and Society. 2006; 26(03):337-54.
5. Barrientos A, Lloyd-Sherlock P. Non-contributory pensions and social protection. Issues in Social Protection Series Geneva: International Labour Organization. 2002.
6. Lloyd-Sherlock P, Barrientos A, Moller V, Saboia J. Pensions, poverty and wellbeing in later life: Comparative research from South Africa and Brazil. Journal of Aging Studies. 2012; 26(3):243-52.
7. Møller V. Perceptions of fortune and misfortune in older South African households: Social pensions and the 'good life'. Research report, 2011.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Professor Monica Ferreira
Institution:	Institute of Ageing in Africa, University of Cape Town
City/ Country:	Observatory, Cape Town / South Africa
Postal code	7925
Telephone:	(+27) 21 406-6538
E-mail:	Mf@cormack.uct.ac.za
Affiliated investigators:	
Name:	Email address:
Professor Valerie Møller	v.moller@ru.ac.za

GENERAL INFORMATION

Country:	South Africa
General area of investigation:	Work and Retirement
Title of the research project	Grandmothers as carers to children and grandchildren affected by HIV/AIDS: towards supporting the carers.
Expected beginning and ending dates :	January 2000 to December 2001
Main purpose	To investigate the circumstances of older women (grandmothers) in households on the Cape Flats (Western Cape Province, South Africa) who are challenged with caring for adult children and grandchildren afflicted with or affected by HIV/AIDS.

Keywords	Grandmothers; HIV/AIDS; Caregiving; Support needs; Poverty
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Very little attention has been paid in southern Africa to the situation of older African women who are carers to adult children and grandchildren afflicted with or affected by HIV/AIDS. A qualitative longitudinal study was conducted in 43 AIDS-affected households, to learn of the grandmothers' situations and caregiving burden. The study was conducted in four townships historically inhabited by Africans on the Cape Flats: Crossroads, Guguletu, Khayelitsha and Nyanga. Forty-three grandmothers aged 50-plus years were interviewed at baseline, with follow-up interviews conducted at 3 and 6 months. Households were randomly sampled from lists of clients serviced by NGOs working in the townships which support AIDS-affected households. Totals of 156 children (<19 years) and 97 adult children (>19 years) co-resided in the sampled households. Data were collected by specially trained interviewers of the same ethnic group as the households, using semi-structured questionnaires. Questionnaire items were primarily open-ended and the qualitative data were content analysed, while fixed-item response data were quantified.</p> <p>Main findings of analyses across the three series of interviews highlight: (1) pervasive, desperate poverty in the households; (2) a lack of resources and bureaucratic barriers to the access of entitlements; (3) food poverty; (4) difficulty in paying school fees for grandchildren, transport for persons with AIDS (PWAs) to obtain medical treatment, and burial society dues for dying PWAs; (5) the physical and mental burden of caregiving and deterioration in the older women's health; and, (6) the emotional trauma suffered by the grandmothers. Eight case studies demonstrated the situations and changes in the households over the 6-month study period. Overall, the households' perceived greatest needs were for money and food. The older women asked for training in business skills so that they might start income-generation projects to augment household income. An intervention to support such grandmothers was subsequently designed and implemented by an NGO, in consultation with the researchers, based on the study findings.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> Schatz E, Ogunmefun C. Caring and contributing: The role of older women in rural South African multi-generational households in the HIV/AIDS era. <i>World Development</i>. 2007;35(8):1390-403. Ferreira M, Pavilion G. Growing old in South Africa: Between AIDS, Baobabs and Longevity. The Harold Hatch Lecture in Geriatrics and Gerontology Hatch Auditorium, Guggenheim Pavilion, Mount Sinai Medical Center, New York City. 2007. Ferreira M, editor. HIV/AIDS and family well-being in southern Africa: towards an analysis of policies and responsiveness. United Nations Department of Economic and Social Affairs Division for Social Policy and Development Policy Workshop; 2004. Kinsella KG, Ferreira M. Aging Trends: South Africa: US Dept. of Commerce, Economics and Statistics Administration, Bureau of the Census; 1997. 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Monica Ferreira
Institution:	Institute of Ageing in Africa, University of Cape Town
City/ Country:	Observatory, Cape Town / South Africa
Postal code	7925
Telephone:	(+27) 21 406-6538
E-mail:	Mf@cormack.uct.ac.za
Affiliated investigators:	
Name:	Email address:
Ms. Mpoe J. Keikelame	Keikelame@cormack.uct.ac.za
Ms. Yoemna Mosaval	yamosaval@uctgsh1.uct.ac.za
GENERAL INFORMATION	
Country:	South Africa

General area of investigation	Abuse
Title of the research project	Abuse of older adults in South Africa.
Expected beginning and ending dates	1999
Main purpose	To investigate abuse of older persons in South Africa
Keywords	Older persons; Abuse; Caregiving; Poverty
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>This report presents the results of a survey carried out on the public knowledge and perceptions of abuse of older persons in South Africa. Using a random sample, 740 people were interviewed using a questionnaire that contained structured and open-ended questions. The results indicated that 69 per cent of all respondents were aware of abuse of older persons, and 53 per cent had personal knowledge of the problem. The three main types of abuse identified by the respondents were psychological or emotional, financial and general mistreatment. Theft of pensions by grandchildren and working without payment were the most common forms of financial abuse. Grandchildren were reported to be responsible for more than one-half of the abuse of older persons, followed by spouses and children. Respondents to the survey suggested four major strategies to help prevent the problem: laws which protect older persons, education of family and community members, education on the rights of older persons, and finally, monitoring and reporting of the incidence of abuse.</p>	
UPDATED PUBLICATIONS	
Africa Strategic Research Corporation. Abuse of the Elderly in South Africa. Pretoria: National Department of Health: 1999.	
MANAGER'S CONTACT INFORMATION:	
Institution:	National Department of Health. Pretoria

GENERAL INFORMATION:	
Country	South Africa (1)
General area of investigation	Health and wellbeing
Title of the research project	SAGE Wellbeing of Older People Study (WOPS) in South Africa (Waves 1 and 2)
Expected beginning and ending dates	2009/10, 2013
Main purpose	To describe the roles, health problems (physical and emotional) and social wellbeing of older people that are directly or indirectly affected by HIV/AIDS, with special attention to the effects of the introduction of ART and caregiving/receiving.
Keywords	Caregiving; Health status; HIV/AIDS
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Despite the growing number of older people in Africa, there is limited information on the general health and well-being of older people in sub-Saharan Africa. Even less is known about the health and well-being of older people who are HIV infected or are indirectly affected by the consequences of HIV and AIDS among family members. This is especially important in sub-Saharan Africa, where about two-thirds of all HIV infected people in the world live. This study aimed to investigate the health and wellbeing of older people directly or indirectly affected by HIV/AIDS in South Africa. A cross sectional survey was conducted at the Africa Centre HDSS, in older people (aged 50+) directly or indirectly affected by HIV/AIDS. A questionnaire adapted from the WHO study on global AGEing and adult health (SAGE) was used to interview respondents. Blood samples were also collected using dried blood spots for future study of haemoglobin and biomarkers of chronic infections.</p> <p>In total 198 men and 312 women participated in the survey. Men had better self-reported health and</p>	

functional status than women as well as lower self-reported prevalence of chronic diseases. Chronic diseases were common in both those directly or indirectly affected by HIV. Those who were HIV infected reported similar or even better quality of life and reported fewer disabilities as compared to those who were not HIV infected. There was a big care giving burden for older people in this population, with most of the care provided to children and orphans. Given that there are a number of health problems that affect older people in Uganda, There is need to revise the health care policy and practice in Uganda to consider the health needs of older people, especially those infected or affected by HIV.	
Funding source	US National Institute on Aging and World Health Organization.
Acknowledgements	The authors would like to thank the communities and people who participated in this study. This study was conducted as part of the WHO Study on global AGEing and adult health (SAGE). SAGE is supported by the US National Institute on Aging through Interagency Agreements (OGHA 04034785; YA1323-08-CN-0020; Y1-AG-1005-01) and through a research grant (R01-AG034479). The National Institute on Aging's Division of Behavioral and Social Research, under the directorship of Dr Richard Suzman, has been instrumental in providing continuous support to SAGE.
Other comments	Dr Nyirenda was at the Africa Centre for SAGE-WOPS HIV Waves 1 and 2.
Publications	
<ul style="list-style-type: none"> • Mutevedzi PC, Nyirenda M, Rodger AJ, Kowal P, Newell ML. Decreased chronic morbidity despite elevated HIV driven cytokine levels in HIV positive individuals receiving antiretroviral therapy compared to HIV negatives: Benefits of enhanced access to care in old adults. <i>PLoS ONE</i>. 2013; 8(10): e77379. doi:10.1371/journal.pone.0077379 • Nyirenda M, Newell ML, Mugisha J, Mutevedzi PC, Seeley J, Scholten F, Kowal P. Health, wellbeing and functional disability among older people infected or affected by HIV in Uganda and South Africa. <i>Glob Health Action</i>. 2013; 6:19201. • Mutevedzi PC, Rodger AJ, Kowal P, Nyirenda M, Newell M-L. Decreased chronic morbidity but elevated HIV associated cytokine levels in HIV-infected older adults receiving HIV treatment: Benefit of enhanced access to care? <i>PLoS ONE</i>. 2013; 8(10): e77379. • Negin J, Nyirenda M, Seeley J, Mutevedzi P. Inequality in health status among older adults in Africa: The surprising impact of anti-retroviral treatment. <i>J Cross Cult Gerontol</i>. 2013; 28(4):491-3. • Nyirenda M, Newell ML, Mugisha J, Mutevedzi PC, Seeley J, Scholten F, Kowal P. Health, wellbeing, and disability among older people infected or affected by HIV in Uganda and South Africa. <i>Glob Health Action</i>. 2013; 6:19201. • Nyirenda M, Chatterji S, Rochat T, Mutevedzi P, Newell M-L. Prevalence and correlates of depression among HIV-infected and -affected older people in rural South Africa. <i>J Affect Disorders</i>. 2013; 151(1):31-8. • Nyirenda M, Chatterji S, Falkingham J, Mutevedzi P, Hosegood V, Evandrou M, Kowal P, Newell M-L. An investigation of factors associated with the health and well-being of HIV-infected or HIV-affected older people in rural South Africa. <i>BMC Public Health</i> 2012, 12:259. 	
MANAGER'S CONTACT INFORMATION:	
Name	Dr. Makandwe Nyirenda
Professional Title	Specialist Scientist
Institution	South African Medical Research Council
Street/PO Box	123 Jan Hofmeyer Road
City	Westville, Durban
Postal Code	3630
Country	South Africa
Telephone	+27 31 242 3683
E-mail	Makandwe.Nyirenda@mrc.ac.za
AFFILIATED INVESTIGATORS:	

Name	Email address
Marie-Louise Newell	M.Newell@soton.ac.uk
Portia Mutevedzi	portiamu@nicd.ac.za
Vicky Hosegood	V.Hosegood@soton.ac.uk
Nirmala Naidoo	naidoon@who.int
Paul Kowal	kowalp@who.int
Somnath Chatterji	chatterjis@who.int
Ties Boerma	boeremat@who.int

GENERAL INFORMATION	
Country	South Africa (2)
General area of investigation	Health and Wellbeing
Title of the research project	Strengths-based groupwork with alcohol dependent older persons: Solution to an age-old problem?
Expected beginning and ending dates	2005 – 2006
Main purpose	To evaluate a strengths-based groupwork programme for alcohol dependent older men in terms of their psychosocial functioning, the potential improvement of their repertoire of strengths, and to determine whether they experienced increased ego integrity.
Keywords	Substance abuse; Functional ability; Resilience
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Worldwide the numbers of older people in the population are increasing. Simultaneously the need for treatment programmes increases as more alcohol dependent people are growing into older age. Literature review revealed that groupwork programmes offered to older persons are exclusively problem-centred, while strengths-based scholars suggest that following a strengths perspective may be a more effective approach to reduce related harm. The majority of studies tend to evaluate the outcomes of treatment programmes quantitatively. South Africa, which adopted a developmental approach towards social welfare, also lacks groupwork programmes specifically designed for alcohol dependent older persons. This article reports on the outcomes of a strengths-based group work programme for alcohol dependent older persons. The programme is unique in the sense that it is based on a strengths perspective; it is reconcilable with South Africa's welfare approach; and follows a mixed methods research approach in order to evaluate the programme holistically. Based on the quantitative and qualitative outcomes of this strengths-based programme, the conclusion is reached that this programme succeeds in improving the psychosocial functioning of alcohol dependent older persons (eight men aged 55-plus years). This is confirmed by the fact that respondents' repertoire of strengths increased and their feedback indicates that respondents have achieved, or are on a path to, ego integrity. However, the small number of respondents, the absence of a control group, and the fact that the group administered questionnaire is not standardised can be regarded as limitations of this study. Therefore, until more conclusive results are available, the researcher is of the opinion that this programme could be complimentary to current treatment programmes aimed at alcohol dependent older persons. It could also be a reasonable alternative for follow-up treatment to those clients who have relapsed and are re-admitted to treatment centres. Although the conclusions based on the outcomes are tentative, this programme has undeniably attended to an international need, while it is also reconcilable with South Africa's welfare approach.</p>	
MANAGER'S CONTACT INFORMATION	
Name	Stephan Geyer
Professional Title	Senior Lecturer
Department	Social Work

Institution	University of Pretoria, South Africa
Street/PO Box	c/o Lynnwood & Roper Streets
City	Pretoria
Postal Code	0002
Country	RSA
Telephone	+27 12 420 2648
E-mail	Stephan.geyer@up.ac.za

GENERAL INFORMATION	
Country	South Africa (3)
General area of investigation	Health and Well-being
Title of the research project	The influence of socio-economic and environmental factors on the health status and quality of life of older persons in the Inanda, Ntuzuma and KwaMashu (INK) area of Kwa-Zulu Natal, South Africa.
Expected beginning and ending dates	2009 – Ongoing
Main purpose	To document the influence of socioeconomic and environmental factors on the health status and the accessibility, availability and appropriateness of health care for persons aged 60-plus years living in the Inanda, Ntuzuma and KwaMashu areas in South Africa
Keywords	Health status; Socioeconomic and demographic characteristics; Ageing

GENERAL ABSTRACT FOR THIS PROJECT

There are 3.5 million persons over the age of the 60 years living in South Africa and this is expected to double by year 2050. Two-thirds of older persons are African and one in five lives in KwaZulu-Natal (KZN). Older persons are more likely to be poor, have more chronic diseases and disabilities and therefore a poor quality of life. In recognition of these challenges of ageing, South Africa is signatory to the Madrid Plan of Action on Ageing and the African Union Plan of Action on Ageing. However, there is little data on the health status and health care needs of older persons in KZN. The overall aims of the study were to:

1. Describe the physical, cognitive and social functioning, and socio-economic status of persons aged 60 years and over living in the Inanda, Ntuzuma, KwaMashu (INK) area
2. Identify the determinants of the health status of these persons.
3. Identify the determinants of the quality of life of these persons.
4. Identify the unmet needs in their access to care services as well as the gaps in delivery of care services.
5. Make recommendations for policy reform and appropriate programme development and implementation.

An observational analytic cross-sectional survey was conducted in the INK area which is a geographically contiguous part of the eThekweni municipality consisting of urban and peri-urban to rural areas.. Multiple stage cluster sampling technique was used to select a sample that represented the proportions of non-institutionalized older persons in the wards in each of the three areas and, second, the proportions living in formal and informal residences. The criteria for inclusion in the sample were age 60 years or over, isiZulu or English speaking, and the ability to give consent. Starting at a defined point, the field interviewer selected every fourth dwelling on the same side of the street to identify eligible respondents. The process continued on one street until a maximum of 25 per cent of the quota for that segment of the ward was obtained, before the field interviewer repeated the process on another street. In each household, one South African citizen aged 60 years and older was recruited. A Kish grid was used when more than one person was eligible.

The final sample consisted of 1008 older adults, 77.3 per cent women and 22.7 per cent men, with a mean age of 68.9 ± 7.4 years (range 60-103 years). Face-to-face interviews were held in the respondents' homes. The interviews were done by trained field interviewers in the language, English or isiZulu as preferred by the respondent, after written informed consent was given. When the participant was illiterate, a thumb-print

replaced written consent. All information was self-reported. Questionnaires were coded to ensure anonymity of the respondents.

The majority of older persons in this study lived in multigenerational households with grandchildren with the old age pension the main source of income for almost two-thirds of these households. While the commonest self-reported medical conditions were hypertension, diabetes mellitus and arthritis, a substantial proportion of participants were not receiving treatment for these conditions. Obesity was a major problem, yet almost half of the participants were either malnourished or at risk of malnutrition. This latter risk was associated with a lower household income, male gender, household size, and not being able to walk outdoors. Although only 1 per cent of the study population reported having depression; 50.1 per cent had depressive symptoms on the Center for Epidemiologic Studies short Depression scale. Of the 1008 participants only 38.7 per cent thought that they should have their eyes tested every year and a significant proportion (42.5 per cent) did not know where to access eye care. The common problems reported were an inability to see at distance or near, eye infections or cataracts. Although most participants received the recommended treatment, 19.5 per cent did not either due to unaffordability or long waiting times. Another important finding was that 1 in 7 participants answered positively to at least one question indicating the possibility of one or another form of elder abuse. While the services of a nurse or doctor at either a local clinic was available to the majority of subjects and accessible by either walking or a taxi, only 60 per cent of the population interviewed had a regular source of health care. Access to ambulances, community health workers and especially allied health workers was limited. Despite available programmes and recommendations for immunizations and cancer screening, the majority of subjects reported that they did not receive these services. While 17 per cent were receiving informal care for their daily activities from family and friends, a further 20 per cent reported a need for care but were not receiving this care. Older persons are important members of multigenerational households and contribute both to the economic and social structure of these households. While older adults have a high burden of chronic diseases and are at high risk of malnutrition and depression and have access to health care services, not all the needs of the older adult are being met.

Funding source	South Africa-Netherlands Research Programme on Alternatives in Development (SANPAD)
Acknowledgements	Mr Linda Mbonambi, INK Area Based Manager
MANAGER'S CONTACT INFORMATION	
Name	Bilkish Cassim
Professional Title	Professor
Department	Geriatrics
Institution	University of Kwa-Zulu-Natal
Street/PO Box	Private Bag 7, PO Congella
City	Durban
Postal Code	4013
Country	South Africa
Telephone	+27312604246/4537
E-mail	cassimb@ukzn.ac.za
AFFILIATED INVESTIGATORS	
Name	Email address
Professor DJH Deeg	djh.deeg@vumc.nl
Professor TG van Tilburg	TG.van.Tilburg@fsw.vu.nl
Dr. Serela Ramklass	Ramklass@ukzn.ac.za
Dr. Sophia Rauff	Rauffs@ukzn.ac.za
Mrs. June McIntyre	Mcintyrej@ukzn.ac.za
Mr. Percy Mashige	Mashigek@ukzn.ac.za
Mr. Brian O'Leary	olearyb@durban.gov.za
Mrs. Tonya Esterhuizen	tonya.esterhuizen7@gmail.com

Professor Karen Elizabeth Charlton	karenc@uow.edu.au
Professor Jennifer Chipps	chippsj@gmail.com
Ms Femada Bibi Shamam	femada@tafta.org.za
Ms Carrin Louise Martin	carrinlmartin@gmail.com
Theresa Mwandla	mwandlaT@unizulu.ac.za

GENERAL INFORMATION	
Country	South Africa (4)
General are of investigation	Intergenerational relations; Health literacy
Title of the research project	Developing Empathetic skills among teachers and learners in high schools in Tshwane: An inter-generational approach involving people with dementia
Expected beginning and ending dates	2013 – 2015
Main purpose	The research objectives of the study were to: explore and describe the experiences of teachers and learners, respectively, after exposure to the Memory Bridge Initiative (MBI) programme; and, explore and describe the influence of the MBI on the attitudes/conceptualisation that learners have about older persons with irreversible dementia before and after exposure to the MBI programme.
Keywords	Intergenerational relations; Perceptions of ageing; Attitudes towards ageing
GENERAL ABSTRACT FOR THIS PROJECT	
<p>This study describes the implementation and outcomes of an experiential learning approach to facilitate the development of empathetic skills among teachers and learners at two high schools in Tshwane, South Africa. An inter-generational training programme, the Memory Bridge Initiative (MBI), aimed at exposing participants to interactions with older persons with irreversible dementia, was used as a means to develop empathetic skills. Programmes such as MBI have the potential to develop empathetic skills and to cultivate interpersonal and personal skills among the learners and the teachers. Seven learners and six teachers, recruited through non-probability sampling, from two high schools in Tshwane participated in the three-and-a-half-day training programme which serves as the basic training to equip teachers and learners for the implementation of the programme in their respective schools. Focus-group discussions were conducted with the teachers (n = 6) and the learners (n = 7) separately before and after exposure to the MBI programme.</p> <p>The research objectives of the study were the following:</p> <ol style="list-style-type: none"> 1. To explore and describe the experiences of teachers and learners, respectively, after exposure to the Memory Bridge Initiative (MBI) programme, and 2. To explore and describe the influence of the MBI on the attitudes/conceptualisation that learners have about older persons with irreversible dementia before and after exposure to the MBI programme. <p>Both learners and teachers agreed that the programme contributed to their interpersonal and personal development. Learners also adopted a more positive way of perceiving older persons and people with Alzheimer’s disease. It is recommended that inter-generational programmes should be implemented in more high school settings to determine best practices to develop empathetic skills among learners. Inter-generational programmes could minimise the isolation of older persons with dementia and equip the youth with transferrable skills to educational and work settings. This study highlights the power of an experiential approach in facilitating learning and skill-building in empathetic listening, and confirms the individual benefits derived by teachers and learners after exposure to a programme focused on facilitating the development of empathetic listening. An important outcome of the programme relates to the positive way in which the learners described their own perceptions of old people and people with Alzheimer’s disease. People with Alzheimer’s disease became more “human” to the learners, as they experienced the blurring boundaries between people with Alzheimer’s disease and older persons. Participants were, therefore, able to look</p>	

beyond the “label” of Alzheimer’s disease to regard the person as someone who is older, kind and compassionate, although they have some memory problems. This ability to “look beyond” is particularly important in view of the highly negative image that prevails in society in relation to Alzheimer’s disease and dementia. The attitude that people with Alzheimer’s disease and dementia are less worthy and should be isolated from society is not only prevalent in developed countries, but also in developing countries, such as South Africa. It is, therefore, not surprising that the participants had mostly negative perceptions of people with Alzheimer’s disease or dementia. However, this training programme showed that, with some exposure to older people with dementia and training, learners and teachers can understand the importance of “being with” another in an empathetic way and the impact it could have on their own interpersonal relationships, as well as the well-being of people with dementia. Furthermore, the ability to look beyond labels could be transferred to the school system and be invaluable to cultivate a culture of learning together and living in peace in a diverse society, such as South Africa’s “rainbow nation”.

Funding source	This research was funded by the Fund for the Advancement of Peace and Education: Creative Paths to Peace, School of Education, Indiana University, Bloomington, Indiana.
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MANAGER'S CONTACT INFORMATION:

Name	Erna Alant
Professional Title	Professor
Department	Special Education
Institution	Indiana University, Indiana, USA
Street/PO Box	201 N Rose Avenue
City	Bloomington
Postal Code	47405
Country	USA
Telephone	812 856-8110
E-mail	ealant@indiana.edu

AFFILIATED INVESTIGATORS

Name	Email address
Stephan Geyer	Stephan.geyer@up.ac.za
Michael Verde	jmverde@indiana.edu

GENERAL INFORMATION:

Country	South Africa (5)
General area of investigation	Non-communicable disease, Health
Title of the research project	The South African National Health and Nutrition Examination Survey, 2012: SANHANES-1.
Expected beginning and ending dates	2012
Main purpose	SANHANES-1 data will provide critical information for establishing national standards for weight, height, and blood pressure
Keywords	Health; Nutrition; Non-communicable diseases

GENERAL ABSTRACT FOR THIS PROJECT:

The South African National Health And Nutrition Examination Survey (SANHANES-1) was established as a continuous population health survey in order to address the changing health needs in the nation and to provide a broader and more comprehensive platform to study the health status of the nation on a regular basis. SANHANES-1, provides critical information to map the emerging epidemic of NCDs in South Africa and it analyses their social, economic, behavioural and environmental determinants. Data on the magnitude of and trends in NCDs, as well as other existing or emerging health priorities, will be essential in developing national prevention and control programmes, assessing the impact of interventions, and evaluating the health

status of the nation. The primary objectives of the SANHANES-1 were to assess defined aspects of the health and nutritional status of South Africans with respect to the prevalence of NCDs (specifically cardiovascular disease, diabetes and hypertension) and their risk factors (diet, physical activity and tobacco use). The sample included individuals of all ages living in South Africa, including samples of older adults. The survey applied a multi-stage disproportionate, stratified cluster sampling approach. Interviews, biomarkers, anthropometrics and a clinical examination were undertaken.	
Funding source	National Department of Health, UK DfID, HSRC
Publications	
Reddy P, Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Parker W, Naidoo P, Mchiza Z, Steyn NP, Makoae M, Ramlagan S, Zungu N, Evans MG, Faber M, SANHANES-1 Team. The South African National Health and Nutrition Examination Survey, 2012: SANHANES-1: the health and nutritional status of the nation. Cape Town: HSRC Press; 2014. www.hsrbpress.ac.za/product.php?productid=2314&cat=0&page=1&featured&freedownload=1	
MANAGER'S CONTACT INFORMATION:	
Name	Olive Shisana
Professional Title	Director
Department	HIV/AIDS, STIs and TB (HAST), Population Health, Health Systems and Innovation (PHHSI)
Institution	HSRC
Street/PO Box	134 Pretorius Street
City	Pretoria
Postal Code	0002
Country	South Africa
Telephone	+27 12 302 2000
E-mail	researchoutputs@hsrb.ac.za
AFFILIATED INVESTIGATORS:	
Name	Email address
D. Labadarios	
P. Reddy	
T. Rehle	
L. Simbayi	
K. Zuma	
A. Dhansay	
W. Parker	
P. Naidoo	

GENERAL INFORMATION	
COUNTRY:	South Africa (6)
GENERAL AREA OF INVESTIGATION: (see list A)	Health and Well-being
Title of the research project:	Prevalence of Falls in an Urban Community-dwelling Older Population of Cape Town, South Africa
Expected beginning and ending dates of the project:	START DATE: 2008 END DATE:2010

Main purpose of the research project:	Determine prevalence and risk factor for falls in a multi-ethnic population		
KEYWORDS (UP TO 3) (see list B)	1.Falls	2 Community dwelling,	3. Older people
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: Falls are a major cause of disability and mortality in older adults. Studies on falls in this population have mainly been conducted in high income countries, and scant attention has been given to the problem in low and middle income countries, including South Africa.</p> <p>Aim: The aim of the study was to establish a rate for falls in older adults in South Africa.</p> <p>Methods.</p> <p>Design: A cross-sectional survey with a 12-month follow-up survey.</p> <p>Setting: Three purposively selected suburbs of Cape Town: Plumstead, Wynberg Central and Gugulethu.</p> <p>Participants: Eight hundred and thirty seven randomly sampled ambulant community-dwelling subjects aged ≥ 65 years grouped according to ethnicity in three sub-samples: black Africans, coloureds (people of mixed ancestry) and whites.</p> <p>Measurements: Data were collected on socio-demographic and health characteristics, and history of falls using a structured questionnaire and a protocol for physical assessments and measurements.</p> <p>Results: Of the total baseline (n=837) and follow-up (n=632) survey participants, 76.5 per cent and 77.2 per cent were females with a mean (S.D) age of 74 years (6.4) and 75 years (6.2), respectively. Rates of 26.4 per cent and 21.9 per cent for falls and of 11 per cent and 6.3 per cent for recurrent falls, respectively, were calculated at baseline and follow-up. Fall rates differed by ethnic sub-sample at baseline: whites 42 per cent, coloureds 34.4 per cent and black Africans 6.4 per cent ($p=0.0005$). Rates of 236, 406 and 354 falls per 1000 person years were calculated for men, women and both genders, respectively. Recurrent falls were more common in women than in men.</p> <p>Conclusion: Falls are a significant problem in older adults in South Africa. Effective management of falls and falls prevention strategies for older people in South Africa, need to be developed and implemented.</p>			
FUNDING SOURCE:	Medical research council of South Africa; National Research Foundation South Africa; University of Cape Town Funding Committee; the Harry Crossley Fund.		
ACKNOWLEDGEMENTS	George Petros for co-ordination of the field work and for data capture. Study participants and field workers.		
MANAGER'S CONTACT INFORMATION:			
Name:	Sebastiana Zimba Kalula		
Professional Title	Associate Professor		
Department:	Medicine		
Institution:	University of Cape Town		
Street/PO Box:	Institute of Ageing in Africa, L51 Old Main Building, Groote Schuur Hospital		
City:	Cape Town		
Postal Code	7925		
Country:	South Africa		
Telephone:	+27 21 406 6517		
E-mail:	Sebastiana.kalula@uct.ac.za		
AFFILIATED INVESTIGATORS:			
NAME:	EMAIL ADDRESS:		
Monica Ferreira	monicaferr@mweb.co.za		
Avan Aihie Sayer	A.A.Sayer@soton.ac.uk ; , aas@mrc.soton.ac.uk		
George Swingler	George.swingler@uct.ac.za		

SUB-SAHARAN AFRICA

GENERAL INFORMATION	
Country	Sub-Saharan Africa Region (1)
General area of investigation	Health and Wellbeing
Title of the research project	Sexuality and Sexual Health of Older People in sub-Saharan Africa
Expected beginning and ending dates	October 2011 – August 2013
Main purpose	To understand the discourse around sex, sexuality, HIV/AIDS and ageing as perceived and contextualised in sub-Saharan Africa.
Keywords	Attitudes to ageing: Older persons: HIV/AIDS
GENERAL ABSTRACT FOR THIS PROJECT	
<p>There is very little literature on sexuality in older age, particularly in the African context, to understand the cultural and social issues surrounding sexuality and ageing. Reference to older people is mainly in the context of this group as “elders” and custodians of upholding culturally ascribed sexual behaviour of younger age groups. Moreover, understanding older people and sexuality is especially important within a context of high HIV prevalence where they are affected both directly and indirectly by HIV and AIDS. The study sought to undertake a critical review and discuss the discourse on older people and sexuality and intergenerational sexual relations. This was examined within the context of social changes such as increased formal education, urbanization, information communication technology and migration. The other aim of the study was to provide future direction of research in Africa on sexuality and older people. The study was a critical review of published literature on sexuality, sexual and reproductive health as it pertains to older people.</p> <p>Research is important in influencing the discourse and understanding of ageing, sexuality, and sexual health and it also informs the interventions targeted at the wellbeing of older people. A lack of specific public health goals and targets, coupled with lack of data on which to conduct analysis, limit the scope and depth of research on sexuality of older people in sub-Saharan Africa. Further, sexuality in older ages is also gendered with that of older men encouraged, whereas older women’s sexuality is discouraged, and also internalised by older people themselves. There is a need to remove the upper age restriction imposed on data collected on social, demographic and health; and that sexual health of older people in sub-Saharan Africa should be prioritised along with other age-onset diseases and health conditions.</p>	
Funding source	The University of Southampton (UK)
Acknowledgements	The University of Southampton Strategic Interdisciplinary Research Development Fund of the Faculty of Social and Human Sciences
MANAGER'S CONTACT INFORMATION	
Name	Gloria Chepngeno Langat
Professional Title	Demographer and Gerontologist
Department	Centre for Research on Ageing, Social Sciences
Institution	University of Southampton
Street/PO Box	Faculty of Social, Human and Mathematical Sciences; University of Southampton; Murray Building; Highfield
City	Southampton
Postal Code	SO17 1BJ
Country	United Kingdom
Telephone	+44 23 8059 2571
E-mail	G.C.Langat@soton.ac.uk
AFFILIATED INVESTIGATORS	
Name	Email address
Victoria Hosegood	V.Hosegood@soton.ac.uk

GENERAL INFORMATION			
COUNTRY:	Sub-Saharan Africa Region (2)		
GENERAL AREA OF INVESTIGATION: (see list A)	Social policy		
Title of the research project:	Relevance of Older Persons for Post-2015 Development in sub-Saharan Africa, Establishing Basic Parameters: A Systematic Evidence Generation Project		
Expected beginning and ending dates :	October 2013	June 2014	
Main purpose :	The overall purpose of the research is to begin to address the knowledge gaps on older persons' relevance to each of the three priority areas of reducing income inequalities; transforming smallholder agriculture; and building the human capital of children and youth. Its goal is to provide a robust, initial evidence base for the forging of incisive advocacy thrusts and for the development of advanced analyses to underpin cogent recommendations for mainstream action on older people in the post-2015 period. In pursuit of its goals, the specific objectives of the project are to (a) generate descriptive, nationally representative evidence on basic parameters of older persons relevance to (i) reducing inequalities, (ii) transforming smallholder agriculture and (iii) building human capital of children and adolescents in SSA; (b) identify emerging implications for policy advocacy thrusts, and (c) pinpoint questions for advanced analysis and research.		
KEYWORDS (UP TO 3) (see list B)	1. Health care access	2. Poverty	3. Older households
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background.</p> <p>A decade ago, in 2002, the United Nations Second World Assembly on Ageing in Madrid, and the ensuing Madrid International Plan of Action on Ageing (MIPAA) focused global attention on issues of ageing in the developing world and, implicitly, on questions about links between ageing and development (UN, 2002). Concomitantly, the African Union (AU) Policy Framework and Plan of Action on Ageing delineated challenges of ageing –and a blueprint for responses to them– specifically for Africa (AU/HelpAge, 2003). Since then, and within the context of an intensifying international focus on implications of global ageing, research and policy debate on issues of old age in sub-Saharan Africa (SSA) have reached a point of inflection. A rapidly growing body of investigations of the health, economic and social circumstances of older Africans has emerged in recent years, often stimulated by – and, in turn, informing – an expanding policy advocacy endeavour in the region (Aboderin, 2013, HelpAge/UNFPA, 2012). A fundamental goal of such advocacy, in line with a key tenet of the MIPAA and AU Plan, is to achieve a 'mainstreaming' of ageing in core development efforts in order to foster a 'society for all ages' (Aboderin & Ferreira, 2009; HelpAge/UNFPA, 2012). Within this context, there is an urgent need for systematic generation of robust evidence that pinpoints the nexus between issues of older people and emerging priority development agendas.</p>			
<p>Methods.</p> <p>The research involved a programme of systematic secondary analysis of data from latest rounds of national household surveys and most recent available census data from a number of SSA. The study countries span SSA's four sub-regions, as well as a range of low- and middle-income economies and human development levels, and national policy efforts on ageing. Secondary analysis proceeded in a step-wise fashion, comprising three broad stages:</p> <p><i>Stage 1</i> involved a detailed scrutiny of target surveys questionnaires to identify individual and household-level variables to be used in the analysis of each substantive area.</p> <p><i>Stage 2</i> involved the development of plans for initial, descriptive analyses on each thematic area and, based on these, the conduct of exploratory uni-, bi- and multi-variate analyses on each dataset to identify basic, statistically significant associations between relevant independent and outcome variables. All analyses were performed using the STATA 12.1 statistical package.</p>			

In Stage 3, analysis results for each substantive area were interpreted and implications for policy advocacy and further research were distilled.

Results.
 The proportions of older people suffering ill-health were significantly higher than those of younger age groups across all countries with greater disparities emerging in relation to disability and functional limitations. Large shares of older people across all countries suffer from acute and chronic disease. Findings for the total population show older people and particularly older women to report lower health care use than younger age-groups in all countries studied.

Across all countries, the shares of older people who had no or only limited education were markedly and significantly higher than those for younger age groups. These disparities hold in both rural and urban populations and, crucially, among the poor.

Analyses of age-group differences in the share of older people living below national poverty thresholds showed that the proportions living in ‘absolute’ and ‘hardcore’ poverty was significantly higher than that of younger-aged adults in all countries analyzed.

Analyses showed that while they were lower than those of younger-aged adults, the proportions of older adults who remain in the rural labour force were substantial across all countries. Of those aged 60-64 years, for example, 80 per cent or more do so in Kenya, Rwanda and Tanzania, 70 per cent-75 per cent in Malawi and Burkina Faso, 60 per cent in Cameroon and Uganda and around 50 per cent in Senegal and Sudan.

Crucially, the findings show that the share of children living with an older person is substantial. A differential impact also emerges in relation to current schooling where children and adolescents living with older persons were significantly less likely to go to school.

Conclusion.
 Age and gender emerge as axes of potential inequities in education and health service access in the poor population, with older women the least likely to use health services. The rural labour force shows that particular attention to enhancing the capability of older farmers is important to achieving a transformation of smallholder agriculture. Older people’s household-level connections and their potential impacts on investments in health and education of children and adolescents are substantial, going beyond HIV/AIDS contexts.

FUNDING SOURCE:	Sida/Norad and Age UK
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MANAGER'S CONTACT INFORMATION:

Institution:	HelpAge International, East, West and Central Africa regional Development Centre
Street/PO Box:	Off Lower Kabete Road, Off Shanzu Road.P.O.Box 14888,Westlands
City:	Nairobi
Postal Code	00800
Country:	Kenya
Telephone:	+254 2637853/4
E-mail:	helpage@helpage.org

AFFILIATED INVESTIGATORS:

NAME:	EMAIL ADDRESS:
Isabella Aboderin, PhD	iaboderin@aphrc.org

GENERAL INFORMATION

COUNTRY:	Sub-Saharan Africa Region (3)
GENERAL AREA OF INVESTIGATION: (see list A)	Demographics Intergenerational relations Social Policy
Title of the research	THE ADVANTAGE OF AGEING: AGE STRUCTURE EVOLUTION IN SOME SUB-

project:	SAHARAN COUNTRIES		
Expected beginning and ending dates of the project:	START DATE: 1.1.2012	END DATE: 31.12.2012	
Main purpose of the research project:	To consider the age structure evolution of the countries that compose, according to the UN, "Middle Africa".		
KEYWORDS (UP TO 3) (see list B)	1. Ageing	2. Future ageing trends (projections)	3. Intergenerational relations
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: The countries of the "Middle Africa" area were mainly affected by the French domination, with the exception of Cameroon (partly under British control) and Angola (Portuguese enclave) the last country to reach the Independence (1975). Besides the historical and political affinities, practiced religions are also very homogeneous: Christianity is prevalent (mainly Catholic) followed by Animism (Istituto Geografico De Agostini, 2011). The region is, however, characterized by a deep heterogeneity in demographic, socio-cultural and economic terms. From a demographical point of view, with a total of almost 130 million people, the area includes countries with an amount of population ranging from 1.5 million of Gabon to nearly 70 million of the Democratic Republic of the Congo, passing by about 20 million of Angola and Cameroon (UN, 2011). The infant mortality rate takes very different values: from 131.0 ‰ of Chad to 51.0 ‰ of Gabon. As a consequence, life expectancy at birth, still very low, ranges from 44.5 years (males) and 47.3 years (females) of the Central African Republic to 60.2 years (males) and 62.4 years (females) of Gabon. Finally, we find these two countries at the extremes also with regard to the total fertility rate, ranging from 6.2 children per woman in Chad to 3.4 in Gabon (UN, 2011).</p> <p>In socio-cultural terms, illiteracy is still widespread, especially in the peripheries of the cities and in the countryside, where the population lives in great poverty, often in improvised settlements. Such situation of decay is predominant in countries like Chad and Angola, torn by many years of civil war that determined millions of displaced persons, or Democratic Republic of the Congo, which, besides the civil war, is also affected by the scourge of malnutrition, and also Cameroon, never affected by coups d'état but tormented by the epidemics concerning the whole area.</p> <p>Despite the notable sanitary interventions of prevention, the HIV/AIDS continues to dominate the scene, whose incidence among the young adult/adult population (15-49 years old) in 2011 ranges from 2.1 per cent of Angola to 5.0 per cent of Gabon (UNAIDS, 2012).</p>			

Aim: To assess the consequences of the changes of demographic behaviour on the age structure of its populations. Between the overpopulation of yesterday and the stagnation of tomorrow, there is, perhaps, a brief moment during which demography can be neutral, or even, represent an opportunity rather than a burden.

Methods: For our analysis we choose 25 years as an age that represents important lifestage transitions including entry in the labour market, starting a family, and an age of stronger geographic mobility.

To try to approach as much as possible the "lived reality", we simulated the individual perspective rather than the population one, by constructing and applying two indicators:

$$\square \text{ ascending charge index (a.c.i.)} = 2 * (\lg-30 \ 55 / \lg-30 \ 30) / (\text{ISFg} * \lg25) \ (1)$$

$$\square \text{ descending charge index (d.c.i.)} = \text{ISFg}+30 / 2 \ (2)$$

To the past evolution we added a prospect analysis (on the base of the 2010 revision of the United Nations population prospects, medium variant) considering the generations 1960-2030.

Results: Bearing in mind the general situation of the region, characterized by a late and generally modest increase in life expectancy and by a still high fertility rate, the ascending charge has had a decreasing trend at least till the 1985 generation. In 2010, there are, on average in the considered area, 0.34 surviving parents for each 25-year-old individual. The combined effect of the reduction in parents fertility and of the increase in their life expectancy will begin to be noted from the 1995 generation, which will be 25 years old in 2020. In the considered period, the index value will increase from 0.43 for the 1960 generation to 0.66 for the 2030 generation. In other words, the ascending charge will become heavier of 53.5 per cent.

In opposition to what we observed for the ascending charge, with regard to the descending charge, there is a clear trend to convergence of the values towards the fateful level of generation replacement. Compared to 3.34 descendants for the 1960 generation, the 1980 generation (the one that is 30 years old in 2010) is exposed to a (still) high charge even if in progressive decline (2.58) to reach the minimum value of 1.13 for the 2030 generation. The latest generations, therefore, will find themselves in a very different context compared to the generations that preceded them.

Even more than the general evolution, the variations by country result very significant, both in terms of intensity and timing of decrease. It is interesting, in this regard, to underline the behaviour of Gabon that, before the other countries of the area, has had a spectacular decrease of mortality and that, starting from the lowest fertility rate will reach 1.12 descendants for the 2030 generation.

Conclusion: considering both indicators we can conclude that the generations 1990-2005 will find themselves in a period of exceptional demographic opportunity in comparison to the generations that immediately preceded them, profiting from a further fertility decrease and from a not (yet) excessive charge represented by the care of their parents.

The generations that in the next few years will become adult will have the opportunity to invest in their work as a source of personal well-being and in better quality of life for future generations, for example in terms larger and better access to health care and education. However, major demographic transformations also lead to an increasingly long coexistence and inequality between the different generations. Countries such as those we analysed will, therefore, have to carefully evaluate the significant effects produced by structural changes in order to calibrate the possible interventions. At the same time it will be fundamental to keep in mind increased demand for infrastructure such as education.

FUNDING SOURCE:	
ACKNOWLEDGEMENTS	

MANAGER'S CONTACT INFORMATION:	
Name:	Michela C. Pellicani
Professional Title	Professor
Department:	Department of Political Science
Institution:	University of Bari
Street/PO Box:	Piazza C. Battisti, 1
City:	Bari
Postal Code	70121
Country:	Italy
Telephone:	00.39.080.5717107
E-mail:	michelacamilla.pellicani@uniba.it
AFFILIATED INVESTIGATORS:	
NAME: Valeria Moro	EMAIL ADDRESS:

SUDAN

GENERAL INFORMATION	
Country:	Sudan
General area of investigation:	Health, Health Care, Gender, Social Policy
Title of the research project	Impact of diabetes on older adults.
Expected beginning and ending dates :	01 April 2002 to 01 July 2002
Main purpose	To study the impact of diabetes and control of the disease in older persons, with some emphasis on social factors.
Keywords	Health care access; Gender; Older persons with chronic diseases; Community participation in care
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Survival into older age is a reality for more persons in developing countries than in the past. In many developing countries, there is evidence that the health system pays little attention to the health problems of older persons. Even more, we feel that these people (especially those with chronic diseases) are poorly managed by the doctors at any level of the health service. In the recent years diabetes mellitus has become an increasingly important problem in Sudan (as well as other countries) among all age groups of the population. The older persons pose particular problem to the diabetic services because they are less able to self-care and due to their diminished physical and cognitive abilities.</p> <p>The aim of this study was to investigate the impacts of the diabetes on the elderly patients in regards to their physical and mental capacities, glycaemic control and their response to the prescribed treatments. This study aimed at investigating the impacts of diabetes mellitus in the elderly and then to identify the different factors that affect their control.</p> <p>Our study involved primary data collection through a cross- sectional survey. The study was done at a referred clinic run by consultant physicians in Omdurman city, Sudan in the period April through July 2002. The study participants were all the known diabetic patients above the age of 65 years (140 individuals) who were consecutively seen in the clinic in the specified period. Two sets of data were collected from our patients who all gave their consent to participate.</p> <p>A. Clinical Characteristics Data:</p> <ol style="list-style-type: none"> <i>i.</i> Age, sex, living arrangements, blood pressure, body mass index (BMI), other chronic diseases. <i>ii.</i> Assessment of physical function here, as an instrument for assessment we used a modified version of Barthel Index (based on the assessment of the activities of the daily living). A score of 8-12 indicates functionally independent elderly, and a score of 0-7 indicates functional dependency. <i>iii.</i> Assessment of the cognitive function: here we applied an eight – question instrument about age, time (to the nearest hour), month, year, name of place, year of birth, name of the President, and counting back from 20 to 1. <i>iv.</i> Control Group: For the purpose of the control we recruited 35 age– matched patients who were referred to the clinic for minor or acute problems. None of them had a chronic disease. The points of comparisons were: physical and cognitive assessment, blood pressure, and BMI. <p>B. Diabetes data</p> <ol style="list-style-type: none"> <i>i.</i> Type, duration and current treatment of diabetes, degree of compliance to prescribed therapy (and difficulties encountered and attitudes toward the therapy), and assessment of degree of the patient’s knowledge about the disease especially about hypo- and hyperglycaemia. <i>ii.</i> Assessment of the glycaemic control. The glycaemic control was considered poor at fasting blood glucose (FBG) level above 8.8 mmol /l, and fair at FBG level below this figure. <i>iii.</i> Assessment of chronic complications of diabetes (the minimal requirements) <ul style="list-style-type: none"> • Peripheral neuropathy: glove and stocking numbness or paraesthesia, absence of ankle reflex. • Ischaemic heart disease: ECG signs or history of angina or myocardial infarction. • Retinopathy: characteristic ophthalmoscopic finding of background or proliferative retinopathy. • Nephropathy: persistent proteinuria in absence of urinary infections. • Peripheral vascular disease: intermittent claudication, amputations. 	

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

Results:

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

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

Our study indicated that the diabetic older patients in Sudan suffer severe deficiencies and problems that need to be meticulously addressed by both the policy makers and caregivers. These problems included poor control, poor compliance to prescribed treatments, high incidence of chronic complications and lower cognitive and physical capacities compared to the non-diabetic older persons. We suggest adopting a multidisciplinary approach for health delivery system to ensure the participation of social workers, dietitians, diabetes educators, chiropractors in addition to diabetologists and other clinicians. The carers should pay great emphasis on the promotion of the well-being of the patient (physical and social) and not only to normalize their blood glucose levels. Attention should be drawn to older diabetic adults in the few residential and nursing homes in Sudan.

UPDATED PUBLICATIONS

1. Osman H., Mohamed Awad M., Ahmed NH. Demographic and clinical characteristics of diabetic patients attending an outpatient clinic in Omdurman, Sudan. Sudanese Journal of Public Health 2013. 8:47-51.
2. Elnasri H, Ahmed A. Patterns of lipid changes among type 2 diabetes patients in Sudan. 2008.
3. Ahmed A.M., Elmardi AE, Elhilo KF. What precipitates diabetic ketoacidosis among Sudanese patients? Practical Diabetes International. 2006; 23(9):393

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Dr. Awad M. Ahmed
Institution:	University of Bahr El
City/ Country:	Khartoum/ Sudan
Telephone:	(+249) 12344936
E-mail:	awad_sd@hotmail.com

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Intergenerational relations, Older women
Title of the research project	Older People in the United Republic of Tanzania.
Expected beginning and ending dates	End September 1998
Main purpose	To understand the situation of older people in the United Republic of Tanzania leading to the development of a country programme.
Keywords	Community involvement; gender inequality
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Though older persons still have an important role in the community, their position has changed significantly. The traditional role of guarding traditional customs and ensuring youth are raised with tribe ethics and bondage has now changed. Older persons are now forced into more physically demanding roles including income generating activities and the upbringing of grandchildren. Equally the progressive increase number of old people can not be underscored.</p> <p>The aim of this project was to improve the understanding of the situation of older people in Tanzania for the purpose of designing old people projects by Help Age International Tanzania.</p> <p>The study was conducted in 1998 in five regions in Tanzania namely: Dar es Salaam, Mwanza, Zanzibar, Kagera, and Mbeya. These regions were chosen purposeful because HelpAge International had operated in these areas. Interviewing older persons was done in one district in each region. A total of 1500 older persons were interviewed, plus consultations with a number of other stakeholders who were selected randomly.</p> <p>Although the regions studied are geographically spread, the findings converge into similar opinion, showing that the findings may be representative. Older persons are concerned that the respect paid to them has now decreased. The change in roles has been caused by decreasing support and the rapid change in the socio-economic situation in Tanzania. The money economy, sons and daughters moving away to look for employment was also identified as a contributory cause. Lack of basic needs is met in nearly every encounter except water. Health care was made difficult by non-committed staff leading to further vulnerability of older persons. Gender inequality was seen to be age sensitive; many women have more work as compared with men and enjoy fewer benefits. More women are widowed and are struggling alone, those who have not been supplanted by a younger wife. Older women are also more likely to be accused of witchcraft than men. Traditional healers are more popular for health care, especially among old people. The issue of superstition is strong among old people and may affect health and housing.</p> <p>A set of recommendations for material improvement in the quality of life include the following: Increase health care training for older persons and staff; Create access to income generating projects; Increase public awareness on roles and rights of older people; Develop government policy focused on older people; Change the government policy to support universal pensions; Provide support to specific organizations for older people; and, Offer training for formal and informal care providers in key organizations.</p> <p>“It was impressive that old people were always available to people who wanted to talk to them.”</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Kibuga FK. The situation of older people in an ageing world. London: HelpAge International; 1999. 2. Kibuga K, Dianga A. Victimization and Killing of Older Women: Witchcraft in Magu District, Tanzania. Southern African Journal of Gerontology. 2000; 9(2):29-32. 3. HelpAge International. Gender and Ageing Briefs. 2002. Available at: http://www.helpage.org/resources/publications/?search=Kibuga+&adv=0&topic=0&region=0&language=0&type=0 	
MANAGER'S CONTACT INFORMATION:	

Professional title & Name:	Ms. Kate Kibuga
Institution:	HelpAge International Tanzania
City/ Country:	Dar-es Salaam/ United Republic of Tanzania
Telephone:	(+255) 22 2774796/2700169
E-mail:	haitz@africaonline.co.tz

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation	Social policy, Older women
Title of the research project	Schools without walls (Tamwa).
Expected beginning and ending dates	July 1997 - April 2001
Main purpose	Sensitization, advocacy and lobbying to break free of gender violence.
Keywords	Gender violence; Advocacy
GENERAL ABSTRACT FOR THIS PROJECT:	
<p><i>Schools without walls</i> was part of a school programme in sensitization, advocacy and lobbying to break free of gender violence. The programme started in May 1997 and ended in April 2001. It covered two regions, namely, Shinyanga and Kagera. The premises on which the programme was structured were: create awareness on legal and human rights; build capacity through paralegal training; establish effective networks for women's groups in the district; organize women campaigns at national level. The out-reach activities included informal meetings, formal meetings, structured training, and workshops. Among the successes of the first phase of the programme were the raise in the awareness among the public; i.e., many people started reporting gender violence and there was establishment of centres in the regions. Among gender violence documented, old age featured very prominently. It was clearly seen that old women were killed (Shinyanga) because they were thought to be wizards. In other areas of lake zone they were neglected /isolated by their spouse, neighbors, or family members. Widow's properties were also taken.</p> <p>TAMWA is a national organization operating in different parts of the country. It phased out handling the project to the community-based NGO in the region. The potential organizations to which the project was handled were Tanzania Women Volunteers Association (TAWOVA) and Women Legal Aid Center (WLAC).</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Kiondo A. Policy advocacy: The case of Tanzania Media Women Association (TAMWA). Civil Society and Governance Programme, IDS Accessed March. 1999; 11:2007. 2. Zone BBBI. Economic Commission for Africa. 2006. 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Ananilea Inkya (Project Director)
Institution:	TAMWA
Street/po box:	Mkungum St
City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	(+255) 22 2115278
E-mail:	tamwa@raha.com
Affiliated investigators:	
Name:	Email address:
Rose Haji	

GENERAL INFORMATION	
Country:	United Republic of Tanzania

General area of investigation:	Social policy, Work and Retirement
Title of the research project	Social security of retired workers in the United Republic of Tanzania.
Expected beginning and ending dates	1995
Main purpose	To know how retirees in urban areas of the United Republic of Tanzania survive despite their low level of retirement benefits such as gratuities and pensions.
Keywords	Retirement benefit; Pension

GENERAL ABSTRACT FOR THIS PROJECT:

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

The aim of this project was to further understand how retirees in urban areas manage to survive despite their low level of income. The study was done in Arusha municipality, chosen by convenient. The research targeted employers, officials in social security institutions and pensioners. A total of 50 interviews were made, but only 40 were deemed analysable. Study units were selected randomly.

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

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

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

UPDATED PUBLICATIONS

1. Kiondo A. Policy advocacy: The case of Tanzania Media Women Association (TAMWA). Civil Society and Governance Programme, IDS Accessed March. 1999; 11:2007.
2. Zone BBBI. Economic Commission for Africa. 2006.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	S. C. Mcharu
Institution:	National Social Welfare Training Institute
City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	+255 22 274443/ 2700918

GENERAL INFORMATION

Country:	United Republic of Tanzania
General area of	Care provisions, Intergenerational relations

investigation:	
Title of the research project	Strengthening village and neighborhood organizations.
Expected beginning and ending dates	Ending March 2000
Main purpose	To draw from practical experience a methodology and programme of support for the growth of local groups and networks for the elderly.
Keywords	Village support organisation; Safety network; Intergenerational relations
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The research was carried out in Kagera district region and was focused on local perception of vulnerability and the relationship between vulnerability and social interaction. Aim of this project was to develop a methodology for assessing needs and programme to support the growth of local groups through networks of older persons. Karagwe district was chosen for convenience on one hand to evaluate intervention of old people project. Four villages were studied; three had intervention and one with no intervention as control. The participants were drawn from gatherings of old people (1 man and 1 woman from each sub-village). A total of 145 respondents were studied, but only 139 were analyzed. Data collection involved group discussions and individual interviews. Interviews were conducted with key informants and older persons. A majority of people studied were 75-plus years, whom rank their problems first as health issues, then economic issues, lack of basic needs, family and social problems. Family, economic and social issues are the main factors leading to vulnerability. Health problems make older adults more vulnerable and this process is rarely regarded as reversible. Village leaders and other key informants consistently underestimated the importance of health issues for older adults and over emphasize the lack of basic needs, reflecting a view of older persons as dependents.</p> <p>Older adults are usually economically active beyond 75 years. Most of respondents (90 per cent) were still working on farms and 80 per cent bring some cash to the family from sales of their harvest. Majority of women (90 per cent) reported doing housework, as compared with 25 per cent of men interviewed. One third of older persons were living alone or with other older people. Older people form social group organizations from which they often received material and moral support. There were about 94 organizations/groups including religious organizations, women's groups, burial groups, co-operatives, and local government structures. Religious, burial and women's groups are almost ubiquitous. Among the factors hindered older people to join the groups included "Fit and Well" membership fee. Two-thirds of older people lived in a family with young adult, while a third lived alone or with children. The study documents a clear correlation between levels of vulnerability and quantity and quality of social interaction, thus an effective intervention will need to address both the quality and quantity of relationships older people has with those around them.</p> <p>An effective intervention programme would need to address individual needs and promote social interaction; focus on those excluded from memberships; avoid processes that create resentment and destroy social capital through exclusion from direct assistance; support vulnerable individuals to form substitute relationships among and beyond themselves; foster better intergenerational understanding through addressing the differences in perceptions between key stakeholders and older persons themselves.</p>	
MANAGER'S CONTACT INFORMATION:	
FUNDING SOURCE	UK Department for International Development (DfID)
ACKNOWLEDGEMENTS	
OTHER COMMENTS	
Professional title & Name:	Geoff O. Donoghue
Institution:	HelpAge International
City/ Country:	Dar es Salaam, United Republic of Tanzania
Telephone:	(+255) 22 2 774796/270
E-mail:	haitz@africaonline.co.tz

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Social Policy, Work and Retirement
Title of the research project	Social security for retirees in Zanzibar: problems and prospects: a case study.
Expected beginning and ending dates :	Ending June 1999
Main purpose	To examine the problems and prospects for retirees in Zanzibar.
Keywords	Retirees; Zanzibar
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The purpose of this study was to examine the problems and prospects for retirees in Zanzibar. The specific aims were (1) assess how workers prepared themselves for retirement; (2) evaluate the implementation procedure of the Security Institution and determine if the level of support is adequate for retirees in Zanzibar; and, (3) examine the effect of inadequate financial support in retirement on social security in Zanzibar.</p> <p>For the analysis, random sampling was used, sampling frame not given. A total of 60 interviewee was made, fifty retiree and (ten) employees and social security institutions. The instruments of research were: documentary reviews, interviews, self-administered questionnaires, and questionnaires sent to the public administrator.</p> <p>Although social security schemes in Zanzibar were meant to create good conditions for the retirees in their life, still their situation is deteriorating. Study results indicate that 78 per cent of retirees had no preparation, 4 per cent had preparation. 18 per cent had no preparation, but were told by employees to prepare for retirements and had received loan for the purpose. The author subjectively concludes that majority of retired workers in Zanzibar were leading a miserable life, mainly due to the following factors: loss of regular income or salary and inadequate pension rates; lack of enough capital, which they could deploy in establishing viable, non-formal income generating projects; and lack of preparedness for retirement among the retired workers. The study noted that there is a need to have adequate social security for retired workers in Zanzibar established in order to prepare them for a reasonable good sustainable life after retirement. The majority of retired workers were not prepared and retirement benefits were inadequate to meet daily requirements.</p> <p>Summary and recommendations. The author documents little pension, lack of capital and skills in managing non-formal activities as most critical concern of retired Tanzanian. She finally recommends community education in the area and government review of the pension rates, and provision of grants in form of loan to employees.</p>	
Other comments	<i>This study was done as partial fulfilment in awarding Diploma in Social work at the parent institute. The personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However the institute address is provided below.</i>
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Ms Chiku K. Omar
Institution:	National Social Welfare Training Institute
Street/po box:	3375
City/ Country:	Dar es Salaam, United Republic of Tanzania
Telephone:	+255 22 274443/ 2700918

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Health, Care provision
Title of the research project	Teaching geriatric medicine in developing countries
Expected beginning and ending dates	November 2000 - March 2000
Main purpose	To study the attitudes and perception of clinical medical students towards old age.
Keywords	Attitude of clinical medical students; geriatric medicine.

GENERAL ABSTRACT FOR THIS PROJECT:

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

Therefore, the aim of this project was to improve the empirical understanding of attitudes of clinical medical students towards older patients and the practice of geriatric medicine.

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

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

The author concludes that the perception of clinical medical students towards old people was generally not good. The fact that nearly half of respondents perceive old people as unhealthy and ugly is an indication that the services delivered by these people to old patients will be of questionable quality. The fact that no geriatric teaching and no exposure to related fields creates a room for their bad perception. The author recommends geriatric training in form of workshops, symposium to medical and nursing students and ultimate inclusion of geriatric and gerontology in medical curriculum.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Dr. Peter S. Bujari
Institution:	Muhimbili National Hospital, WHO/IFMSA
Street/po box:	Muhimbili
City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	(+255) 741 217127
E-mail:	Dr_bujari@yahoo.com

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Older women, Integration of older persons
Title of the research project	The killing and victimization of older women in Magu district in Mwanza.

Expected beginning and ending dates :	Ending May 1999
Main purpose	To gain an understanding of the reasons behind the killing of older women in Magu district, Mwanza.
Keywords	Victimization of older women; killing of older women; witchcraft; elder abuse

GENERAL ABSTRACT FOR THIS PROJECT:

Killing and victimization of old women have been a problem in lake zone for years. HelpAge International conducted a research project in 1999 to gain an understanding of the reasons behind the killing of old women in Magu district.

Aims of this study were to define the role of witch-craftery accusations for the killing of older women in Tanzania and to formulate a strategy to address this problem and advice the local organization. Magu district was chosen because HelpAge international was operating in the area. The study was undertaken in four villages namely, Matela, Kisesa B, Itumbili and Yichobela. A sample of 1000 was selected from 11,894 by random selection under local partner organization MAPERECE. Study people were old women, Village sub-committee leaders and old people care givers. Data collection was done by focus group discussion, segregated by social and gender break down.

The research found that witchcraft had a long history. During Germany's rule, witches were expelled from the community. Killing started in the 1970's due to villagization (a socialism concept where people were brought to live together in one village) as expulsion was not possible. The previous aim was to get rid of them from the communities to date, however, it has been commercialised beyond anyone's comprehension. The study revealed the diverse reasons for killing, ranging from a desire to take over property to problems related to polygamy and envy. Many of the people targeted are women, especially widows, who lived alone and had no support to ward off accusations or to fend off attackers. The community is not protective either: the village authorities have little or nothing to say about the killing, and usually stand by in silence, while the local military (Sungusungu) is good at identifying witches and punishing them. Having red eyes is deemed a major hint for witchcraft. It was noted that because of a shortage of fuel, cow dung was used instead and these contributed to elders having red eyes because of chronic eye irritation hence being suspected of witchcraft. Women who were attacked and survived remained disabled, requiring constant assistance for the rest of their lives, which is forthcoming from neither their community nor society.

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

UPDATED PUBLICATIONS

1. Kibuga, K., 1999a, "wisdom and witchery", The Courier, No.176:66-67.
2. Kibuga, K., 1999b, "Older people in magu-tanzania: The Killings and victimisation of older women". Research Report. Help Age International, Dar es Salaam

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Ms. Kate F. Kibuga
Institution:	HelpAge International
Street/po box:	194 Chato St., Regent Estate
City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	(+255) 22 2774796/2700169
E-mail:	haitz@africaonline.co.tz

GENERAL INFORMATION

Country:	United Republic of Tanzania
General area of investigation:	Social policy, work and retirement
Title of the research project	Income generation and poverty alleviation activities among older persons in the United Republic of Tanzania.
Expected beginning and ending dates :	September 1995-March 2000

Main purpose	The research was conducted in preparation for the "Policy on Elder Persons in the United Republic of Tanzania".
Keywords	Income generating activities; Poverty alleviation; Gender analysis
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>There is a concern that, although older persons in the United Republic of Tanzania are actively engaged in various income- generating and poverty alleviation activities, their needs, interests, and priorities are not clearly known. Aims were to enhance the understanding of older persons' needs, interests and requirements related to financial well-being. The study examined the type and pattern of income and poverty alleviation activities done by older persons in Tanzania to cope with their own lives and their own families. The analysis draws heavily on secondary sources of data available at HelpAge International and a small primary survey involving older persons in Dar es Salaam, Arisha and Moghu in Tanzania. A sample of 54 older persons from Dar es Salaam and 50 from upcountry were involved in the survey that was conducted in a period of one month. Most older persons contributing to the survey were actively involved in various income and poverty alleviation activities, both in urban and rural areas. However, there were important differences in income and poverty activities done by older persons with respect to gender, income, location, occupation and ethnicity. Yet, elderly persons are experiencing a number of problems in managing their activities, ranging from lack of capital security, getting started, a hostile working environment, lack of managerial and entrepreneurial skills, sustainability, limited support from the government, and limited business skills. The study makes several policy recommendations for improving the quality of income generating and poverty alleviation among older persons as well as policy/gender issues that ought to be addressed in the National Policy on Older Persons.</p>	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Dr. Rose L. Shayo
Institution:	Institute of Development Studies, HelpAge International
Street/po box:	P.O.Box 35169
City/ Country:	Dar es Salaam, United Republic of Tanzania
Telephone:	(+255) 2410075 or (+255) 0741408401
E-mail:	ids@udsm.ac.tz or shayorose@hotmail.com

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Health
Title of the research project	Stroke incidence study for Dar es Salaam and Hai District, United Republic of Tanzania
Expected beginning and ending dates	01 January 2003 – 31 December 2005
Main purpose	The main purpose of the project is to look at the risk factors, etiology, outcome and social implications of stroke in representative rural and urban areas of the United Republic of Tanzania.
Keywords	Stroke; Epidemiology; Etiology; Social impact
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Stroke appears to be an emerging problem in sub-Saharan Africa and yet there are very few data on incidence, etiology (hemorrhage or infarction), outcome in terms of mortality and morbidity, and the pattern of risk factors. The risk factor profile appears to be significantly different from westernized countries but no previous study has collected a community-based control population. While a study previously conducted in the United Republic of Tanzania showed that the age-standardized stroke mortality rates for the three Adult, Morbidity and Mortality Project (AMMP) areas were higher than the UK, the aims of this study were to understand whether this difference was due to a higher case fatality or the prevalence of impairment and disability relating to stroke in the Hai study population was lower than the previous studies in developed countries.</p> <p>We proposed to conduct a stroke incidence study, with data collection for three complete years, in the Dar-es-Salaam and Hai study populations of the AMMP. We will compare the risk factor profile of the stroke patients</p>	

with age and sex matched community controls. Investigations will include CT head scans (for stroke patients) as well as ECG, echocardiogram and blood tests. The stroke patients will be followed up at 28 days and six months by the research associates to record case fatality and residual impairment and disability in survivors.

UPDATED PUBLICATIONS

1. Walker R, Whiting D, Unwin N, Mugusi F, and others Stroke incidence in rural and urban Tanzania: a prospective, community-based study. *Lancet Neurology*. 2010; 9(8):786-92.
2. Howitt SC, Jones MP, Jusabani A, Gray WK, and others A cross-sectional study of quality of life in incident stroke survivors in rural northern Tanzania. *Journal of Neurology*. 2011; 258(8):1422-30.
3. Walker RW, Jusabani A, Aris E, Gray WK, Mitra D, Swai M. A prospective study of stroke sub-type from within an incident population in Tanzania. *South African Medical J*. 2011; 101(5):338-44.
4. Walker RW, Jusabani A, Aris E, Gray WK, and others Post-stroke case fatality within an incident population in rural Tanzania. *Journal of Neurology, Neurosurgery & Psychiatry*. 2011; 82(9):1001-5.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Dr. Richard W. Walker
Institution:	North Tyneside General Hospital, University of Newcastle Upon Tyne
Street/po box:	Rake Lane
City/ Country:	North Sheilds / England
Postal code	NE29 8NH
Telephone:	(+44) 191 2932709
E-mail:	Richard.Walker@northumbria-healthcare.nhs.uk
Affiliated investigators:	
Name:	Email address:
Prof. K George M.M. Alberti	

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Care Provision, Intergenerational relations
Title of the research project	Health, nutrition and medical care for older people.
Expected beginning and ending dates :	31 January 2000 – 6 February 2000
Main purpose	This research sought to prepare a paper on the health status and health care of the aged in the United Republic of Tanzania.
Keywords	Health conditions and health care of the aged; nutrition; NGO
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The aged in Tanzania are on the increase. For far too long their agendas have been taken for granted assuming that general plans and policies are inclusive. This in reality is not true. That is why the elderly have continued to suffer silently. This paper was commissioned by HelpAge International Tanzania during the preparation for policy on old people.</p> <p>The main aim of this project was to provide facts on health, nutrition and medical care for old people in Tanzania.</p> <p>No field work was done; it was primarily a secondary data collection using grey literature and personal experience in medical field for 20 years.</p> <p>The health sector is rather conspicuous in its lack of specific focus on the aged. It has become very clear that the Health Care Policy assumes that the aged will come along anyway. That has not been the case. Provisions have been made like in cost sharing to exempt the elderly. However the process is not clear and it is not attractive to potential candidates. So they cannot use it and their accessibility to care continues to be evasive. It has also been observed that there is no trained manpower in geriatrics. Fear of the unknown drives the medical personnel away from the aged. To complement this, the aged feels disliked and so they seek alternative health care or they opt to die at home. To complicate this matter further, there is little research in</p>	

this subject, hence limited public focus. Likewise most donors and NGOs have given the problems of the elderly very little attention. Unlike the Health Policy, the Nutrition Policy of Tanzania Food and Nutrition Centre has a section on the Elderly people, although no specific supportive system to old people is yet to be realized.

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

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Mr. Angwara D. Kiwara
Institution:	Institute of Development Studies, Muhimbili University College
Street/po box:	P.O.Box 65454
City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	(+255) 2152761
E-mail:	dids@muchs.ac.tz

GENERAL INFORMATION

Country:	United Republic of Tanzania
General area of investigation:	Health
Title of the research project	Adult, Morbidity and Mortality Project (AMMP)
Expected beginning and ending dates :	1993 - March 2004
Main purpose	To provide the Ministry of Health and other stakeholders with community based burden of disease information for planning.
Keywords	Mortality surveillance system; demographic surveillance system

GENERAL ABSTRACT FOR THIS PROJECT:

Data showing morbidity and mortality are important for both planners and government. The project aims to furnish the Government of the Republic of Tanzania with this essential information for better development and planning. This report covers phase one of the project. The project is carried out in Hai district representing a developed district, Morogoro representing a typical rural area and Dar Es Salaam representing urban residence. Cause of death is determined by verbal autopsy and validation studies are done to ensure accuracy. Information from the three study regions shown that, the 60-plus group has the highest mortality rate compared to the other age groups. The death rates for men are higher than those of women. Comparable figures from England and Wales show that rates for males are also higher than for females. It is also observed that the crude death rate for men aged over 59 years was 77.6 per 1000 per year in Dar es Salaam, 43.3 per 100 per year in Hai, and 56.8 per 100 per year in Morogoro. The corresponding figures for women were 69.7 per 1000 per year, 32.3 per 100 per year and 93.0 per 1000 per year respectively. It has also been established that the probability of death before age 70 of a 60 year old man was 36 per cent in Dar es Salaam, 20 per cent in Hai and 24 per cent in Morogoro. For women, the figures were 28 per cent, 12 per cent and 17 per cent, respectively. For men, the most frequent cause of death in Kilimanjaro and Dar es Salaam in older adults was stroke. In Morogoro district, this cause of death was the 11th in ranking. In the later region, the first cause of death was acute febrile illness including malaria. The Dar es Salaam dwelling older adults were affected by heart failure as the second commonest cause of death. This cause was 7th in Kilimanjaro and 6th in Morogoro. The second commonest cause of death in Kilimanjaro was pneumonia. This cause was 9th in Dar es Salaam

and 4th in Morogoro. Acute diarrhoea disease was the second commonest cause of death in Morogoro, whereas it was the 7th in Dar es Salaam and 5th in Kilimanjaro. Stroke, heart failure, diabetes, asthma and liver disease are non-infectious conditions which appear among the top fifteen commonest causes of death. AIDS was the fourth cause of death in Dar es Salaam men in this age group, but did not appear in the top 15 for Kilimanjaro and Morogoro.

The fact that there are higher death rates among men than women, geographical differences in specific death rates suggests different interventions are needed according to needs.

UPDATED PUBLICATIONS

- Whiting DR, Setel PW, Chandramohan D, Wolfson LJ, Hemed Y, Lopez AD. Estimating cause-specific mortality from community-and facility-based data sources in the United Republic of Tanzania: options and implications for mortality burden estimates. *Bulletin of the World Health Organization*. 2006; 84(12):940-8.
- Setel PW, Whiting DR, Hemed Y, Chandramohan D, Wolfson LJ, Alberti K, and others Validity of verbal autopsy procedures for determining cause of death in Tanzania. *Tropical Medicine & International Health*. 2006; 11(5):681-96.
- Setel P, Whiting D, Hemed Y, Alberti K. Educational status is related to mortality at the community level in three areas of Tanzania, 1992–1998. *Journal of Epidemiology and Community Health*. 2000; 54(12):936-74.
- Walker RW, Jusabani A, Aris E, Gray WK, Whiting D, Kabadi G, and others Post-stroke case fatality within an incident population in rural Tanzania. *Journal of Neurology, Neurosurgery & Psychiatry*. 2011; 82(9):1001-5.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Mr. Philip Setel
E-mail:	https://www.researchgate.net/profile/Philip_Setel

GENERAL INFORMATION

Country:	United Republic of Tanzania
General area of investigation	Care Provision, Intergenerational relations
Title of the research project	Older adults and their maintenance (NSWTI)
Expected beginning and ending dates	1998
Main purpose	To identify factors that attribute to sociological and economic difficulties faced by older adults in Dar es Salaam.
Keywords	Ageing; Health; Social well-being; Intergenerational relations

GENERAL ABSTRACT FOR THIS PROJECT:

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

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

The findings revealed that the gradual family disintegration contributed to the problems of older people in Dar es Salaam. Social changes which emerged in these dynamic societal changes gave many problems to older adults.

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

'Public awareness seems to be an immediate solution to the problems facing the aged'. It was

documented that older adults were not aware of their problems and families forgot their role as carers. The author recommends that the government updates policies towards older adults in recognition of current societal changes and launches community awareness on how people should prepare themselves towards ageing.	
Other comments	This study was done as partial fulfilment in awarding Diploma in Social work at the parent institute. The personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However the institute address is provided below.
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Mussa B. Mapua
Institution:	National Social Welfare Training Institute
Street/po box:	Box 3375
City/ Country:	Dar es Salaam, United Republic of Tanzania
Telephone:	+255 22 274443/ 2700918

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Attitudes, Stress/anxiety, Caregiving
Title of the research project	Relationship between old age and stress development
Expected beginning and ending dates	June 1998
Main purpose	To evaluate people's attitudes regarding ageing and causes of stress among older adults
Keywords	People's attitudes towards ageing; Stress
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Increasing stress and negative attitudes towards the ageing process and older persons has become a societal problem. Anecdotal stories from older persons indicate this issue is increasing. The study hypothesized that negative attitudes of people towards older age lead to the development of stress; economic hardship among older adults contributed to stress and home based care can contribute at tackling stress in older adults. The aims of the research were three fold, to evaluate people's attitudes towards ageing, identify causes of stress and suggest measures for stress management and avoidance in older age.</p> <p>The study was conducted in Iringa Municipality, chosen conveniently. The study targeted old people, welfare officers and religious leaders. The sampling frame was 2150 from which a sample of 100 was randomly selected, resulting in 50 older persons, consisting of 20 welfare officers and 30 religious leaders. Data collection was done using an open ended questionnaire and interviews. Secondary data collection using grey literature was done. A total of 88 respondents were analyzed. The study revealed that most of the respondents had negative attitudes towards older age leading to stressful life. Stressful life among older adults causes economic hardship and dependency. The study further documents that families do not take responsibilities in caring for older adults, the reciprocal responsibilities are gradually wearing out. According to the findings, family based old age care is the best alternative to help older persons.</p> <p>It was recommended that community awareness be increased to enhance understanding of old age processes. Advance preparation for this necessary stage in life would result in lower levels of stress.</p> <p>Comments: <i>This study was done as partial fulfilment in awarding Diploma in Social Work at the parent institute. Seemingly, the personal contact could not be retrieved after graduation. The abstract provided was extracted from the main text in the library. However the institute address is provided below.</i></p>	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Joyce S. Kivamba

Institution:	National Social Welfare Training Institute
Street/po box:	3375
City/ Country:	Dar es Salaam, United Republic of Tanzania
Telephone:	+255 22 274443/ 2700918
Affiliated investigators:	
Name:	Email address:
J. Mwinulla	

GENERAL INFORMATION	
Country:	United Republic of Tanzania
General area of investigation:	Social Policy, Older women
Title of the research project	Sukumaland Older Women's Programme, Magu district Mwanza region; report on baseline survey
Expected beginning and ending dates :	November 2000 – May 2001
Main purpose	Document sustainable improvement in the physical and livelihood security of older people in Magu district, Mwanza region.
Keywords	Small-scale income generating projects
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Insecurity is an issue for older women in Tanzania. One organization, the Sukumaland Older Women's programme (SOWP) is an effective livelihood security programme for older people. This project aimed to collect information on the current situation of old people in Magus district by surveying more than 300 households. The overall programme is aimed at assessing sustainable improvement in physical and livelihood security of older people in Magu. Magu district was purposeful chosen because of pre-existing Sukuma Land Old Women's Project. 13 villages were chosen for convenience representing different geographical location. A total of 265 households were selected by convenience. A member of the family was interviewed, but only 260 questionnaires were deemed analyzable. A focus group discussion was done in each village and on the spot observations made. A majority of interviewees (26.5 per cent) were aged 70-75 years, followed by 64-69y, 58-63y, 76-81y, respectively. The feeling of many respondents is that bottlenecks in entrepreneurial development have accrued due to factors such as low capital base, unreliable market outlets, poor transportation services, scarcity of raw materials, credit default by creditors, and high taxes. Combined assessment of priorities for potential sectors for economic development points to food and cash crops, wholesale and retail trade, meat and live cattle and fishing sectors. These sectors can revive the economic situation of the district. Older people recommended as potential source of income: retail trade, selling cereals and fish, making and selling local brews, vegetable farming and fishing. The researcher feels that much exploration is needed in the agricultural sector for an effective and sustainable project. It is also recommended that apart from activities that older adults can engage in, such as rearing local chickens, goats, sheep, ducks, and cattle, they need training encompassing business management and the creation of structures to promote trade among them. <i>The research report is available at HelpAge International Office, Tanzania.</i></p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Mesaki S. The tragedy of ageing: Witch killings and poor governance among the Sukuma. Dealing with uncertainty in contemporary African lives. Stockholm: Nordiska Afrikainstitutet. 2009:72-90. 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Dr. Semione Mesaki
Institution:	HelpAge International Tanzania
Street/po box:	194 Chato St., Regent Estate

City/ Country:	Dar es Salaam/ United Republic of Tanzania
Telephone:	(+255) 22 2774444796/2700169
E-mail:	haitz@africaonline.co.tz
GENERAL INFORMATION	
Country	The United Republic of Tanzania (1)
General area of investigation	Social policy
Title of the research project	The (missing) social protection for older people in Tanzania: A comparative study in rural and urban areas
Expected beginning and ending dates	April 2008 – December 2009
Main purpose	To investigate and identify formal and informal social protection mechanisms in rural and urban areas in Tanzania
Keywords	Social support system; Poverty; Gender differences
GENERAL ABSTRACT FOR THIS PROJECT	
<p>The United Republic of Tanzania, like many other African countries, faces serious demographic changes in the coming decades, in particular, the exponential growth of the ageing population and increasing longevity. However, demographic projections do not correspond with existing social policies and programmes for older people. The overwhelming majority of older people lack formal social protection. Additionally, informal social support systems provided by families and community are under severe stress due to poverty, HIV/AIDS, modernization, and rural-to-urban migration.</p> <p>The objectives of this study were fourfold, to:</p> <ul style="list-style-type: none"> - examine both formal and informal social protection systems and their impact on older people living in rural and urban settings in Tanzania; - explore main problems that limit provision of adequate social protection for older people; - assess the coping mechanisms employed by older people to address problems associated with poor social protection; and, - analyse gender differences in old age with regard to the provision of social protection mechanisms. <p>Guided questionnaires were conducted targeting 400 older people (233 women, 167 men) in order to generate statistical baseline data. Forty semi-structured interviews were conducted with 20 women and 20 men in order to generate in-depth qualitative data. Three focus group discussions with key stakeholders were conducted in order to integrate perspectives of a wide range of stakeholders including civil society, charity organizations, and political representatives. Focus groups were attended by an average of eight participants. Older people in Tanzania face a fundamental lack of social protection. This has been seen in extremely scarce entitlements to pensions, inadequate health services, and limited social assistance programmes for poor and vulnerable households. Older people face a series of multi-faceted problems, including poor living conditions, low income, inadequate water supply, food insecurity, additional burden in the care for their sick children and orphaned grandchildren, lack of education, marginalization, inequity in terms of age and gender discrimination, and social exclusion. They also suffer from diminishing family and community support. Forty-seven percent of study respondents reported an absolute lack of assistance from family members. Policies and programmes in Tanzania are not well prepared to face the challenges of demographic scenarios affecting older people. Although Tanzania has a National Ageing Policy and older people are included in national social protection and poverty reduction strategies, laws which enforce these are not in place. Decision making authorities should collaborate with older people in order to develop laws which support the policies.</p>	

PUBLICATIONS:	
Spitzer H., Rwegoshora H. and Mabeyo Z. M (2009). The (Missing) Social Protection for Older People in Tanzania. A Comparative Study in Rural and Urban Areas, Feldkirchen/Dar es Salaam. Available at: < http://www.kef-online.at/images/stories/downloads/Projektbericht/p163_endbericht_tansania.pdf .	
Spitzer H., and Mabeyo Z. M., (2011). In Search of Protection: Older people and their Fight for Survival in Tanzania, Drava Verlag/Mkuki na Nyota, Klagenfurt. Dar es Salaam.	
Funding source	Commission for Development Studies, Austria
Acknowledgements	We acknowledge the support of the Commission for Development Studies in Vienna.
MANAGER'S CONTACT INFORMATION	
Name	Helmut Spitzer
Professional Title	Professor of Social Work
Department	Department of Social Work
Institution	Carinthia University of Applied Sciences
Street/PO Box	Hauptplatz 12
City	Feldkirchen
Postal Code	9560
Country	Austria
Telephone	+43 0590500 4219
E-mail	spitzer@cuas.at
AFFILIATED INVESTIGATORS	
Name	Email address
Zena Mnasi Mabeyo	zlyuwo@yahoo.com
Hossea Rwegoshora	atulinda2002@yahoo.com

GENERAL INFORMATION	
Country	United Republic of Tanzania (2)
General area of investigation	Care provision
Title of the research project	From 'Cure to Care' among older adults. Old-age vulnerability in Tanzania.
Expected beginning and ending dates	July 2008 – December 2011
Main purpose	To gain a broader and deepened understanding of old-age vulnerability to care support of older people in Tanzania.
Keywords	Ageing; Health; Caregiving
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Global demographic estimates show that the absolute number of people aged 60 years and older will at least double in sub-Saharan Africa by 2050, and rise by more than 200 per cent in some African countries. This research project uses a conceptual framework of 'health transition', which includes demographic and epidemiological transformation, socio-cultural change, urbanisation and migration as well as change of lifestyle to examine changes in health needs and expectations of older persons. The six specific research objectives are to:</p> <ol style="list-style-type: none"> 1) investigate how people perceive, judge and represent older age and the ageing process. 2) identify household composition and care relationship of older people and compare their social network and economic environment. 	

- 3) look into resources and capacities of older people, which strengthen their resilience regarding care provision.
- 4) explore the significance of rural-urban relations for older people and their family.
- 5) find out the role and burden of older caregivers.
- 6) assess nature and priority of (health) care improvements for older people from an emic and etic perspective.

Qualitative (e.g. semi-structured questionnaire; focus group discussion; direct observation; structured interview incl. life history interview; diary keeping; case studies; group discussion with visualizing techniques and historical profiles; scaling and ranking methods; participatory mapping; guided tours/walks; key person interview) and, on a smaller scale, quantitative research methods (e.g. DSS statistics) are applied to achieve these objectives. The study approach comprises different societal levels, namely community, household and individuals, and diverse stakeholders:

- A) Stakeholder study on international, national, regional and local level (in Dar es Salaam and Rufiji District).
- B) Community study in two rural sites (=2 villages from Rufiji DSS area) and in one urban site (=Mbagala in Temeke District, Dar es Salaam).
- C) Household study (N=150) in the above two rural sites (N=100) and one urban area (=Temeke District; N=50).
- D) Age cohort study (N=75) deriving from above household study with focus on individual older persons (≥ 60 years) in rural (N=50) and urban area (N=25).

1. Investigate how old people perceive, judge and represent 'old age' and their ageing process.

Urban Mbagala: Growing old is experienced by older adults as a process expressed in social interaction and felt by bodily changes. Bodily changes encompass menopause, loss of strength and sexual desire, forgetfulness and failing eyesight. Social ageing is experienced in the context of changing social roles within the family and the community, such as becoming grandparents, pensioners or advisors for neighbourhood conflicts.

Rural Rufiji: Bodily changes or signs, pains and social obligation/engagements become the first marker used to identify the older person. This goes hand in hand with one's social role (being called *babu/bibi*) that is given by the family or community. However, a closer inspection of older people illustrates that just like many other individuals in the community, they are engaged with the daily work that everybody else does.

2. Identify household composition and care relationship and compare corresponding social networks and economic environment of older people.

Urban Mbagala: The social and economic profile of the investigated households (women: 23, men: 27) was diverse. 19 women and only four men were single; these women usually stay in family houses either permanently or temporarily. However, most older adults live together with their spouse, adult children and grandchildren in their own houses.

Rural Rufiji: The social networks include kinship ties, neighbours, community and other non-kin actors. These networks show several unique and sometimes overlapping layers that are utilized by an older person in need of care. The findings show a variety of household composition in the two rural research sites: (1) living alone, (2) living with spouse only, (3) living with children only, (4) living with adults aged 18-24 years and children, (5) living with adults aged 25-59 years, and (6) living with another older adult. The important point to note is that the number of people in a household does not guarantee better (or any) care of and older person: the quality of care depends on other things than people being physically present.

3. Look into resources and capacities of older people that strengthen their resilience regarding care and support.

Urban Mbagala: Widows and divorcees are the most vulnerable to failing care provision during old age and illness. Relatives who take over responsibilities during a health crisis of an older person are mostly close kin. Church groups, NGOs and civil society clubs become an important (additional) support resource providing medication and financial aid when an older person experiences a short term crisis or a chronic illness condition.

Rural Rufiji: Diseases during old age challenge their ability and sometimes reduce their performance. However, these conditions don't necessarily mean an endpoint: they develop various flexible measures to

counteract their old age vulnerability. Likewise, the use of mobile phones is widespread in both villages, and the ways how these mobiles phones are used by older adults vary considerably. In the main, these devices are used to reach other family members and/or ask for advice after one has fallen ill.

4. Explore the significance of rural-urban relations for older persons.

Urban Mbagala: Older adults are very mobile, travelling between their urban residency and the villages for various reasons. Many own small farms, which they cultivate either by themselves or with the support of hired labour or family members. Almost all urban dwellers want to be buried among their ancestors in their home villages.

Rural Rufiji: The most noticeable mobility of older adults was during agricultural season where the family members move to the distant farms, living in a temporarily built hut. Activities such as burials, ritual cleansing for girls, weddings and birth are mentioned as good reasons for an older adult to visit or being visited depending on the condition and where an event is happening.

5. Find out the role and burden of older care-givers.

Urban Mbagala: Grandparents become primary care-giver for grandchildren, not only because of death of at least one parent but also of teenage mothers who are unable to raise their child, or divorced daughters who remarry: they often leave their children with the grandparents. Despite the high work load none of the interviewees complained about being a caregiver, but it rather seemed to be a ‘normal’ task in life when the care need arises.

Rural Rufiji: Generally, there are times when each member in the household has to contribute something: even if older people receive care, there are times when they also provide care. This shows a shared ‘normative’ responsibility from their perspective: care-giving is in fact an obligation. This is more pronounced among older women who still live with their husbands.

6. Assess nature and priority of care improvements for older people

Urban Mbagala: The ‘Ageing Policy’ and the ‘National Strategy for Growth and Reduction of Poverty’ build on the vision for improved quality of life and social well-being for Tanzanians through government service delivery. Health care services free of charge in government facilities include free consultation, free laboratory testing and free medication; however, the lack of available free medicines fuels dissatisfaction among older adults.

Rural Rufiji: Many health programs focus more on mother and child health than on older persons. Consequently, the majority of older adults do not go to the hospitals but rather prefer going to shops or small pharmacies where they buy the tablets (mainly pain killers); others rely on traditional herbs and ‘ritual experts’/healers.

Tanzania was one of the first countries in Africa to formulate a ‘National Policy on Ageing’ in 2003, by highlighting older citizens as the new driving force for national development. However, geriatric service provision needs to be improved and up-scaled in order to better reach out to older people, especially to those whose therapeutic itineraries are small and limited, as they easily become vulnerable by having little or no response options to their needy health situation.

Publications

van Eeuwijk P. The elderly providing care for the elderly in Tanzania and Indonesia: Making ‘Elder to Elder’ care visible. *Sociologus*. 2014;64(1):29-52.

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MANAGER'S CONTACT INFORMATION

Name	Peter van Eeuwijk
Professional Title	Dr. Phil., MA, PhD, Dipl. NADEL
Department	Institute of Social Anthropology
Institution	University of Basel

Street/PO Box	Muensterplatz 19
City	Basel
Postal Code	4051
Country	Switzerland
Telephone	+41 61 267 27 39
E-mail	peter.vaneeuwijk@unibas.ch
AFFILIATED INVESTIGATORS	
Name	Email address
Brigit Obrist	brigit.obrist@unibas.ch
Jana Gerold	jana.gerold@unibas.ch
Vendelin Tarmo Simon	tarmo@udsm.ac.tz vendelin.simon@unibas.ch
Joyce Nyoni	joycenyoni@yahoo.com
Honorati Masanja	hmasanja@ihi.or.tz

TOGO

GENERAL INFORMATION	
Country	Togo
General area of investigation	HIV/AIDS
Title of the research project	Self-reported health and personal networks among older people with HIV/AIDS in Lome, Togo
Expected beginning and ending dates	2012
Main purpose	To study social network among older people living with HIV/AIDS
Keywords	Social Support; Support needs; Health status
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Personal social networks and their association with the health of older people have been explored, but there are few studies that examined the relationship between the general health of older people living with HIV/AIDS (OPLWHA) and their personal social networks. This exploratory study investigates the characteristics of personal networks among OPLWHA and the relationship between the self-rated health and personal social networks of OPLWHA in Lomé, Togo. Forty-nine OPLWHA were interviewed via an egocentric survey. We examined the composition and size of the networks of OPLWHA. Also, the correlation between networks and self-reported health was examined. Findings show that the OPLWHA had personal social networks that included three types of people: immediate kin, extended kin, and non-kin. Additionally, these networks varied by size. While the mean number of people in the smaller network (people from whom the OPLWHA can borrow an important sum of money) was less than one person (0.55), the mean number of people in the larger network was three (people with whom the OPLWHA enjoy socializing). Furthermore, only the network of people with whom OPLWHA enjoy socializing had a significant positive correlation on the self-rated health of OPLWHA. Consistent with prior research, we found that the mere existence of a network does not imply that the network has a positive correlation with the subject or that the network provides the social support needed to positively influence health. A study of the correlation between social network characteristics and health in the population of older people with HIV/AIDS is important as the number of OPLWHA continues to grow.</p>	
Funding source	University of North Texas faculty grant
MANAGER'S CONTACT INFORMATION:	
Name:	Ami R. Moore
Professional Title	Associate Professor
Department:	Sociology
Institution:	University of North Texas
Street/PO Box:	1155 Union Circle #311157
City:	Denton
Postal Code	76203
Country:	USA
Telephone:	9405654267
E-mail:	amoore@unt.edu

UGANDA

GENERAL INFORMATION:	
Country	Uganda (1)
General area of investigation	Health and wellbeing
Title of the research project	SAGE Wellbeing of Older People Study (WOPS) in Uganda (Wave 1)
Expected beginning and ending dates	2009 – 2010
Main purpose	To describe the roles, health problems (physical and emotional) and social wellbeing of older people that are directly or indirectly affected by HIV/AIDS, with special attention to the effects of the introduction of ART.
Keywords	Caregiving; Health status; HIV/AIDS
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Despite the growing number of older people in Africa, there is limited information on the general health and well-being of older people in sub-Saharan Africa. Even less is known about the health and well-being of older people who are HIV infected or are indirectly affected by the consequences of HIV and AIDS among family members. This is especially important in sub-Saharan Africa, where about two-thirds of all HIV infected people in the world live. Most evidence on the multiple health issues of older persons affected by HIV/AIDS is derived from qualitative studies, studies with purposive sampling of only HIV/AIDS affected older people, and studies using a limited set of health questions. Therefore, this study aimed to investigate the health and wellbeing of older people directly or indirectly affected by HIV/AIDS in Uganda. A cross sectional survey was conducted at two sites in Uganda, in older people (aged 50+) directly or indirectly affected by HIV/AIDS. A questionnaire adapted from the WHO study on global ageing and adult health was used to collect the data. Blood samples were also collected using dried blood spots for future study of haemoglobin and biomarkers of chronic infections. In total 198 men and 312 women participated in the survey. Men had better self-reported health and functional status than women as well as lower self-reported prevalence of chronic diseases. Chronic diseases were common in both those directly or indirectly affected by HIV. Those who were HIV infected reported similar or even better quality of life and reported fewer disabilities as compared to those who were not HIV infected. There was a big care giving burden for older people in this population, with most of the care provided to children and orphans. Given that there are a number of health problems that affect older people in Uganda, There is need to revise the health care policy and practice in Uganda to consider the health needs of older people, especially those infected or affected by HIV.</p>	
Funding source	US National Institute on Aging and World Health Organization.
Acknowledgements	The authors would like to thank the communities and people who participated in this study. This study was conducted as part of the WHO Study on global AGEing and adult health (SAGE). SAGE is supported by the US National Institute on Aging through Interagency Agreements (OGHA 04034785; YA1323-08-CN-0020; Y1-AG-1005-01) and through a research grant (R01-AG034479). The National Institute on Aging's Division of Behavioral and Social Research, under the directorship of Dr Richard Suzman, has been instrumental in providing continuous support to SAGE. Thanks to Medical Research Council/Uganda Virus Research Institute for the logistics in conducting this study.
Other comments	
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MANAGER'S CONTACT INFORMATION:

Name	Janet Seeley
Professional Title	Professor and head Social Sciences Programme
Department	Social Sciences
Institution	MRC/UVRI, Uganda Research Unit on AIDS.
Street/PO Box	49
City	Entebbe
Postal Code	+256
Country	Uganda
Telephone	0417704000 or 0752731733
E-mail	Janet.seeley@mrcuganda.org

AFFILIATED INVESTIGATORS:

Name	Email address
Joseph Mugisha Okello	Joseph.mugisha@mrcuganda.org
Eugene Kinyanda	Eugene.kinyanda@mrcuganda.org
Francien Scholten	Francien.scholten@gmail.com
Paul Kowal	kowalp@who.int
Somnath Chatterji	chatterjis@who.int
Ties Boerma	boeremat@who.int

GENERAL INFORMATION

Country	Uganda (2)
General area of investigation	Health and Wellbeing
Title of the research project	Anaemia among older people in a rural Ugandan population: Epidemiology, impact, perceptions and treatment outcomes
Expected beginning and ending dates	September 2010 – September 2013

Main purpose	To study the epidemiology, impact, treatment outcomes and perceptions of anaemia among people aged 50 years and older in a General Population Cohort in Kyamulibwa, a rural Ugandan population in Kalungu district in Uganda.
Keywords	Epidemiology; Nutritional deficiency; Aetiology
GENERAL ABSTRACT FOR THIS PROJECT	
<p>WHO estimates show that nearly a quarter of the world's population is affected by anaemia, with the highest prevalence in sub-Saharan Africa. The global prevalence of anaemia among older people (≥ 60 years) is estimated to be 23.9 per cent with 164 million older people affected, yet data on anaemia among older people in Uganda and Africa in general are scarce. This project aimed to study the epidemiology, impact, perceptions, and treatment outcomes of anaemia. Participants were older people (aged 50+) recruited from the General Population Cohort in Uganda between January 2012 and January 2013. Whole blood samples were collected for assessing haemoglobin and other parameters like serum ferritin, serum folate, serum vitamin B12 and C-reactive protein. Questionnaires were used to collect data on sociodemographic characteristics, health behaviours, comorbidities, other risk factors, and disability. Stool samples were collected for hookworm testing, HIV results were extracted from existing databases, and other biophysical measures were taken (weight, height, blood pressure, grip strength, walking speed). Qualitative data to study perceptions were obtained from in-depth interviews. Those found with anaemia were offered conventional treatment for anaemia in Uganda and reviewed after three months of treatment to study treatment response.</p> <p>A total of 1449 older people participated (72.3 per cent response rate). The overall prevalence of anaemia was 20.3 per cent (95 per cent CI 18.2-22.3 per cent). Prevalence was higher in men than women, and increased with age. Independent risk factors for anaemia included: malaria infection, HIV infection, heavy hookworm infection, and low fruit consumption. There was limited evidence for an impact of anaemia on functioning, whether measured objectively (grip strength, walking speed) or subjectively (disability score, fatigue, self-rated health). The normative sample showed that compared to the reference intervals from older people in high income countries, all the haematology parameters from our study population were low. Treatment for anaemia was largely ineffective, with a minimal increase in haemoglobin level after three months of treatment. Qualitative data showed moderate understanding of anaemia and its causes, and a high reliance on traditional medicine. Anaemia was common among older people and impacted on their physical functioning. There is need to include older people in Uganda in anaemia control programmes targeting modifiable risk factors for anaemia.</p>	
Funding source	Medical Research Council (MRC) UK.
Acknowledgements	MRC UK for providing the funding, Janet Seeley (MRC/UVRI, LSHTM) and Hannah Kuper (LSHTM).
Other comments	<ul style="list-style-type: none"> • www.ncbi.nlm.nih.gov/pmc/articles/PMC3806814/ • http://onlinelibrary.wiley.com/doi/10.1111/bjh.13018/abstract • www.ncbi.nlm.nih.gov/pubmed/24388898
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MANAGER'S CONTACT INFORMATION	
Name	Joseph Mugisha Okello
Professional Title	Post-doctoral fellow
Department	Health Sciences
Institution	University of Missouri Columbia and MRC/UVRI, Uganda

Street/PO Box	P.O.Box 49, Entebbe, Uganda
City	Entebbe
Postal Code	+256
Country	Uganda
Telephone	+256 772 444 784
E-mail	Joseph.mugisha@mrcuganda.org
AFFILIATED INVESTIGATORS	
Name	Email address
Janet Seeley	Janet.seeley@mrcuganda.org or janet.seeley@lshtm.ac.uk
Hannah Kuper	hannah.kupper@lshtm.ac.uk

GENERAL INFORMATION:	
Country	Uganda (3)
General area of investigation	Health and wellbeing
Title of the research project	SAGE Wellbeing of Older People Study (WOPS) in Uganda (Wave 2)
Expected beginning and ending dates	2012 – 2013
Main purpose	To follow all participants seen in the first wave (2009-210) and describe longitudinally the survival, health and well-being of older people who are directly and indirectly affected by HIV/AIDS, with special attention to the effects of the introduction of ART.
Keywords	Care giving, Health status, HIV/AIDS
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Despite the growing number of older people in Africa, there is limited information on the general health and well-being of older people in Sub-Saharan Africa. Even less is known about the health and well-being of older people who are HIV infected or are indirectly affected by the consequences of HIV and AIDS among family members. This is especially important in sub-Saharan Africa, where about two-thirds of all HIV infected people in the world live. Most evidence on the multiple health issues of older persons affected by HIV/AIDS is derived from qualitative studies, studies with purposive sampling of only HIV/AIDS affected older people, and studies using a limited set of health questions.</p> <p>The aims of this project were:</p> <ol style="list-style-type: none"> 1. To describe the effects of HIV (with and without ART) on the (physical and mental) health and wellbeing of older people 2. To determine the effects of HIV in older people on their social situation, with special focus on care giving. 3. To document the risk factors for mortality among older people affected and infected with HIV <p>We followed up all the study participants that were seen in the first survey (2009-2010) who were still alive. In addition, we recruited 100 new participants from an AIDS support organisation in Masaka district in Uganda as a replacement for those who had died. A questionnaire similar to the one used in the first survey and adapted from the WHO study on global ageing and adult health was used to collect the data. For those who had died, information surrounding the deaths was obtained from the relatives of the dead respondent. Blood samples were also collected using dried blood spots for future study of haemoglobin and biomarkers of chronic infections. Data analysis is ongoing.</p>	
Funding source	US National Institute on Aging and World Health Organization.
Acknowledgements	The authors would like to thank the communities and people who participated in this study. This study was conducted as part of the WHO Study on global AGEing and adult health (SAGE). SAGE is supported by the US National Institute on Aging through Interagency Agreements (OGHA 04034785; YA1323-08-CN-

	0020; Y1-AG-1005-01) and through a research grant (R01-AG034479). The National Institute on Aging's Division of Behavioral and Social Research, under the directorship of Dr Richard Suzman, has been instrumental in providing continuous support to SAGE. Thanks to Medical Research Council/Uganda Virus Research Institute for the logistics in conducting this study.
MANAGER'S CONTACT INFORMATION:	
Name	Janet Seeley
Professional Title	Professor and head Social Sciences Programme
Department	Social Sciences
Institution	MRC/UVRI, Uganda Research Unit on AIDS.
Street/PO Box	49
City	Entebbe
Postal Code	+256
Country	Uganda
Telephone	0417704000/0752731733
E-mail	Janet.seeley@mrcuganda.org
AFFILIATED INVESTIGATORS:	
Name	Email address
Joseph Mugisha Okello	Joseph.mugisha@mrcuganda.org
Monica Kuteesa	Monica.kuteesa@mrcuganda.org
Paul Kowal	kowalp@who.int
Somnath Chatterji	chatterjis@who.int
Nirmala Naidoo	naidoon@who.int

GENERAL INFORMATION:	
Country	Uganda (4)
General area of investigation	Non-communicable diseases (NCDs)
Title of the research project	Prevalence and risk factors for self-reported non-communicable diseases among older Ugandans: a cross-sectional study
Expected beginning and ending dates	2012 – 2015
Main purpose	To investigate the prevalence of self-reported NCDs and their associated risk factors using a nationally representative sample.
Keywords	Physical functioning; Health; Developing countries
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>There is limited evidence about the prevalence and risk factors for non-communicable diseases (NCDs) among older Ugandans. Therefore, this article is aimed at investigating the prevalence of self-reported NCDs and their associated risk factors using a nationally representative sample. We conducted a secondary analysis of the 2010 Uganda National Household Survey (UNHS) using a weighted sample of 2,382 older people. Frequency distributions for descriptive statistics and Pearson chi-square tests to identify the association between self-reported NCDs and selected explanatory variables were done. Finally, multivariable complementary log-log regressions to estimate the risk factors for self-reported NCDs among older people in Uganda were done. 23 per cent of older persons reported at least one NCD [including hypertension (16 per cent), diabetes (3 per cent), and heart disease (9 per cent)]. Among all older people, reporting NCDs was higher among those aged 60-69 and 70-79; Muslims; and Pentecostals and Seventh Day Adventists (SDAs). In addition, the likelihood of reporting NCDs was higher among older persons who depended on remittances and earned wages; owned a bicycle; were sick in the last 30 days; were disabled; and were women. Conversely, the odds of reporting NCDs were lower for those who were relatives of household heads and were poor. In Uganda, self-reported NCDs</p>	

were associated with advanced age, being a woman, having a disability, ill health in the past 30 days, being rich, depended on remittances and earning wages, being Muslim, Pentecostal and SDAs, and household headship. The Ministry of Health should prevent and manage NCDs by creating awareness in the public and improving the supply of essential drugs for these health conditions. Finally, there is a need for specialized surveillance studies of older people to monitor the trends and patterns of NCDs over time.	
Funding source	Carnegie Corporation of New York, DAAD Germany, Consortium for Advance Research Training in Africa (CARTA)
Acknowledgements	We acknowledge John Eyers for copyediting and Professor Emeritus Göran Bondjers for their comments. The authors thank the Uganda Bureau of Statistics for the permission to use the UNHS data and acknowledge members of the Doctoral Committee: Dr. Valerie Golaz, Dr. Gideon Rutaremwa, and Dr. Sandra Kasoma. The technical support of Simon Kyewalyanga of Uganda Bureau of Statistics, on the merging of the UNHS data is also recognised.
Other comments	http://www.ncbi.nlm.nih.gov/pubmed/26205363
MANAGER'S CONTACT INFORMATION:	
Name	Stephen Ojiambo Wandera
Professional Title	Assistant Lecturer
Department	Population Studies
Institution	Makerere University
Street/PO Box	P.O. Box 7062
City	Kampala
Postal Code	256
Country	Uganda
Telephone	+256774976879
E-mail	swandera@gmail.com ; swandera@bams.mak.ac.ug
AFFILIATED INVESTIGATORS:	
Name	Email address
James Ntozi	intozi@gmail.com
Betty Kwagala	kkwagala@gmail.com

GENERAL INFORMATION:	
Country	Uganda (5)
General area of investigation	Health and wellbeing
Title of the research project	Factors associated with self-reported ill health among older Ugandans: a cross-sectional study
Expected beginning and ending dates	2012 – 2015
Main purpose	To estimate the prevalence of self-reported ill health and to identify associated risk factors among older people (age 50+) in Uganda.
Keywords	Physical functioning, Gender health, Developing countries
GENERAL ABSTRACT FOR THIS PROJECT:	
There is limited research on the prevalence and factors associated with self-reported ill health among older people in Uganda. The aim of this paper was to estimate the prevalence of self-reported ill health and to identify associated risk factors among older people (age 50+) in Uganda. We conducted secondary analysis of a cross sectional survey data from a weighted sample of 2382 older persons from the 2010 Uganda National Household Survey. We used frequency distributions for descriptive statistics, chi-square tests (significance set at 95 per cent) to identify initial associations, and multivariable logistic regressions reporting odds ratios to	

examine observed associations with self-reported ill health. 62 per cent of older people reported ill health in the 30 days preceding the survey. Self-reported ill health was positively associated with being a woman, being among the oldest old, living in the eastern region, being a household head, being Catholic, self-reported non-communicable diseases (NCDs) and being disabled. Gender differentials exist in self-reported ill health among older persons in Uganda.	
Funding source	Carnegie Corporation of New York, DAAD Germany, Consortium for Advance Research Training in Africa (CARTA)
Acknowledgements	We thank the Uganda Bureau of Statistics for the permission to use the UNHS data, and Simon Kyewalyanga, in particular, for the merging of the UNHS files. We acknowledge members of the Doctoral Committee (DC): Associate Professor Gideon Rutaremwa and Dr. Sandra Kasoma. This research was partially supported by the Consortium for Advanced Research Training in Africa (CARTA), and funded by the Wellcome Trust (UK) (Grant No: 087547/Z/08/Z), the Department for International Development (DfID) under the Development Partnerships in Higher Education (DePHE), the Carnegie Corporation of New York (Grant No: B 8606), the Ford Foundation (Grant No: 1100-0399), Google.Org (Grant No: 191994), SIDA (Grant No: 54100029) and MacArthur Foundation (Grant No: 10-95915-000-INP). In addition, we acknowledge the support of DAAD Uganda (Grant No: A/12/94627) for the payment of tuition and functional fees and research allowance.
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MANAGER'S CONTACT INFORMATION:	
Name	Stephen Ojiambo Wandera
Professional Title	Assistant Lecturer
Department	Population Studies
Institution	Makerere University
Street/PO Box	P.O. Box 7062
City	Kampala
Postal Code	256
Country	Uganda
Telephone	+256774976879
E-mail	swandera@gmail.com or swandera@bams.mak.ac.ug
AFFILIATED INVESTIGATORS:	
Name	Email address
James Ntozi	jntozi@gmail.com
Betty Kwagala	kkwagala@gmail.com

GENERAL INFORMATION	
Country	Uganda (6)
General area of investigation	Health care
Title of the research project	Determinants of access to healthcare by older persons in Uganda: a cross-sectional study
Expected beginning and ending dates	2012 – 2015
Main purpose	To investigate factors associated with older persons' healthcare access in Uganda, using a nationally representative sample.
Keywords	Health care access; Gender; Health
GENERAL ABSTRACT FOR THIS PROJECT	
A common perception is that older persons report poor health status and greater need for healthcare; however, there is limited research on older persons' healthcare disparities in Uganda. Therefore, this paper	

aimed at investigating factors associated with older persons' healthcare access in Uganda, using a nationally representative sample. Secondary data analysis was undertaken using a sample of 1602 older persons who reported being sick in the 30 days preceding interview as part of the Uganda National Household Survey (2009/10). Frequency distributions were used to examine descriptive data and chi-square tests to identify initial associations. Generalized linear models (GLM) with the poisson family were fit and the log-link function used to obtain incidence risk ratios (RR) of accessing healthcare in the last 30 days. Seventy-six per cent of older persons accessed healthcare in the last 30 days. Healthcare access was reduced for adults from poorer households (RR = 0.91, 95 per cent CI: 0.83-0.99); with some walking difficulty (RR = 0.90, 95 per cent CI: 0.83-0.97); or with a lot of walking difficulty (RR = 0.84, 95 per cent CI: 0.75-0.95). Conversely, accessing healthcare in the last 30 days increased for those who earned wages (RR = 1.08, 95 per cent CI: 1.00-1.15) and missed work due to illness for 1-7 days (RR = 1.19, 95 per cent CI: 1.10-1.30); and 8-14 days (RR = 1.19, 95 per cent CI: 1.07-1.31). In addition, those who reported non-communicable diseases (NCDs) such as heart disease, hypertension or diabetes (RR = 1.09, 95 per cent CI: 1.01-1.16); were more likely to access healthcare during. In the Ugandan context, health need factors (self-reported NCDs, severity of illness and mobility limitations) and enabling factors (household wealth status and earning wages in particular) were the most important determinants of accessing healthcare in the last 30 days among older persons.

Funding source	Carnegie Corporation of New York, DAAD Germany, Consortium for Advance Research Training in Africa (CARTA)
Acknowledgements	This research was partially supported by the Consortium for Advanced Research Training in Africa (CARTA) and funded by the Wellcome Trust (UK) (Grant No: 087547/Z/08/Z), the Department for International Development (DfID) under the Development Partnerships in Higher Education (DeLPHE), the Carnegie Corporation of New York (Grant No: B 8606), the Ford Foundation (Grant No: 1100-0399), Google.Org (Grant No: 191994), Sida (Grant No: 54100029) and MacArthur Foundation (Grant No: 10-95915-000-INP). We are grateful to the funding received from DAAD Uganda (Grant No: A/12/94627) for payment of tuition fees and some research support. We thank the Uganda Bureau of Statistics for the permission to use the UNHS data and acknowledge members of the Doctoral Committee (DC): Dr. Valerie Golaz, Dr. Gideon Rutaremwa and Dr. Sandra Kasoma. The technical support of Simon Kyewalyanga of Uganda Bureau of Statistics, on the merging of the UNHS data is recognized.
Other comments	http://www.ncbi.nlm.nih.gov/pubmed/25889558

MANAGER'S CONTACT INFORMATION

Name	Stephen Ojiambo Wandera
Professional Title	Assistant Lecturer
Department	Population Studies
Institution	Makerere University
Street/PO Box	P.O. Box 7062
City	Kampala
Postal Code	256
Country	Uganda
Telephone	+256774976879
E-mail	swandera@gmail.com ; swandera@bams.mak.ac.ug

AFFILIATED INVESTIGATORS

Name	Email address
James Ntozi	intozi@gmail.com
Betty Kwagala	kkwagala@gmail.com

GENERAL INFORMATION

Country	Uganda (7)
General area of investigation	Health and disability

Title of the research project	Prevalence and correlates of disability among older Ugandans: Evidence from the Uganda National Household Survey
Expected beginning and ending dates	2012 – 2015
Main purpose	To estimate the prevalence and investigate the correlates of disability among older people in Uganda.
Keywords	Physical functioning; Gender; Health
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Nationally representative evidence on the burden and determinants of disability among older people in sub-Saharan Africa in general, and Uganda in particular, is limited. The aim of this study was to estimate the prevalence and investigate the correlates of disability among older people in Uganda. Secondary analysis of data was undertaken from a sample of 2,382 older persons from the Uganda National Household Survey. Disability was operationalized as either: 1) having a lot of difficulty on any one question; 2) being unable to perform on any one question; or, 3) having some difficulty with two of the six domains. Frequency distributions were used for description, chi-square tests for initial associations, and multivariable logistic regressions to assess the associations. A third of the older adult population was disabled. Among all older persons, disability was associated with advancement in age (OR=4.91, 95 per cent CI: 3.38-7.13), rural residence (0.56, 0.37-0.85), living alone (1.56, 1.07-2.27), separated or divorced (1.96, 1.31-2.94) or widowed (1.86, 1.32-2.61) marital status, households' dependence on remittances (1.48, 1.10-1.98), ill health (2.48, 1.95-3.15), and non-communicable diseases (NCDs) (1.81, 0.80-2.33). Gender was not associated with disability among older persons. Interventions to improve health and functioning of older people need to focus on addressing social inequalities and on the early preventive interventions and management of NCDs in older age in Uganda.</p>	
Funding source	Carnegie Corporation of New York, DAAD Germany, Consortium for Advance Research Training in Africa (CARTA)
Acknowledgements	The authors thank the Uganda Bureau of Statistics for permission to use the UNHS data and members of the Doctoral Committee (DC): Dr. Valerie Golaz, Dr. Gideon Rutaremwa, and Dr. Sandra Kasoma. We acknowledge the valuable comments and review of the manuscript from Prof. Donald Cole. The technical support of Simon Kyewalyanga of Uganda Bureau of Statistics, on the merging of the UNHS data is recognized. This research was partially supported by the Consortium for Advanced Research Training in Africa (CARTA). CARTA is jointly led by the African Population and Health Research Center and the University of the Witwatersrand and funded by the Wellcome Trust (UK) (Grant No: 087547/Z/08/Z), the Department for International Development (DfID) under the Development Partnerships in Higher Education (DePHE), the Carnegie Corporation of New York (Grant No: B 8606), the Ford Foundation (Grant No: 1100-0399), Google.Org (Grant No: 191994), SIDA (Grant No: 54100029) and MacArthur Foundation (Grant No: 10-95915-000-INP). We are grateful to the funding received from DAAD Uganda for payment of Stephen's tuition, functional fees and research allowance. We also acknowledge the support of Population Association of America (PAA) for his participation in the 2014 conference in Boston, where this paper was first presented.
Other comments	Published in www.globalhealthaction.net/index.php/gha/article/view/25686
MANAGER'S CONTACT INFORMATION	
Name	Stephen Ojiambo Wandera
Professional Title	Assistant Lecturer
Department	Population Studies
Institution	Makerere University
Street/PO Box	P.O. Box 7062
City	Kampala
Postal Code	256
Country	Uganda

Telephone	+256774976879
E-mail	swandera@gmail.com ; swandera@bams.mak.ac.ug
AFFILIATED INVESTIGATORS	
Name	Email address
James Ntozi	jntozi@gmail.com
Betty Kwagala	kkwagala@gmail.com

GENERAL INFORMATION:	
Country	Uganda (8)
General area of investigation	HIV/AIDS
Title of the research project	Research on older adults living with HIV (ROAH)
Expected beginning and ending dates	2013 – 2015
Main purpose	To examine lived experience of older adults living with HIV in Uganda with focus on social and cultural factors
Keywords	HIV/AIDS; Mental health; Family and social environment
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Sexual behavior among older adults with HIV in sub-Saharan Africa has been understudied despite the burgeoning of this population. We examined sexual behavior among older adults living with HIV in Uganda. Participants were eligible for the study if they were 50-plus years and living with HIV. Quantitative data were collected through face-to-face interviews, including demographic characteristics, health, sexual behavior and function, and mental health. Participants consisted of 42 men and 59 women. More than one-quarter of these HIV-positive older adults were sexually active. A greater proportion of older HIV-positive men reported being sexually active compared to women (54 vs 15 per cent). Among those who are sexually active, the majority never used condoms. Sixty-one percent of men regarded sex as at least somewhat important (42 per cent), while few women shared this opinion (20 per cent). Multivariate logistic regression analyses revealed that odds of sexual activity in the past year were significantly increased by the availability of a partner (married/cohabitating), better physical functioning, and male gender. As more adults live longer with HIV, it is critical to understand their sexual behavior and related psychosocial variables in order to improve prevention efforts.</p>	
Funding source	HelpAge International
MANAGER'S CONTACT INFORMATION:	
Name	Joel Negin
Professional Title	Associate Professor
Department	School of Public Health
Institution	University of Sydney
Street/PO Box	Edward Ford Building
City	Sydney
Postal Code	2006
Country	Australia
Telephone	+61 2 9036 9262
E-mail	Joel.negin@sydney.edu.au
AFFILIATED INVESTIGATORS:	
Name	Email address
Janet Seeley	janet.seeley@lshtm.ac.uk
Mark Brennan-Ing	mbrennan@acria.org

Stephen Karpiak	
Monica Kuteesa	monakello@gmail.com

GENERAL INFORMATION	
Country	Uganda (9)
General area of investigation	Health and wellbeing
Title of the research project	Addressing the financial, social, and health needs of older Ugandans: A feasibility study for a multi-level social protection intervention
Expected beginning and ending dates	January 2014 – June 2014
Main purpose	To solidify a global collaboration among faculty from many health and social scientific disciplines to pursue a project that will ultimately improve the wellbeing of a vulnerable group of older adults in Africa
Keywords	Family support; Social support system; Health care access
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Older Ugandans, particularly those who are affected by or infected with HIV, are a quickly growing part of the African population that is marginalized, financially fragile, and at great risk for poor mental and physical health outcomes. The Ugandan population is rapidly ageing; rates of poverty among older adults are extremely high—nearly a third live below the poverty line. While less than 5 per cent of the population is over the age of 60, over 65 per cent of older persons suffer from age related disabilities. Further, in Uganda and much of eastern and southern Africa, HIV is a growing issue among older adults, either because older adults are infected with HIV (approximately 6 per cent) or care for those affected by HIV. The rollout of antiretroviral therapy (ARTs) has also enabled HIV-infected people to live longer, increasing the caregivers' burden. An emerging non-communicable disease epidemic among older Africans further increases the need for specialized public health services. Together, these trends create tremendous vulnerability for older Ugandans. In this proposal we will assess local health care facilities and communities to determine their capacity to participate in a packaged intervention that supports older adults; older persons will also be asked about their health care utilization preferences that might include the formal health system, traditional healers, or purchasing medicine from local shops. Understanding where and why older persons access health care will help clarify if and why they are not using the formal health system so that we can build an intervention that will address these issues.</p> <p>The project aims were to:</p> <ol style="list-style-type: none"> (1) assess the feasibility of a large scale intervention that packages inter-related social protections at the individual, community and health system level in rural Uganda; and, (2) prepare an National Institute of Health R01 grant proposal for a full-scale implementation of the intervention (PAR 12-175, <i>Multidisciplinary Studies of HIV/AIDS and Aging</i> in April 2015). <p>The study was conducted in the Kyamulibwa sub-county in Kalungu district, a rural area partially bordering Lake Victoria in the southwest of Uganda. 10 focus group discussions (FGDs) were conducted, each with 6-12 persons aged 60-plus. The aim of the FGDs was to understand, from the perspective of older persons, the desirability of each intervention, barriers to health care, and gaps in social support. For four of the FGDs, MRC/UVRI staff will conducted two FGDs with only HIV-positive individuals and two with only individuals who were diagnosed with a non-communicable disease (e.g. hypertension or diabetes); each of these FGD were single sex (all men or all women). The remaining four FGDs included HIV-positive individuals or those with a diagnosed NCD; two of these included <i>both</i> men and women and two were single sex. FGD participants were recruited from current UVRI survey and study populations in the Kyamulibwa sub-county. All participants were consented prior to participation; all FGDs were conducted in Luganda, recorded and transcribed. In addition, 12-15 key informant interviews (KIIs) and a health system audit was undertaken in the sub-county. Key informants were asked about their views about older person's financial, physical and mental wellbeing,</p>	

<p>and the services they believed were needed to improve older persons' condition. The community leaders were from faith based organizations, community organizations, elected officials, and so forth. When appropriate and available, older community leaders were selected as key informants. All key informants were consented prior to participation; all KIIs were conducted in the participants' language of choice (Luganda or English), recorded and transcribed. The health center audit outlined the age/sex breakdown of current staff, staff roles, current services provided, with additional questions about services utilized by older persons. In addition, observational notes about the nature of services at the health center were collected. Data analysis is ongoing.</p>	
Funding source	University of Missouri, Columbia
Acknowledgements	We would like to thank the University of Missouri for providing the funding for this study, all the older people from Kyamulibwa sub-county who participated in this study, and the MRC/UVRI social science interviewers that collected the data.
MANAGER'S CONTACT INFORMATION	
Name	Enid Schatz
Professional Title	Associate Professor
Department	Health sciences
Institution	University of Missouri Columbia
Street/PO Box	535 Clark Hall
City	Columbia
Postal Code	MO 65211
Country	USA
Telephone	+1-573-882-7196
E-mail	schatzej@health.missouri.edu
AFFILIATED INVESTIGATORS	
Name	Email address
Joseph Mugisha Okello	Joseph.mugisha@mrcuganda.org
Janet Seeley	Janet.seeley@mrcuganda.org
Joel Negin	Joel.negin@sydney.edu.au

GENERAL INFORMATION	
Country	Uganda (10)
General area of investigation	Health Care
Title of the research project	Ageing and public advocacy: Older persons' inclusion in basic health care in Uganda: A case study of Kimanya/Kyabakuza Division, Masaka Municipality, Masaka District
Expected beginning and ending dates	May 2015 – July 2015
Main purpose	To document the older persons' efforts for basic health care inclusion in Kimanya/Kyabakuza Division, Masaka Municipality, Masaka District, Uganda so as to design better advocacy strategies.
Keywords	Older Persons; Health care access; Public Advocacy
GENERAL ABSTRACT FOR THIS PROJECT	
<p>Access to basic health care is still a major health and development issue for older adults. As people get older, their health care needs change. The inclusion of older persons in Uganda's basic health services is still an aspiration. A study was carried out with the aim to document older persons' struggle for basic health care inclusion in Kimanya/Kyabakuza Division, Masaka Municipality, Masaka District, Uganda so as to design better</p>	

<p>advocacy strategies. During the study, observations were made; focus group discussions and interviews of key informants working with older persons in Kimanya/Kyabakuzo Division were carried out. A thematic analysis was performed and emerging categories and themes were identified and presented.</p> <p>Older persons still have challenges in accessing basic health services in terms of availability and affordability of these services. In the context of Uganda and Kimanya/Kyabakuzo Division in particular, the availability of basic health care to older persons in terms of facilities and health care workers is reasonable. However, mobility limitations and affordability of services in terms of price of medication in private health care facilities and lack of household resources are still limiting barriers for accessing basic health care. The Ministry of Health needs to avail more of non-communicable disease medication to lower health centres and train VHTs in geriatrics. On the other hand, older persons need to be given more attention and be encouraged to form groups for supporting each other.</p>	
Funding source	The research was funded with a fellowship from the Irish Aid Fellowship Training Programme
Acknowledgements	The research was funded with a fellowship from the Irish Aid Fellowship Training Programme. The Irish Council for International Students coordinated the whole process, I am so grateful to the entire team. I wish to thank my supervisor Dr Fiona Bateman for her tireless support, advice and direction. I would also like to thank my second supervisor Dr. Diarmuid O'Donovan for his considered interest in the research and for the support and assistance provided, particularly at the early stages of my research process. A special word of thanks is extended to Francien Scholten. I would like to thank Maeve Moynihan. A very special thank you is reserved for Michelle Doranne Mitchell. Special heartfelt thanks go to my wife, for her support, advice, and encouragement and all my children. My mother Christain Nnanyonga and sisters, especially Baaba Night, brothers, friends especially Ssentenza Paul, thank you for being there for me and my workmates at Masaka District Local Government, especially Lillian N Musisi and Ssemwogerere Fredrick Finally, but most especially, I send a great big thank you to Janet Shimanya Musolozza and most importantly to the wonderful old persons and Beatrice Nabitiiri who gave their precious time to share their experiences and whose voices are represented in this research. Thank you all.
Other comments	
MANAGER'S CONTACT INFORMATION	
Name	Michael Miiro
Professional Title	Senior Community Development Officer I/C Disability and Elderly
Department	Social Rehabilitation
Institution	Masaka District Local Government
Street/PO Box	P.O.BOX 634, Masaka – Uganda
City	Masaka
Postal Code	256
Country	Uganda
Telephone	+256702490912/ +256781519292
E-mail	miiro_m@yahoo.co.uk
AFFILIATED INVESTIGATORS	
Name	Email address
Fiona Bateman	Fiona.bateman@nuigalway.ie
GENERAL INFORMATION	
Country	Uganda (11)
General area of investigation	Health care

Title of the research project	Access and utilization of healthcare services: The lived experiences of older adults within public health centres in Uganda.
Expected beginning and ending dates	Dec 2015 – March 2017
Main purpose	To gain insight into the responsiveness of the healthcare system to older adults' healthcare needs as they relate to access and utilization of health services within public health centres in Uganda.
Keywords	Older persons; Health care access; Health status
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Although increased longevity has created a sense of accomplishment in terms of improved life expectancy, it subsequently underscores the critical and urgent need for countries to evaluate the adequacy and preparedness of health systems to appropriately address the diversified healthcare needs associated with an ageing population. In sub-Saharan Africa, the shifts in demographics have resulted in a population of older adults who are often disconnected from their families. This suggests that majority of older adults are responsible for seeking, accessing, utilizing, and navigating the increasing complexity of healthcare delivery systems on their own. In Uganda, the Public Healthcare System has been designed to have a tiered structure of health facilities from Health Centre I-IV providing services from health education to curative and referral services. Although approximately 72 per cent of households in Uganda are within a distance of 5km to the health facility, utilization of services remains low. Investigations of whether this arrangement is truly responsive to the needs of the population served are significantly lacking. Specifically, very little focus and attention has been dedicated to understanding the dynamics involved in accessing and utilizing health facilities and services most especially when it comes to older adults in Uganda. This research is therefore aimed at understanding older adults' views and opinions on their experiences of accessing and utilising the healthcare services in Uganda. It is essential to understand the needs and challenges of the older adults as they navigate the current healthcare systems especially from the older adults themselves. This will be imperative in designing age and need-appropriate interventions and mechanisms for inclusion of older adults in the mainstream healthcare system. Therefore, this project aims to gain a deeper understanding of the lived experiences of older adults in accessing and utilizing of public healthcare services in Uganda. An interpretive phenomenological approach (IPA) to qualitative research will be employed in this study. The aim of IPA is to explore how participants are making sense of their personal and social world. It is concerned with trying to understand how the meanings particular experiences and events are constructed and what they hold for the participants from the point of view of the participant. In addition, IPA emphasizes a research exercise that is dynamic with an active role for the researchers in that process. Accessible older adults, aged 60-plus years will be included in the study. A series of focus group discussions and key informant interviews will be conducted up to a point of data saturation. Central themes constituting the experiences of older adults' experiences of access and utilization of healthcare services in public health centres will be generated.</p>	
MANAGER'S CONTACT INFORMATION:	
Name:	Rose Clarke Nanyonga
Professional Title	Deputy Vice Chancellor
Department:	Vice Chancellery
Institution:	International Health Sciences University
Street/PO Box:	P.O.Box 7782
City:	Kampala
Postal Code	256
Country:	Uganda
Telephone:	0312 307400
E-mail:	nanyongaclarke@ihisu.ac.ug
AFFILIATED INVESTIGATORS:	
Name	Email Address
Teddy Nagaddya	tnagaddya@ihisu.ac.ug OR

GENERAL INFORMATION			
COUNTRY:	Uganda (12)		
GENERAL AREA OF INVESTIGATION: (see list A)	Attitudes, Social Status, Care provision, Family support, Health care,		
Title of the research project:	Empowering older persons and mobilising communities in Uganda: the national social gerontology manual		
Expected beginning and ending dates of the project:	START DATE: 01-2012	END DATE: 12-2014	
Main purpose of the research project:	<p>To test an innovative approach to improve the health and wellbeing of older persons. The activity was part of the development of a social gerontology manual built on two existing approaches- the Community Life Competence Process (CLCP) and EASY Care, which were adapted and combined to enhance individual, family, community, civil society and government action in support of the health and wellbeing of older persons.</p> <p>CLCP was developed by the international nongovernment organisation Constellation for AIDS Competence. Originally, it was development to mobilize communities for an AIDS response, but later other health and social issues were also addressed (e.g. malaria). 1) It is a strength based philosophy, 2) natural leaning cycle, 3) build generic life competence, 4) transformation of actors, 5) delivery model for scale, 6) global reach, local knowledge. See http://www.communitylifecompetence.org/en/</p> <p>EASY care is an assessment tool that aims to identify and respond to unmet health and care needs of older persons. The standard instrument consists of 49 items covering seven domain of physical, mental and social functioning, providing a holistic approach to understanding the issues affecting older persons. In 2010, the EASY Care was adapted, translated and tested in a rural setting by Medical Research Council, Entebbe in 2011, and further testing was done by the NGO Health nest Uganda. The tool guides community workers to stay focused on the most important health and wellbeing domains in a simple manner. The domains are vision, hearing, communication, self-care, mobility, safety and security, accommodation, environment and finance, staying health, mental health.</p>		
KEYWORDS (UP TO 3) (see list B)	1.social change	2.community participation in elderly care	3 health and access to health care
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: In Uganda, services for older persons are very limited. In general, there is little implementing capacity and skills to address older people’s issues in government, civil society organisations and communities. Ageism is common and advocacy and attitude changes are needed at all levels of society. Unmet health needs are prominent among older people, and must be considered in the social, economic and cultural context of ageing.</p> <p>Addressing the key challenges of lack of awareness and commitment at all levels of society, lack of appropriate services and limited availability of resources required an innovative approach that builds upon individual and community strengths. This requires a two-pronged approach. First, it needs actions that involve older persons in their own programmes so that older people remain active in family and community life but also receive care and support when needed. Second, government and civil society community workers should have the</p>			

knowledge and skills to interact with older people, and be responsive to the social wellbeing and health needs of older people.

Aim: To test the innovative approach of the social gerontology manual on Improvement in knowledge, attitude and practices by government and civil society community workers.

Methods: Participatory methods involving stakeholders, communities, government and NGO officers, and MRC researchers were used to develop the intervention method and tools.

Two community surveys (before and after intervention) Prior to the training workshop MRC interviewed 45 older persons (aged 60 years and over) and 47 service “providers”, including 30 community or community based organisation representatives, 10 local government and NGO staff and 7 district officers. Seven months after the workshop, the interviews were repeated. All interviews were conducted using a standard questionnaire on knowledge, attitude and practices towards the position of older people in the community.

Results: The tools were developed through an interactive process, applied in selected communities and eventually rolled out to 10 districts through national training.

The community surveys showed more and better interactions between older people and the community, NGO and government representatives and a shift from government dependence to community self-actions.

The content of the interactions between older persons and providers also improved. Only a small proportion of older people were satisfied with the care and support provided by district, local government and community representatives. The satisfaction with NGO support increased between the two surveys. Older people were most satisfied with support provided by their peers.

According to both types of respondents knowledge of the issues and concerns of older people is best among the community. According to more than 90 per cent of the older people, communities should be aware of all issues related to housing, safety, mental health, poverty, self care and mobility. They also expected high levels of awareness of these issues from local government and NGOs. But not for self care and mobility, which are considered issues for the community. The responses of the providers gave a similar pattern.

Conclusion: Results show the beginning of a shift from a more proactive solution-seeking and inclusive approach by the community and older persons themselves.

Even though this study only involves two communities and the follow-up period was short, the results are very encouraging as they appear to bring about the desirable shifts towards a caring community, supported by greater awareness and understanding of NGO and government workers. Critical factors for success are: 1) attitude change in community and service providers, 2) advocacy—government and NGO aware and focused on older people, 3) focus on capabilities and strengths of older people, 4) holistic multi -sectoral approach, 5) partnership between government, NGO, communities and older people, 6) roll out model to reach districts and communities.

FUNDING SOURCE:	Cordaid, a Dutch organisation for relief and development aid, and EASY Care UK.
ACKNOWLEDGEMENTS	<p>We are grateful to the Director of Medical Research Council, Professor Pontiano Kaleebu, MRC staff, financial administration, drivers, and researchers for their support during the study. We want to express our special thanks to MRC data team, Susan Nakulbulwa for data analysis, and Joy Namutebi Matovu for coordinating the data entry.</p> <p>Many people provided valuable inputs during the development of the training manual. Special thanks go to the facilitators of the different workshops, in particular Cornelius Gulere, Makerere University, Michael Miro Ministry of Local Government- Department of Elderly and Disabled Masaka District, Eunice Musubika Health Nest Uganda, Joyce Mayinja MRC, and Beatrice Kaggya Deputy Commissioner Ministry of Gender, Labour and Social Development (MGLSD). We appreciate the contributions in the various workshops, especially from Dan Kintu Kitovu Mobile Clinic Masaka , Monja Minsi Uganda Reach the Aged Association (URAA), Joseph Bitature Director HelpAge International Uganda, Godfrey</p>

	<p>Nsubuga Community Hive Organization, Hajjati Kakoma Social Worker Elderly, Orphans and Disabled Foundation, Margaret Kabango Uganda Reach the Aged Association, Sarah Ngalombi Nutritionist Ministry of Health, Zam Nayiga Age Concern Uganda, Justin Ojambo National director and founder of Phoebe, Education Fund for aids Orphans (PEFO) and Dr Joseph Mugisha MRC Uganda Research Unit on AIDS.</p> <p>The manual could not have been developed without the active participation of communities, health facility staff, older people’s support groups and district authorities in Wakiso, Masaka, Jinja, Kabarole, Kamwenge, Mbale, Namutumba, Kyenjojo, Arua, Mukono, Oyam and Kamuli, as well as the trainees (district facilitators) from the 12 districts. We are also grateful to all participants who consented to participate in the study in Ssisa Sub County in KKB and Nakawuka parishes, and those who helped piloting the EASY Care instrument in Kitebi Entebbe community and Masaka Municipality.</p> <p>A special thank you to Health Nest Uganda who coordinated the different workshops with a special appreciation for HENU volunteers Eunice Musubika and Florence Namara. We also much appreciate EASY care project manager Judith Long for her guidance and support in adapting and the implementation of the instrument in Uganda, and the Constellation partners for helping us to learn and build the approach for the manual.</p> <p>Last, but not least, this project would not have been successful without the active participation of older people in many communities in Uganda. They were the inspiration to us all!</p>
OTHER COMMENTS	<p>The list of acknowledgement is quite long☺</p> <p>But this work was only possible because of the continuous engagements for a long period of different partners during the development of the manual and after when follow up visits were done by facilitators of the workshops.</p> <p>We believe that this way of working with and for older people has high potential to become a model of care which is sustainable and low cost. The national Social Gerontology Manual can strengthen the awareness and preparedness of health and social services to address older people’s issues, including enhancement of the role of the Ministry of Health.</p> <p>It is recommended to conduct further research to find the most successful and most effective sustainable ways to improve the health and wellbeing of older persons, using the strength based approach.</p> <p>in July 2015 WHO Centre for Health Development, Kobe, Japan held a consultation on community based initiatives that support older people in low and middle income countries (LMIC) . This project was one of the 6 projects which was chosen to present at this meeting.</p>
MANAGER'S CONTACT INFORMATION:	
Name:	Francien Scholten
Professional Title	Social Gerontologist
Department:	
Institution:	MRC/UVRI Uganda Research Unit on Aids, Entebbe Uganda
Street/PO Box:	
City:	Entebbe,
Postal Code	
Country:	Uganda

Telephone:	+41793711971
E-mail:	francien.scholten@gmail.com
AFFILIATED INVESTIGATORS:	
NAME:	EMAIL ADDRESS:
Herbert Baryayebwa, consultant, formerly director Social Protection Ministry of Gender, Labour and Social Development	baryaherbs@gmail.com
John Orach, National Network of Older Persons Uganda-NNOPU	johnorach@yahoo.com
Arthur Namara, NGO Health Nest Uganda-HENU	arthurnamara@yahoo.com
Patrick Menya, Ministry Gender, Labour and Social Development-MGLSD	pmenya2011@gmail.com
Benson Droti , WHO Geneva	drotib@who.int
Marlou de Rouw, Constellation- Global Support Team	marlou@communitylifecompetence.org
Ian Philp, EASY Care Health, director of the EASY care project.	ian.philp@heartofengland.nhs.uk
Janet Seeley, MRC/UVRI Uganda Research Unit on AIDS, Entebbe, Uganda	Janet.Seeley@mrcuganda.org

GENERAL INFORMATION			
COUNTRY:	Uganda (13)		
GENERAL AREA OF INVESTIGATION:	HIV/AIDS		
Title of the research project:	FACTORS INFLUENCING OLDER PERWSONS' ACCESS TO HIV/AIDS SERVICES IN UGANDA		
Expected beginning and ending dates of the project:	START DATE: January 2016	END DATE: May 2016	
Main purpose of the research project:	Influence Government policy on HIV/AIDS service provision to older persons		
KEYWORDS (UP TO 3) (see list B)	1. HIV/AIDS	2. Access	3. Older Persons
GENERAL ABSTRACT FOR THIS PROJECT:			
<p>Background: Uganda has a projected population of 34 million people of whom 1.6million are older persons. Older persons are people who are aged 60 years and above according to the national Policy for Older Persons. Just like any other African Country, Uganda has had devastating effects of the HIV/AIDS epidemic which has seen majority of older persons becoming carers of orphans. Uganda has one of the youngest populations in the country with over 75 per cent of the population below 30 years. As a result, majority of government programmes and interventions target the young population leaving out older persons. HIV/AIDS interventions target mainly the young populations who are regarded to most at risk leaving out older people.</p> <p>Aim: The aim of the research is to establish the factors that influence older persons' access to HIV/AIDS services in Uganda.</p> <p>Methods:</p> <p>The research will use qualitative methods and questionnaires will be administered to persons aged 50 years and over in two districts of Uganda. A total of 30 participants 15 males and 15 females will participate in this research.</p>			

Results: Yet to be established	
FUNDING SOURCE:	This is a research for an award for a MS in Gerontology
ACKNOWLEDGEMENTS	
OTHER COMMENTS	I hope that this research will be able shape HIV/AIDS related service provision for older persons and hope to see more accessible programmes designed for older persons.
MANAGER'S CONTACT INFORMATION:	
Name:	Ajiambo Emily
Professional Title	Senior Gerontologist
Department:	Department of Disability and Elderly,
Institution:	Ministry of Gender, Labour and Social development
Street/PO Box:	P.O.Box 7136
City:	Kampala
Postal Code	
Country:	Uganda
Telephone:	+256774712234
E-mail:	ajiamboemily@gmail.com or eajiambo@mglisd.go.ug

ZAMBIA

GENERAL INFORMATION	
Country:	Zambia
General area of investigation:	Projections, Care Provisions
Title of the research project	A phenomenological study of ageing as perceived by older persons in Zambia.
Expected beginning and ending dates :	July 2001- November 2003
Main purpose	To explore and determine the views, perception, self-care practices and coping strategies used by older persons in Zambia.
Keywords	Perceptions of ageing; Ageing; Older persons
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>The increase in absolute numbers of the older persons in Zambia has created a lot of difficulties for the older persons. The increase in numbers is not matched with proportionate increase in resources and services required to address the cares and concerns of older persons. The advent of HIV/AIDS has not only reduced the social support for older persons, due premature deaths of young adults, but has also altered the roles of the older people. Older people are now breadwinners for the AIDS orphans and themselves. In the absence of good pension schemes and well-developed social security schemes, the older persons age in persistent poverty. Age does not only predispose one to many disabilities, ill health and disease. Age also comes with a lot of psychological, physical, social adjustments. As reduction in income seen at retirement triggers other adjustments like role, social support and psychological, and, this necessitates adjustments to one's environment.</p> <p>Aims of this project were to explore and determine the views, perceptions, self-care practices and coping strategies used by the older persons in Zambia.</p> <p>This was a qualitative study using a phenomenological method. The study was concerned with primary data. Literature review was done to gain working knowledge of the topic. An interview schedule administered by the researcher was used to collect the data. Verbal consent was obtained. The interviews lasted from 1 hour to 2 hours. Data collection was done over a period of three months.</p> <p>The interviews were conducted in the residents' own home or in places chosen by participants themselves. The residents were informed that the data would be brought back to them for authentication. A purposive sample of 12 individuals (men and women) aged 60 years and older were identified and selected from the community and the Old Peoples' Homes. There were no pre-set criteria for selection of the study sample. The preliminary findings of this study indicate that older people are suffering, and they need urgent help. The majority of those that participated in this study are unemployed (with no reliable income), widowed, staying in rented houses, and looking after orphaned grandchildren. Even those in the Old Peoples' Home have not been spared the abuse and neglect. All the participants had an ailment or more. But the health services lack medicines, as a result older persons end up with only prescriptions. In most cases they have no money to honor those prescriptions, meaning they go without treatment for those ailments. The Zambian Health Policy exempts people over the age of 65 years and those with chronic illnesses from paying the user fees. But lack of medicines and issuance of prescriptions, and the introduction of user fees has made the older persons lose confidence in our health services, so they choose to stay home. Despite that the older persons are by law not required to pay user fees at the health institutions, older persons still do pay user fees. This has been due to lack of dissemination of information. Older persons do not seem to be well informed of their rights. Secondly, the relationship between the health services delivery point and the social welfare department [who are supposed to absorb such costs] is not well defined. The older people those who try to use the free service facility get discouraged as they have to move from office to office. A procedure that is long and hectic. Thirdly, older persons also complain of poor reception in some of our health institutions. Whereas some of the older persons speak highly of the health personnel, others have very sad stories. Some older persons think going to the hospital would be a waste of time as they would not get any better. On the question as to who should look after the older persons, the question revealed mixed feelings. The majority of the participants felt that the central government should be able to take care of the older persons, and not the family. There were however</p>	

some participants who still felt that the duty of looking after old parents was the responsibility of the children. And they blamed their misery on being childless. On the perceptions of ageing; those who had a happy life were happy to have attained that chronological age. They said growing old was a good feeling. They thanked God for having preserved them to that mature age. But they bemoaned lack of energy and other changes in the physique. For the older persons with socio-economic difficulties, growing old is a painful process. Neither asked as to what they would say is bad about ageing, some participants felt that no body appreciates nor cares about them. Others said that they felt humiliated as people think that older persons cannot reason. Asked as to what they could change if they were given an opportunity to change things, the majority of the participants indicated that they would have loved to continue with their former jobs, others would have loved to take out a part time job. With lack of respite services, the majority of those in their homes had to cope with all their house work. For those with resources at least they could do with only supervisory roles. All the participants felt that there is need to re-look the pension and social services regulations. *'Older people have no pensions to talk about'*. One participant remarked that, *'Social services in Zambia do not support the older people. If they do then very few people benefit from the scheme. And it is in most cases those in urban areas'*. The participants also acknowledged the need to include older persons in the constitution. At the moment, older persons are lumped together with the disabled and vulnerable persons. The findings of this study also indicate that HIV/AIDS as had a very bad impact on the older persons. The high death rate of young people has left behind a high number of orphans. This has compelled the older people to be more active than before by caring for the orphans, often with no resources.

UPDATED PUBLICATIONS

Namakando-Phiri A. A phenomenological study of ageing amongst the older persons in Zambia. 2004.

MANAGER'S CONTACT INFORMATION:

Professional title & Name:	Ms. Anne N. Phiri
Institution:	Defence Force Medical Services
Street/po box:	PO Box 50507
City/ Country:	Lusaka/ Zambia
Telephone:	(+260) 20 96753760
E-mail:	Selanne@zamtel.zm
Affiliated investigators:	
Name:	Email address:
Ms. Sarie P.	

GENERAL INFORMATION

Country	Zambia
General area of investigation	Ageing
Title of the research project	Population ageing in Zambia: Magnitude, challenges, and determinants
Expected beginning and ending dates	September 2009 – April 2012
Main purpose	To investigate the magnitude, challenges and determinants of population ageing in Zambia
Keywords	Demographics; Functional ability; Future ageing trends

GENERAL ABSTRACT FOR THIS PROJECT

Population ageing has received very little attention and has also been under-studied in Zambia. Little is known about many of the challenges older people face living in Zambia, consequently, there are no known determinants of active ageing applicable to the Zambian context. The study was aimed at investigating challenges older people face, determinants of active ageing, and the existence and adequacy of policies for older people in Zambia. Non-experimental cross-sectional research design was used to collect data for this project. Snowball and purposive sampling was employed to identify respondents. Data collected was both qualitative and quantitative. To estimate past and future ageing patterns, population projections using

<p>SPECTRUM were used. The study demonstrated that Zambia's population, like the rest of Africa is also ageing; older people are faced with numerous challenges occurring at individual or micro level as well as those determined by the socio-economic and demographic environment or macro level; The study also demonstrated that that income accessibility (Economic Determinant), functional limitations (Health Determinants), low self-esteem and loneliness (Personal/Behavioural Determinants), low family and peer interactions (Social Determinants) and HIV/AIDS determine active ageing in Zambia. A paradigm shift where the family is strengthened and encouraged to continue playing its traditional, but significant role of looking after, caring for and supporting older generations is paramount.</p>	
Funding source	UNFPA-Zambia and University of Zambia
Acknowledgements	We acknowledge Associate Professor Augustus Kasumpa Kapungwe for his supervision and our colleagues and staff in the Social Development Studies Department and the Department of Population Studies for their support.
Other comments	Ageing research is not given the due attention in Zambia even with such evidence.
MANAGER'S CONTACT INFORMATION	
Name	Chabila Christopher Mapoma
Professional Title	Doctor
Department	Population Studies, Humanities and Social Sciences
Institution	University of Zambia
Street/PO Box	Great East Road Campus, Box 32379
City	Lusaka
Postal Code	10101
Country	Zambia
Telephone	+260962477531
E-mail	chabilamapoma@gmail.com or christopher.mapoma@unza.zm

ZIMBABWE

GENERAL INFORMATION	
Country:	Zimbabwe
General area of investigation:	Health and Well-being, Socioeconomic
Title of the research project	Minimum Data Set (MDS) Project in Zimbabwe
Expected beginning and ending dates :	January 2000 – June 2003
Main purpose	<ol style="list-style-type: none"> 1. To define key indicators with which to construct a Minimum Data Set for understanding determinants of well-being in older Zimbabweans. 2. To determine the optimal way for Zimbabwe to assemble and disseminate the indicators so that stakeholders have access to a comprehensive, reliable and continually updated source of quality data. 3. To clarify where any additional data collection and dissemination efforts should be focused. 4. To articulate and develop appropriate and sustainable methods of data collection and analysis of indicators that will assist in the development of policy and interventions to promote the well-being of older Zimbabweans. 5. To determine what actions/resources are needed in SSA to improve the situation of older Zimbabweans
Keywords	Policy, data, socio-economic, health, well-being
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Relatively scant knowledge is available on the situations of older persons in sub-Saharan Africa. Reliable and accessible demographic and health statistics are needed to inform policy making for the older population. The process and outcome of a project to create a minimum data set (MDS) on ageing and older persons to provide an evidence base to inform policy are described. The project was initiated by the World Health Organization and conducted in Ghana, South Africa, Tanzania and Zimbabwe. A set of indicators was established to constitute a sub-regional MDS, populated from data sources in the four countries; a national MDS was produced for each country. Major gaps and deficiencies were identified in the available data and difficulties were experienced in accessing data. Specific gaps, and constraints against the production and access of quality data in the sub-region are examined. The project and outcome are evaluated and lessons are drawn. Tasks for future phases of the project to complete and maintain the MDS are outlined.</p>	
UPDATED PUBLICATIONS	
<ol style="list-style-type: none"> 1. Kowal PR, Wolfson LJ, Dowd JE. Creating a minimum data set on ageing in sub-Saharan Africa. <i>Southern African journal of Gerontology</i>. 2000; 9:18-23. 2. Ferreira M, Kowal P. A minimum data set on ageing and older persons in Sub-Saharan Africa: process and outcome. <i>African Population Studies</i>. 2006; 21(1):19-36. 3. Kowal P, Rao PC, Mathers C. Report on a WHO Workshop: Minimum Data Set Version 1.0 on Ageing and Adult Mortality Data in sub-Saharan Africa. Pretoria: South Africa. 2003. 4. Kowal PR, Rao PC, Mathers C. Minimum Data Set on Ageing in sub-Saharan Africa: Report on a WHO Workshop. 2003 	
MANAGER'S CONTACT INFORMATION:	
Professional title & Name:	Professor Nyasha Madzingira
Affiliated investigators:	
Name:	Email address:
Prof. Leontina Kanyowa	

Mr. Sebastian Gavera	
Mr. Joseph Katiyo	

GENERAL INFORMATION:	
Country	Zimbabwe (1)
General area of investigation	HIV and AIDS
Title of the research project	Resilience of grandparent carers fostering orphans in Zimbabwe
Expected beginning and ending dates	February 2012 – March 2015
Main purpose	This study sought to explore the impact of protective factors, health, and well-being on resilience of grandparents fostering orphans.
Keywords	Care giving; Family systems; Social support
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>In sub-Saharan Africa, grandparents are often primary providers of care to children orphaned by HIV. The role of carers can be both demanding and rewarding. Demands are from resource depletion and rewards from supportive engagement of others to address their essential human needs. Such is the case for grandparents with custody of their grandchildren, even for those with surviving parents (non-orphans). Carer roles may come at the cost of grandparents' health and well-being should the demands of caring exceed their resources or protective factors: material, social, health and wellbeing. This study sought to explore resilience profiles of grandparents fostering orphans and the impact of resources on the grandparents' health and well-being. Protective factors associated with health-related resilience among Zimbabwean grandparent carers fostering orphans and non-orphans were explored, taking into account their personal, relational, community, and cultural resources. A cross-sectional mixed method approach with both quantitative and qualitative components was used for this study. Participants were 327 grandparents (quantitative study) and 31 (qualitative study) looking after their grandchildren (mean age=64; standard deviation [SD] =11). Data were collected from grandparents residing in rural areas, urban low, and high density suburbs of Zimbabwe. A probability sampling method (PPS) was used to select a representative sample of grandparents' caregivers. Quantitative sample: using stratified cluster sampling, Zimbabwean grandparent carers (n=327; mean age=62.7; SD=10.7) were recruited through the schools which their grandchildren attended. They completed a questionnaire that included a measure of resilience, and the WHO Quality of Life- BREF (WHOQOL-BREF). Data were analysed using hierarchical regression to predict resilience status from personal competence and acceptance of self and life (ASL). Qualitative sample: qualitative in-depth interviews were used to collect data from 31 participants (mean age = 65.7; SD = 10.7). Thematic content analysis was used to analyse the collected data. Protective factors associated with resilience were personal assets (high self-esteem, problem-solving skills, and mastery) and social assets (social networks and spirituality). Grandparents with higher coping skills, younger age, and high socioeconomic status (SES) had superior personal competences for resilience than peers with lower self-rated personal attributes. Grandparents with good physical and mental health had higher resilience profiles. Mastery and high self-esteem were associated with physical health. Coping skills, mastery, and high self-esteem were associated with mental health. Personal assets are important in that they assist grandparents in the way they perceive caregiving roles. Grandparents with a positive attitude toward life are likely to see caregiving as a challenge rather than a burden.</p> <p>Spirituality, support from spouses, relatives, friends, and other children led to increased well-being and overall role satisfaction. Overall, caregivers with high resilience had better health and higher wellbeing than their counterparts. Thematic analysis revealed that personal resources of feelings towards caregiving, resilient coping strategies, spirituality and satisfaction with carer roles were important to the carer's lived everyday health and wellbeing. Significant social resources for the carers included their family and community networks for child support. The personal and social resources interact to influence lived health and wellbeing. Protective factors were found to play a pivotal role in resilience, health and wellbeing, and caregiving. The resilience scores, health scores and low wellbeing scores highlight the need for assistance to grandparents to enable them to cope adequately with caregiver roles. Policy makers should formulate viable policies that address older caregivers' challenges and stakeholders should implement appropriate intervention.</p>	

Funding source	Australian Postgraduate Award.
Acknowledgements	We acknowledge the International Postgraduate Research Scholarship and Australian Postgraduate Award which financially supported the student.
MANAGER'S CONTACT INFORMATION:	
Name	Robert Cumming
Professional Title	Professor
Department	School of Public Health
Institution	University of Sydney
Street/PO Box	Edward Ford building, A27
City	Sydney
Postal Code	2006
Country	Australia
Telephone	+61 2 9036 6407
E-mail	robert.cumming@sydney.edu.au
AFFILIATED INVESTIGATORS:	
Name	Email address
Magen Mutepfa	Magen.mhaka@yahoo.com

GENERAL INFORMATION	
Country	Zimbabwe (2)
General area of investigation	Family
Title of the research project	Climate change and the livelihoods of the older adults: The case of female headed households in Goromonzi District.
Expected beginning and ending dates	April, 2013 – February, 2016
Main purpose	
Keywords	Ageing; Grandmothers; HIV/AIDS; Older households
GENERAL ABSTRACT FOR THIS PROJECT:	
<p>Current projections show that by the year 2020, between 75 and 250 million of people are likely to be exposed to increased water stress due to climate change. In Zimbabwe over the years, evidence on the ground is pointing to the fact that the country is experiencing climate change. These climatic changes are variously manifesting themselves in notable temperature changes and increased recurrence of droughts and floods. Furthermore, evidence is pointing to the fact that these climate change impacts are not uniform across population segments and regions. While these varied impacts of climate change are ongoing and being felt differently in different regions and by different population categories, older people (especially women) have been omitted in general research and policy responses that have examined the impacts of climate change on different population categories in different regions. This omission of older adults in climate change discourse has been typical at the global, regional, and national levels. The limited studies that have recently focused on the impacts of climate change on older persons as a group have mainly focused on the impacts of climate change on older people's health. On the other hand, most of the writings on the impacts of climate change have mainly focused on the experiences of people living in arid and semi-arid regions, without also focusing on regions which are not typically classified as arid or semi-arid in nature as this study did. As a result, this study has taken a multidimensional view of climate change by looking at it from the context of gender (women), age, agro-ecological zone (Region Two which experiences favourable climatic conditions due to receiving normal to above normal conditions), and location (Goromonzi district). The aim of this research is to examine how older women headed households in Goromonzi district are experiencing the impact of climate change. This research is using a mixed method ethnographic approach with extended fieldwork (twelve months), combining both</p>	

<p>qualitative and quantitative approaches. The main sources of data are both from primary and secondary sources. Specific methods include participant observation, Participatory Rural Appraisal, Focus Group Discussions, Individual life history interviews, and Desk Research. The number of participants is ten older women heads of households with age range of 64 years to 87 years. This research will help in providing increased understanding of the impact of climate change on older adults living in a region with favourable climatic conditions in rural Zimbabwe. This is important in order to understand and provide insights on how rural older women households are achieving their income, food, and livelihood security in the face of climate change in Zimbabwe. This is crucial in order to create resilient communities which can survive in the face of climate change, not only in Zimbabwe but in other regions with similar climatic conditions.</p>	
Funding source	Open Society Foundation
Acknowledgements	The support of the Global Change and Sustainability Research Institute (GCSRI) towards this research is hereby acknowledged.
MANAGER'S CONTACT INFORMATION:	
Name:	Ignatius Gutsa
Professional Title	PhD Student
Department:	Anthropology
Institution:	University of the Witwatersrand
Street/PO Box:	P.Bag 3, P.O Box WITS 2050
City:	Johannesburg
Country:	South Africa
Telephone:	+263773450359
E-mail:	gnatsio@gmail.com

APPENDIX B: Table of projects according to MIPAA classification

This section provides a summary table of projects and their classification according to MIPAA priority areas and issues. In this table, instead of writing the names of issues, only numbers are used.

MIPAA priority areas and issues listed below can be used to refer to the table.

MIPAA PRIORITY DIRECTIONS

I. Older persons and development

Issue 1: Active participation in society & development

Issue 2: Work and ageing labour force

Issue 3: Rural development, migration & urbanization

Issue 4: Access to knowledge, education & training

Issue 5: Intergenerational solidarity

Issue 6: Eradication of poverty

Issue 7: Income, social protection/social security & poverty prevention

Issue 8: Emergency situation

II. Advancing health and well-being into old age

Issue 1: Health promotion & wellbeing throughout life

Issue 2: Universal and equal access to health-care services

Issue 3: Older persons and HIV/AIDS

Issue 4: Training of care providers & health professionals

Issue 5: Mental health needs of older persons

Issue 6: Older persons and disability

III. Ensuring, enabling and supportive environments

Issue 1: Housing and living environment

Issue 2: Care and support for care givers

Issue 3: Neglect, abuse and violence

Issue 4: Images of ageing

All the responses for the new projects provided up to 22 December are included here. Not all research on ageing in Africa is represented here. It should also be noted that some projects relate to multiple areas and issues.

APPENDIX C: Table of projects according to research methods

This section provides a summary table of the methods and analysis used by the countries for their projects. It is important to note that not all the projects presented all the relevant details about their sample, methods and analysis.

COUNTRIES	PROJECT TITLE / CODE	Project duration	Sample	Study Designs	Methods
Ethiopia	Health Needs & Challenges of Service Provisions	2011 - 2012	768 households	Mixed method	Interviews, Questionnaire
Ethiopia, Uganda, Zambia & Zimbabwe (1)	HIV / AIDS - lessons from communities	2011	N=78 informants and 32 FGs	Qualitative	Interviews
Ethiopia, South Africa, Tanzania & Uganda (2)	Older people's access to anti-retroviral therapy	2011 - 2012	N=3541, Age >=15 yrs	Review	
Ethiopia, Uganda, Tanzania and Zambia (3)	Basic services in Eastern & Southern Africa	2013	N=34 informants and 15 FGs	Mixed method	
Ethiopia, Kenya, Tanzania, Uganda & Zambia (4)	Regional and national (public) policies	2013 - 2014	N=51	Review	Interviews
The Gambia (1)	GambAS (Gambian Bone Ageing S)	1991 - ongoing	N=480 (men=240, women=240), Age= 40 - 75+ yrs	Longitudinal, Quantitative	Physical measures, Nutrition
The Gambia (2)	PTH Stimulation Study	1992 - ongoing	N=30 (men=15, women=15), Age 60 - 75 yrs	Longitudinal, Quantitative, Intervention	Physical measures, Nutrition
The Gambia (3)	Circadian Rhythm Study	1993 - ongoing	N=30 (men=15, women=15), Age 60 - 75 yrs	Longitudinal, Quantitative	Physical measures, Nutrition
The Gambia (4)	Osteoporosis, Bone and Ca	1994 - ongoing	Only women, Age= 40 - 75+ yrs	Cross-sectional, Quantitative	Physical measures, Nutrition
Ghana (1)	Caring & Growing Old	1994 - 2015		Longitudinal, Qualitative	Ethnography
Ghana (2)	Social support, Gender and Ethnicity	2014 - 2017		Cross-sectional, Survey design, Quantitative	Questionnaire
Ghana, South Africa (1)	Pension, Health & Well being	2013 - 2014	WHO-SAGE	Quantitative	
Ghana, South Africa (2)	Genetics and epigenetics	2012 - 2017			
Ghana, South Africa (3)	Hypertension and salt intake	2014 - 2017	WHO-SAGE	Quantitative	Physical measures, Nutrition
Ghana, Kenya, South Africa, Tanzania	SAGE INDEPTH collaboration	2006 - ongoing	Age >=50 yrs		Questionnaire
Ghana, South Africa, Tanzania	Health & Ageing in Africa - INDEPTH (HAALSI)	2013 - 2014	N ~12,000 (3 countries), Age>=50 yrs	Longitudinal	Questionnaire, Physical measures
Ghana, Ethiopia, Nigeria, South Africa & Uganda	10/66 Dementia Research Group				
Kenya (1)	UPHD (social, health & well-being)	2006 - 2010	N=1762, Age >=50 yrs	Quantitative	Interviews
Kenya (2)	Aging: Demographic Shift in Marich Pass	2008 - 2010	N=25 (men=12, women=13) , Age >=50 yrs	Qualitative	Interviews
Kenya (3)	Burden, Impact & Risks of HIV/AIDS	2010 - 2013		Longitudinal, Quantitative	
Kenya (4)	Situational analysis-older carers & HIV/ AIDS	2011	690 households		
Kenya (5)	Post-2015 development in SSA	2013 - 2014	14 SSA countries	Quantitative, Review	Interviews, Questionnaire
Kenya (6)	Resilience in Later Life	2013 - 2015	N ~2000, Age >=50 yrs	Mixed methods	
Kenya (7)	Working group on ADDA	2013 - 2015	N=17 experts	Mixed methods	
Kenya (8)	Experience of ageing & health	2014 - 2015	3 Studies	Review	
Kenya (9)	Pilot evidence revolution on ageing	2014 - 2015		Qualitative, Review	
Kenya (10)	WHO Age Friendly City Indicator Guide (Pilot)	2014 - 2015	3 different data sources, Age>=60 yrs	Review	
Kenya (11)	HIV	2015- 2018	Age <50 yrs and >50 yrs	Mixed methods	
Malawi (1)	Ageing, Sex and HIV	2007 - 2012	N~ 199, Age= 50 - 90 yrs	Qualitative	Interviews
Malawi (2)	Grandparenting: AIDS & poverty in rural Malawi	2016 onwards	N= 38 and 8 families, Age>=6 yrs	Qualitative	Interviews
Multicountry Africa	Quantified Longevity Guide	2012 - ongoing		Quantitative, Intervention study	Physical measures
Namibia (1)	Experiences of caregivers of elderly	2009 - 2012	N=64 caregivers, Age=20 - 63 yrs N=29 elderly, Age= 69 - 97 yrs		
Namibia (2)	Elder Abuse & Neglect - care givers & social support	2010 - 2013		Mixed methods	
Namibia & Uganda	Ageing-in-place in contemporary Africa	2016 - 2019	N=30, Age>=60 yrs	Cross-sectional, Qualitative	Interviews
Nigeria (1)	Morbidity pattern at primary care clinic	2004 - 2005	N=500, Age>=60 yrs	Cross-sectional, Mixed methods	Interviews
Nigeria (2)	Nutritional status in primary care clinic	2009	N=500, Age>=60 yrs	Cross-sectional, Quantitative	
Nigeria (3)	Functional status in primary care clinic	2010	N=360, Age>=60 yrs	Cross-sectional, Qualitative	Interviews, Questionnaire, Physical measures
Nigeria (4)	Snoring among geriatric centre patients	2013	N=843, Age>=60 yrs	Cross-sectional, Quantitative	Physical measures
Nigeria (5)	Osteoporosis among geriatric centre patients	2013 - 2014	N=2401, Age>=60 yrs	Cross-sectional, Quantitative	Physical measures
Nigeria (6)	Sarcopenia among geriatric centre patients	2014	N=642, Age>=60 yrs	Cross-sectional, Quantitative	
South Africa (1)	SAGE Wellbeing of Older People Study (WOPS)	2009/10 - 2013	N= 510 (men=198, women=312), Age>= 50 yrs	Cross-sectional	Questionnaire, Interview, Physical measures
South Africa (2)	Solutions for alcohol dependent old people	2005 - 2006	N=8 (all men), Age>=55 yrs	Mixed methods	Interviews
South Africa (3)	Socio-economic & environmental factors on Health	2009 - ongoing	N=1008 (men=228, women=780), Age >=60 yrs	Cross-sectional, Qualitative	Interviews
South Africa (4)	Intergenerational approach in dementia	2013 - 2015	N= 26 FGs (men=3, women=23)	Qualitative	Interviews
South Africa (5)	South African National Health & Nutrition Survey	2012		Survey	Interviews, Physical measures, Nutrition, Anthropometrics, Clinical exa
South Africa (6)	Falls in urban dwelling older population	2008 - 2010	N=837, Age>=65 yrs	Cross-sectional	

Sub-Saharan Africa (1)	Sexuality and Sexual Health	2011 - 2013		Review	
Sub-Saharan Africa (2)	Post-2015 development in SSA	2013 - 2014		Review	
Sub-Saharan Africa (3)	Age Structure Evolution in sub-saharn countries	2012		Cross-sectional, Prospect analysis	
United Republic of Tanzania (1)	Social Policy (rural vs. urban)	2008 - 2009	N=400 (men=167, women=233)	Qualitative	Interviews
United Republic of Tanzania (2)	Cure to Care (old age vulnerability)	2008 - 2011	N=300	Mixed methods	Interviews, Questionnaire
Togo	Health & networks of people with HIV/AIDS	2012	N=49	Survey, Qualitative	Interviews
Uganda (1)	Well being (WOPS 1)	2009 - 2010	N=510 (men=198, women=312), Age>=50 yrs	Cross-sectional Survey, Quantitative	Interviews, Questionnaire, Physical measures
Uganda (2)	Anaemia	2010 - 2013	N=1449, Age>=50 yrs	Mixed methods	Interviews, Questionnaire, Physical measures
Uganda (3)	Well being (WOPS 2)	2012 - 2013	N= WOPS1 + 100 new , Age >=50 yrs	Longitudinal, Quantitative	Interviews, Questionnaire, Physical measures
Uganda (4)	Non Communicable Diseases	2012 - 2015	N=2382, Age>=50 yrs	Cross-sectional, Quantitative	
Uganda (5)	Self-reported ill Health	2012 - 2015	N=2382, Age>=50 yrs	Cross-sectional, Quantitative	
Uganda (6)	Health Care Access	2012 - 2015	N=1602, Age>=50 yrs	Cross-sectional, Quantitative	
Uganda (7)	Disability (Prevalence & corelates)	2012 - 2015	N=2382, Age>=50 yrs		
Uganda (8)	HIV / AIDS (ROAH)	2013 - 2015	N=101, Age>=50 yrs	Mixed methods	Interviews
Uganda (9)	Health & Well being	Jan - Jun 2014	N= 10 FGs, Age>=60 yrs	Qualitative	Interviews
Uganda (10)	Older person's inclusion in basic health care	2015		Qualitative	Interviews
Uganda (11)	Healthcare services within public health centres	2016 - 2017	Age>=60 yrs	Qualitative	
Uganda (12)	National Social Gerontology Manual	2012 - 2014			
Uganda (13)	Older person's access to HIV/Aids services	2016	N=30 (men=15, women=15), Age>=50 yrs	Qualitative	Questionnaires
Zambia	Population Ageing	2009 - 2012		Cross-sectional, Mixed methods	
Zimbabwe (1)	Grandparent Carers	2012 - 2015	N=327 + 31 FGs	Cross-sectional, Mixed methods	Interviews, Questionnaire
Zimbabwe (2)	Climate change and livelihood of elderly women	2013 - 2016	N=10 women , Age= 64-87 yrs	Mixed methods	Interviews, Questionnaire, Ethnography

APPENDIX D: BIBLIOGRAPHY

This section presents publications identified through the bibliographic search for published research on Ageing in Africa.

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