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**GOVERNMENT POLICY ON CARE FOR THE AGED: A COMPARATIVE STUDY OF
NIGERIA AND SOUTH AFRICA**

BY

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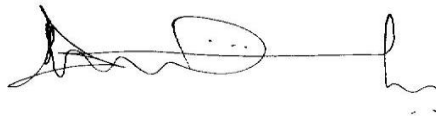
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JUNE 2016

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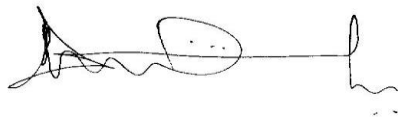
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DECLARATION ON RESEARCH ETHICS CLEARANCE

I, David Oludare Mark, student number 201415929, hereby declare that I am fully aware of the University of Fort Hare's policy on research ethics, and I have taken every precaution to comply with the regulations. The ethical clearance letter was obtained from Govan Mbeki Research Development Center (GMRDC) of the University of Fort Hare's Research Ethics Committee.

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Date 07/06/16

DEDICATION

To God who gives wisdom and also to my late mother, Major (rtd) Idowu MarkOkusanya for your God-given focus.

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ABSTRACT

The population of older people throughout the world is increasing at a very rapid rate. It is expected that the number of older persons would have reached the 2 billion mark by 2050. The most rapid increase is taking place in the developing world, with Africa alone projected to have between 204 and 210 million older people by the year 2050. Continental efforts to address the challenges resulting from an ageing population in Africa started at the 1999 Session of the OAU Labour and Social Affairs Commission that was held in Windhoek, Namibia. The partnership between Help Age International – Africa Development Centre and the then OAU and now African Union has, over time, seen the drafting and finalization of the AU Policy Framework and Plan of Action on Ageing in Africa. The policy received its final seal of approval during the 38th Ordinary Session of the Assembly of Heads of State and Government in Durban, South Africa in July 2002. The Policy Framework that binds all AU member countries to develop policies on ageing is already being used as a guide in the formulation of national policies to improve the lives of the continent's older people. As such, advocacy efforts need to improve the adaptation and domestication of the policy and encourage appropriate consultations with older people in these processes.

Policies on care for the aged in Nigeria and South Africa are considered the governments' intention to provide quality living to older persons. A comparative study on care for the aged policies centers on the review of the policy approaches, the similarities and differences in policy making, the impact of the policy issues and lessons learnt in accomplishing the objectives of care for the aged in South Africa and Nigeria. This study recognizes care for the aged as a social welfare responsibility of the governments in South Africa and Nigeria, respectively. In Nigeria, the policy is not well enacted, thereby giving room to family and faith-based organization to care for the aged.

The methodological approach allows for an in-depth review of policy documents in both countries. In Nigeria, pockets of local government area implemented the Older Person 1989 Act of policy put in place by the government. In South Africa, the identification of care for the aged as a public problem by the post-apartheid government led to an

integrated policy framework that focuses on balancing economic concerns with social considerations; this government used public administration agencies to play a key role in service delivery to the aged.

Recommendations of the study are mainly derived from the South African experience on care for the aged and are intended to offer some policy-lessons to Nigeria. The study contributes to new knowledge in the discipline of public administration by opening up new panoramas for a comparative review of aged policy issues in both countries in the context of public welfare, thus contributing to the existing body of knowledge in this area.

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ACRONYMS AND ABBREVIATIONS

ABAs	Aged Based Associations
ACF	Advocacy Coalition Framework
AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
AU	African Union
CBOs	Community Based Organisations
COSATU	Congress of South African Trade union
DOSD	Department of Social Development
FBOs	Faith Based Organisations
GDP	Gross Domestic Product
GEAR	Growth, Employment and Redistribution
GMRDC	Govan Mbeki Research Development Centre
HIV	Human Immune Deficiency Virus
MGLSD	Ministry of Gender, Labor and Social Development
MIPAA	Medical Improvement for Patients and Provider Act
NGOs	Non-Governmental Organisations
NPOs	Non Profit Organisations
RDP	Reconstruction Development Programme
RSA	Republic of South Africa
SAHRC	South African Human Rights Commission
SASSA	South African Social Security Agency
SSA	Sub-Sahara Africa
TRC	Truth and Reconciliation Commission
UFH	University of Fort Hare
UN	United Nations
UNPD	United Nations Population Division
WHO	World Health Organisation

CHAPTER ONE

GENERAL FRAMEWORK OF THE STUDY

1.0 STUDY OVERVIEW AND BACKGROUND

According to the United Nations (2013:7), older persons in ages 60 years and over doubled from 841 million in 2013 to more than 2 billion in 2050. The UN (2013) further states that developing nations will experience more growth in the number of aged groups as a result of improved quality health care. This indicates that anyone aged 50 at the time of this study will fit into the estimated group by 2050. The World Health Organization (2015) posits the chronological age of 65 years as an acceptable definition of elderly or older persons in developed countries but like many westernized concepts, this does not adapt well to the situations in Africa. Goman (2000:7) defined ageing in many developing countries to begin at a point where contribution is no longer active.

Organizations that care for the elderly in Nigeria and South Africa are now challenging government policies due to non-implementation of some of the policies enacted and inexistence of some policies regarding the care for the Aged. The central research concern is to compare the policy issues that affect care for the aged in Nigeria and South Africa and their impact in achieving the goal of a universal quality of healthy living for the aged in the two, countries.

SOUTH AFRICA

South Africa has a robust and operational policy with “principles and values that underpin services to older persons and maintains that the family, as a fundamental unit of society, should be maintained and protected in accordance with societal values, traditions and customs” (Skyweyiya, 2005:3) but (Lubisi, 2010:46) argues whether or

not South African Government policies and laws mitigate the vulnerability of the elderly in South Africa and is of the opinion that an examination of the adequacy of public policy responses to the susceptibility of the elderly is required. The primary purpose of the Policy on Older Persons is to facilitate services that are accessible, equitable and affordable to older persons that conform to prescribed norms and standards. Such services should empower older persons to continue to live meaningful lives in a society that recognizes them as important sources of enrichment, expertise and community support. Although the growing population of older persons in the country has increased by 4% when comparing 1996 and 2001 census data, there is a change in the family structure, which has adversely affected the roles of the older persons within the family and the community.

The main goals of this policy, according to Skyweyiya (2005), are to enable older persons to enjoy active, healthy and independent living and to create an enabling and supportive environment that ensures that both frail and mobile older person receive services that respond to their needs. The policy acknowledges that there are principles and values that underpin services to older persons and that the family, as a fundamental unit of society, should be maintained and protected in accordance with societal values, traditions and customs. The fundamental principle that should drive a total transformation of ageing in South Africa is that older persons form an integral part of society. Within the African context, family life is a non-negotiable and reciprocal support network throughout the life cycle of people from birth to death. The needs of older persons and their circumstances must determine the services to be provided. The Older Persons Policy, therefore, takes into consideration this principle and seeks to strengthen family and community systems to enable them to cater for older persons. The policy conceptualizes the three key priorities outlined in the Plan of Action adopted at the 2nd World Assembly on Ageing in Madrid namely: Older Persons and Development, Advancing Health into Well-Being and ensuring an Enabling and Supportive Environment.

It further highlights the fourth element which is critical in the South African context, namely, Protection of Older Persons. Mechanisms to ensure protection of older persons

have been outlined which, amongst others, include: identification of older persons in need of care and keeping of a register on abuse. The policy takes into cognizance institutional arrangements in the provision of services to older persons. The success of this policy will depend on the commitment by government to allocate substantially more funds to implement this policy, efforts to address the imbalances in service provision through capacity building, infrastructure development and training. The willingness of the civil society and the government to work together will also determine the success of this model as averred by Skweyiya (2005). The aged in South Africa are confronted with many multifaceted problems, and most of these challenges are issues that deal with poverty.

The Constitution of the Republic of South Africa provides that every person has equal right of access to social security and support. According to Lubisi (2010), over 12 million citizens in South Africa derive their income from the system, and social security is considered to be an effective tool for assisting people who fall under the poverty line. During the days of apartheid, most elderly blacks were disqualified from enjoying social security. With the adoption of the 1996 Constitution, the state of affairs changed, and the government dedicated itself to rectifying the discrepancies created by the apartheid period. A considerable number of the South African population live and work in urban areas, which are said to be growing at approximately 5 per cent per annum. This has resulted in the mushrooming of informal settlements in all major centers of the country (News 24, 2008). After more than a decade of democracy, South Africa is still a country with high levels of poverty and income inequality (Larrison, 2006:6). The dysfunctional structure of South Africa's urban areas is an outcome of a number of factors, among them - the now-defunct apartheid policy and associated planning approaches and economic forces, which have influenced city, town and township development for many years (Aliber, 2001:5).

The correct identification of the dynamics that perpetuate poverty and inequality and the introduction of corrective policies have been singled out as priorities by both the government and civil society. The importance of reducing poverty and inequality has been a consistent theme of the post-apartheid South Africa. Statements made by the

government have recognized that all efforts need to be focused on the objectives of reducing poverty and inequality and the barriers that limit participation in the economy.

In an attempt to alleviate the scourge of poverty, the South African government has adopted a multipronged approach, focusing on building institutions and organizations. At the heart of the poverty alleviation strategy has been the adoption of social assistance as a policy imperative (Galbraith, 2005). The argument is that social security is essential for healthy economic development, particularly in a rapidly changing economy and will contribute actively to the development process (Department of Social development (DOSD), 1997:53).

The main objective of social security is to reduce poverty among groups that are not expected to participate fully in the labour market and which are, therefore, vulnerable to low income, that is, the elderly, those with disabilities and children. It also aims to increase investment in health, education and nutrition so as to increase economic growth and development (Samson et al., 2005). Social security in South Africa has, traditionally, been characterized by a system of state social assistance in the form of direct cash transfers to poor people, the disabled, the elderly and a limited number of women and children (Lund, 2008). The system of social assistance for whites was started in the twentieth century. Social security for the elderly began with the Old-Age Pensions Act of 1928, which explicitly excluded most black South Africans. In 1937, a disability grant was extended on the same racial basis. In the late 1930s and 1940s, the social security system was broadened, but with racially differentiated benefit levels. Even by 1987, child support grants to blacks remained a small fraction of the size of those awarded to whites (Samson et al., 2005). The state's old-age pension was initially intended to provide a social safety net for the aged poor who were vulnerable in the household because of a decline in job opportunities, increased vulnerability to poor health, limited mobility, discrimination in access to credit and financial markets, and changes in household composition and status (Harding, 1993).

After 1994, the new government was determined to eliminate any racial disparities in the allocation of social assistance. The aim was gradually to remove any racial discrimination at the level of benefits by rapidly increasing the amounts granted to

African people, thereby rapidly increasing the amounts granted to Indian and Coloured recipients and allowing White people's levels gradually erode (Lund, 2008).

Section 27(1) (c) of the Constitution of South Africa states that everyone has the right to access to social security. Those who are unable to support themselves and their dependants are entitled to appropriate social assistance (RSA, 1996). The Social Assistance Act (No. 59 of 1992) and the Social Security Agency Act (No. 9 of 2004) were signed into law. These acts provided for the establishment of the South African Social Security Agency (SASSA). The Social Assistance Act of 2004 defines the role of SASSA as that of ensuring the administration and payment of social assistance transfers to eligible poor and vulnerable adults and children (RSA, 2004).

The state's old-age pension grant is the second-largest social grant in terms of the number of recipients, but it is the largest grant when it comes to the monetary cost. The number of beneficiaries increased from 1.8 million in 2000 to 2.3 million in 2009. Consolidated expenditure on social protection has increased from R72.3 billion in 2005/06 (4.6 per cent of the Gross Domestic Product) to a projected R118.1 billion in 2009/10 (4.8 per cent of the GDP). In 2009/10, spending on the state's old-age pension grant was R28.5 billion (National Treasury, 2009). Lubisi (2010:40) writes on right to social security and social assistance with particular reference to older persons in the Eastern Cape Province that an extensive Constitutional protection of rights is available in South Africa, and this is reinforced by various statutory protections. The Constitution contains a Bill of Rights which guarantees both political and socio-economic rights in which the latter includes the right to social security and social assistance.

The Bill of rights provides, in section 27, as follows: Everyone has the right access to: Health care services, including reproductive health care, sufficient food and water and Social security, including if they are unable to support themselves and their dependants, appropriate and social assistance. The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights. No one may be refused emergency medical treatment because the Constitution protects 'everyone' including the elderly. Under the Constitution, elderly persons are entitled to a number of rights such as the right to equality, the right to

dignity, protection against arbitrary deprivation of property, the right to have access to adequate housing, the right to have access to food and water and the right to just administrative action, among others. In addition to the protection offered to older persons by the above rights, the Constitution also provides for the right to social security and assistance. Ageing is a natural process of life, and older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining inter-generational links.

NIGERIA

In Nigeria, Angwe (2012:3) explains that the Nigerian Constitution requires the state to direct its policy towards ensuring old age care and pensions. Regrettably, that section of the Constitution is as laudable as it is non-justifiable and thus cannot be enforced. Apart from Angwe (2012:3), Okoye (2013:2) stresses that there are no services and programmes dedicated to elderly persons apart from the pension scheme, which is only for the elderly persons that have been in government employ. Aboderin (2010:4) avers that in spite of the need for enquiry into policy implementation, recent analyses by health policy, stakeholders from Sub-Sahara African (SSA) countries point to 3 concerned factors: (i) obstacle to the endorsement of drawn up policies, as is the case, for example, with Nigeria's Revised National Health Policy (2004) and National Policy on Ageing (2008), (ii) wobbly policy formulation that is not capable to direct comprehensive program plan, and (iii) compromised execution owing to inadequate budget allotment as reasons for policy impasse or bottlenecks.

At an annual World Elders' Day event in 2014 in Nigeria, marked every 1st of October by the United Nations, some of the senior citizens suggested to the Government that there is a need to create a Ministry for Senior Citizens to cater for all aged people's needs; these are that older persons should not be served in same department with social welfare, youth and sport development, as in the case of Nigeria. They further argued that they should not be seen as feeble and non-productive after contributing their useful adulthood serving the nation, and it is the duty of the Government to cater for their well-being and utilize their years of experience by formulating a working policy.

The concerned organizations and persons see the actions by the Government as laxity in preparation for elderly explosion in the near future.

A comparison study of the aged policy in Nigeria from 1960-2016 and South Africa, from 1994-2016 is based on data drawn from the Social Welfare Department of the two nations. The research looks at the two countries in relation to care for the aged policy approaches. This review and comparison is expected to shed light on the policy issues that affects care for the aged Nigeria and South Africa. The study examines the similarities and differences in the policy approaches in the two nations. The study reviews policies of the two nations with regard to care for the aged to ascertain if it aligns with the United Nation's goals on universal care for the aged on healthy ageing.

It also compared the policies using the policy agenda setting in each case to determine whether they ameliorated the long-term care needs of the elderly community and whether gaps existed during the study's timeframe. Such gaps would be whether there were clear indications that the elderly were assisted or needed the provision of long-term support; but policymakers were found not responsive to their needs. In addition, historical records were reviewed for any instances of mismatch of long-term care reforms to the needs of an increasing number of elderly people wherein this study linked public administration and public policy. According to Ijeoma (2013:211), a government has a strong commitment to address the social challenges in the society such as adopting economic policies that favour job creation, industrialization, and good service delivery at the community urban and rural levels. Government can achieve these through proper goal identification and proper combination of resources and also understanding the expected outcome, i.e. the policy impact on the society.

1.1 RATIONALE/MOTIVATION OF THE STUDY

Considering the observed gap in literature on care for the aged in Nigeria in comparison to South Africa, the researcher is enthused by most of the scholarly work which centers mainly on broad comparison such as comparative family studies, current status of the social situation of older persons, socio economic dimension of begging

among vulnerable senior citizens, inter-generational support and old age in Africa, the growing problem of violence against older persons in Africa and the social situation of the elderly without considering the policy perspective. The researcher considers that the policy perspective can help in understanding and explaining the policy issues that affect care for the aged in Nigeria and South Africa. Moreover, being guided by Anderson's (2006: 6) submission that the policy process is not culture-bound; it lends itself to manageable comparison such as how problems reach governmental agenda, how policies are legitimated or how policies are implemented in various countries. The policy perspective is important because it leads to identifying and discussing the policy approaches in both countries. Secondly, the researcher is Nigerian but is resident in South Africa. Therefore, the researcher understands the policy environment in Nigeria and South Africa which comprises the interplay of historical and institutional factors, geographical factors, demographic variables, political culture, social structures, and the economic system, and these considerations are similar.

1.2 STATEMENT OF THE PROBLEM

Constant failure and negligence of the aged in Nigeria has been blamed on government policy. Ajomale (2007:5) blames the situation on weak policy and institutional framework. Angwe (2012:3) views this as the failure of the Nigerian government to define and establish the importance of care for the aged as part of national development.

Aboderin (2010:4) elucidates 3 concerned factors: (i) obstacle to the endorsement of drawn up policies, as is the case, for example, with Nigeria's Revised National Health Policy (2004) and National Policy on Ageing (2008), (ii) wobbly policy formulation that is not capable to direct comprehensive program plan, and (iii) compromised execution owing to inadequate budget allotment as reasons for policy impasse or bottlenecks. According to Williamson (1992:20), one of the most serious problems that Nigeria has faced since independence in 1960 has been that of national integration. He further states that most of the population has had stronger identification with and allegiance to

a sub-national unit such as the ethnic group (where ethnic conflict poses one of the greatest threats to national integration), state, or region rather than to the national integration role of public policy in the health and education sectors; there has been very little effort to analyze the link between old age security policy and national integration objectives, noting that most Sub-Saharan nations introduced such programs within a few years after attaining independence.

Comparatively in South Africa, there is a clear definition and establishment of care for the aged as a fundamental public problem. Against this background, the South African government identifies care for the aged as a public problem that has to be properly placed on the public policy agenda for strategic policy-making, Skweyiya (2005:5) much of the scholarly attention given to the issue of care for the aged in Nigeria, in comparison to South Africa, is on institutional perspectives and not on policy basis. The key to addressing aging-related issues is to have these on the policy agenda. It is this agenda setting process that must be understood before any actions can take place to induce change.

To address such situations confronting the aged in Nigeria, as compared to South Africa, the study focuses on review of policy that comparatively affects the aged in Nigeria and South Africa, that is, the issue of identifying and establishing care for the aged as a policy concern and formulating effective policy on care for the aged in Nigeria, as compared to South Africa. The success of the aged care system depends on how entrenched it is in the national government agenda. Government policy, in this context, includes clearly defined goals and strategic level of plans and actions (Hanekom, 1986:25; Ijeoma, 2010:12). Policy-making, in this context, has to be driven by the public benefit agenda. Therefore, the study makes several attempts to review the policy in place in South Africa and Nigeria and understand if the policy is in accordance with provisions made by the United Nations in achieving universal goals for care of the aged, thus making use of the agenda setting process to compare South Africa and Nigeria policy.

1.3 OBJECTIVES OF THE STUDY

Babbie (2009:114) indicates that an objective tells researchers what exactly needs to be investigated in practical terms and serves as a means to achieve the aim or goal of the study. Since the aim of this study is to enable policy makers, institutions, readers and other interested organizations to have an understanding of the policy issues surrounding the care for the aged in Nigeria and South Africa, the central objective of this study is: To review in comparative context the policies issues that affect care for the aged in South Africa and Nigeria.

To achieve the central objective, the following secondary objectives were explored:

- a) To review the policies of the two countries to know if these align with the United Nation's universal goals on quality care for the aged.
- b) To present an in-depth understanding of the aged policy lessons learnt in South Africa as compared to Nigeria.
- c) To provide an informed recommendation on how to improve policy for the care of the aged in Nigeria and South Africa in accordance with the provisions of the United Nations Universal goal on quality care for the aged.

1.4 RESEARCH QUESTIONS

To achieve the aim of this study, the researcher will examine the following research questions:

- a) What are the policy issues that affect care for the aged in Nigeria and South Africa?
- b) What are the similarities and differences as regards care for the aged policy in Nigeria and South Africa?
- c) Do the policy issues reviewed in South Africa and Nigeria align with the United Nations universal goals on quality care for the aged?

1.5 SIGNIFICANCE OF THE STUDY

This study is a significant endeavor in promoting a good policy environment for Nigeria, as compared to South Africa, in the care for the aged and thus motivate policy makers and government in decision-making as regards healthy ageing. This comparative study will also be beneficial to stakeholders by understanding the needs of the elderly and assuring standardization on policy formulation as demanded by United Nations, especially in gerontology policies and strategies. The review will further assist to gain better academic knowledge about and insight into public policy on healthy ageing and improve policy processes as regards care for the aged in Nigeria, as compared to South Africa.

It will also serve as future reference for researchers on the subject of policy on care for the aged. Importantly, this research will educate readers on lesson learnt by revealing whether the government is really fulfilling its responsibility to older persons or just neglecting them. Moreover, this research's recommendations, after reviewing the policies enacted by the two nations with regards to care for the aged, will pave way for policy alignment with United Nations universal goals on healthy ageing. The study, therefore, will contribute to the discipline of Public Administration by discussing the policy issues that affect care of the aged in Nigeria and South Africa.

1.6 RELEVANCE OF THE STUDY

Some research writings are directed at explaining the patterns related to the phenomenon in question or to identify plausible relationships in shaping the phenomenon. These are, therefore, interested in particular events, beliefs, attitudes or policies that shape this phenomenon or how these forces interact to result in the phenomenon. Some document describe the phenomenon of interest and are interested in the salient actions, events, beliefs, attitudes and social structures and processes occurring in the phenomenon (Marshal & Rossman 2010:45). This study reviewed care for the aged policy in Nigeria and South Africa. The concern of the research was to investigate unheeded phenomena in this area. These are the policy issues that affect

care for the aged in Nigeria and South Africa. The research was guided by the various relevant research questions in investigating the phenomenon. In the context of the study, a cross-national policy comparison of care for the aged in Nigeria and South Africa offers a better understanding of policy-making and, in addition, provokes further research in this area.

1.7 RESEARCH DESIGN AND METHODOLOGY

1.7.1 Research Design

A research design is a master plan that specifies the methods and procedures for collecting and analyzing the needed information. A research design provides a framework or plan of action for the research (Zikmund, Babin, Carr & Griffin, 2013:64). For the purpose of this comparative study on government policy on care for the aged in Nigeria and South Africa, the study adopted a causal comparative design. Specifically, the study made use of retrospective causal-comparative design. Retrospective causal-comparative research requires that a researcher begins investigating a particular question when the effects have already occurred whereby the researcher attempts to determine whether one variable may have influenced another variable (Gay, Mills, & Airasian, (2006:40). This study attempted to explore cause and effect relationships which already exist between South Africa and Nigeria's care for the aged policy. The study examined these published works mentioned earlier to identify the similarities and differences in the policy documents. A cross-national comparative study of aged policy in Nigeria and South Africa based on the causal comparative design enabled the selection and discussion of the aged policy documents in the two countries, and:

- i. compared aged policies in Nigeria and South Africa;
- ii. reviewed the policy issues that affect the aged in Nigeria and South Africa; and
- iii reviewed whether the policy issues align with the United Nation's universal goal on quality care for the aged.

1.7.2 Research Methodology

Research methodology is the logic through which a researcher addresses the research questions (Mason, 2002:30) and gains data for the study (Denzin & Lincoln, 2000:157). Brynard and Hanekon (1997: 27) define research methodology as ways of collecting data and the processing thereof, within the framework of the research process. According to Mouton (2011:65), research methodology focuses on the research processes and the kind of tools and procedures to be used; the point of departure is the specific tasks at hand. It also focuses on the individual steps in the research process and the most objective procedures to be employed. Research methodology, according to Leedy and Ormrod (2005: 135) has two primary functions, which include: to dictate and control the acquisition of data and, to corral the data after their acquisition and extract meanings from them, i.e. interpretation of the data. Out of the three types of research approaches, namely quantitative, qualitative and mixed methods, (Creswell, 2014:3), this study made use of the qualitative research approach (Creswell, 2009:3; Johnson & Christensen, 2014:487; Teddlie & Yu, 2010:77).

According to Dan Remenyi and Arthur Money (2012:75), two top-level research methods are theoretical or empirical. Theoretical research relies on secondary data and discourse between knowledgeable informant and has been defined as: research which draws on ideas and concepts; through a process of reflection and discourse develops, extends or, in some other way, qualifies the previous work to create a new explanation, which provides better or fuller explanations of the issues and the relationship involved. On the other hand, empirical research methods rely on primary data and defined as: research involving the acquisition of primary data which has been described by researchers as sense-perceived data. Remenyi and Money (2012:76) further state that within the empirical approach to research, there are two major options or research orientations: positivistic or quantitative (an approach essentially derived from the natural sciences) and interpretivist or qualitative (an approach essentially derived from the social sciences).

1.7.2.1 Quantitative Research Methodology

The quantitative research method is a widely used research methodology in many natural science research studies. Denscombe (2007:248-250) identifies the following characteristics of quantitative research: it tends to be associated with numbers as the unit of analysis; it tends to be associated with analysis; it tends to be associated with large scale studies; it tends to be associated with a specific focus; it tends to be associated with researcher detachment; and it also tends to be associated with a predetermined research design. According to Leedy and Ormrod (2005:182), this type of research involves either identifying the characteristics of an observed phenomenon or exploring possible correlations among two or more phenomena. Generally, in quantitative research, the researcher strives to be as objective as possible in assessing the behavior being studied. Bryman (2004: 75) identifies four distinctive preoccupations that can be discerned in quantitative research. They include:

- i. Generalization: In quantitative research, the researcher is usually concerned to be able to say his or her findings can be generalized beyond the confines of the particular context in which the research was conducted;
- ii. Causality: Quantitative researchers are rarely concerned merely to describe how things are but are keen to say why things are the way they are;
- iii. Measurement: Issues of reliability and validity pose a serious concern for quantitative researchers, and they strive to achieve this; and
- iv. Replication: The result of a piece of research should be unaffected by the researcher's special characterizations or expectations. If biases and lack of objectivity were pervasive, the claims of the scientist to provide a definitive picture of the world would be seriously undermined.

In the context of the study, the use of quantitative research methodology proved unsuitable. This research cannot be quantified because it is an issue that affects the evaluation of government policy on care for the Aged in Nigeria and South Africa, within

a specified period of time. This subject matter is dynamic and cannot be subjected to any standard form of measurement.

1.7.2.2 Qualitative Research Methodology

According to Leedy and Ormrod (2005:136), qualitative research studies serve one of the following purposes: Description, Interpretation, Verification and Evaluation:

- i. Description It can reveal the nature of certain situations, settings, processes, relationships, systems, or people;
- ii. Interpretation: It enables a researcher to:
 - gain new insights about a particular phenomenon; and
 - develop new concepts or theoretical perspectives about the phenomenon, and/ or discover the problems that exist within the phenomenon.
- iii. Verification: It allows a researcher to test the validity of certain assumptions, claims, theories, or generalizations within real-world contexts; and
- iv. Evaluation: It provides a means through which a researcher can judge the effectiveness of particular policies, practices or innovations.

Qualitative research involves fieldwork, so the researcher physically goes to the people, setting, site, or institution to observe or record behavior in its natural setting. In this study, the researcher started by building relationships with the identified departments in their settings via desktop research method. In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria and consequently made comparisons, looked for gaps and drew conclusions.

The mode of observation or data source(s) was, therefore, secondary sources. Data sources included policy documents on care for the Aged in Nigeria and South Africa, relevant information/data from newspaper publications, textbooks magazines, professional journals, the internet and other related textual materials were also used to review the study. The study reviewed these materials to identify the similarities and

differences in the policy documents to elucidate and understand the policy issues that affect the aged and the impact.

From the above available methodologies, the qualitative research methodology was used in carrying out this comparative study on government policy on care for the aged from the Ministry of Social and Youth Development in Nigeria and Department of Social Welfare in the Eastern Cape of South Africa, respectively. The researcher is Nigerian, so he was able to access policy documents at the Federal Ministry of Social, and Youth Development in Nigeria. In addition, the researcher is resident in South Africa and could access policy documents at the Department of Social Welfare in Eastern Cape, South Africa.

In the context of the study, the use of quantitative research methodology proved unsuitable as the research cannot be quantified because it reviews an issue that affects government policy on care for the aged in Nigeria and South Africa within a specified period of time. This subject matter is dynamic and cannot be subjected to any standard form of measurement.

1.7.2.3 Case Study

In a case study, sometimes called idiographic research, a limited number of units of analysis are studied intensively (Leedy & Ormond, 2014:143; Welman et al., 2005:193). The units of analysis include individuals (Leedy & Ormond, 2014:143; Welman et al., 2005:193), groups, institutions (Welman et al., 2005:193), programme or event (Leedy & Ormond, 2014:143). According to Welman et al. (2005:193), the term *case study* does not refer to a specific technique that is applied. Mouton (2001:149) writes that case studies are studies that are usually qualitative in nature which aim to provide an in-depth description of cases. Data collection in a case-study could be in the form of observations, interviews, documents and so on. In the context of the study, a comparative causal case-study qualitative design was used to gather relevant data, to organize the data accordingly and to analyse the data based on observable phenomena. Out of the six types of case studies proposed by Babbie and Mouton (2014:281), namely: individual case study, studies of organisations and groups,

community studies, social group studies, studies of events, roles and relationships and studies of countries, this study utilized the case study of South Africa and Nigeria.

1.7.3 Research Period

The research was conducted between November 2015 and June 2016. The researcher reviewed documents within Nigeria and South Africa countries with regards to policy documents through qualitative desktop research. In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria and consequently made comparisons, looked for gaps and drew conclusions.

1.7.4 Document Analysis

Documentary research method is a way of collecting data by making use of all types of written communications to shed light on the research being undertaken (Maree, 2007). The documentary method takes different formats, for example, content analysis, text analysis and reviews of document (Bless & Higson-Smith, 2000:99). This method usually uses primary and secondary sources of data that can be obtained from the document method (Cohen, Manion & Morrison & 2007:138).

Document analysis was used in this study to review and compare the documents on Government policies on care for the aged in South Africa and Nigeria. Documentary research method referred to the reviewing and analysis of different documents that contain data on the current study. This method was used to classify, deduce and compare secondary sources, especially published written documents initiated from Government and other parastatals of both nations. This study reviewed and compared written document on Government policy on care for the aged by comparing South Africa and Nigeria in order to determine whether there are similarities or difference between the two nations.

1.7.5 Data Analysis

According to Fox and Bayat (2007: 104), data analysis means interpretation of data that has been collected leading to the knowledge that has to be gained by the researcher. It is, therefore, the responsibility of the researcher to analyze data, translate the raw data into some meaningful information, communicate the research results in the form of charts, tables, graphical representations and so on as a way of displaying findings. The researcher needs to be guided in analyzing the data by the objectives of the study (Fox & Bayat 2007: 104). The researcher in this study compared reviewed document through desktop approach.

1.7.6 Study Report

A research report was used in this study to review and compare documents on Government policies on care for the aged in South Africa and Nigeria. A research report is defined by Jaideep (2016:6) as a research document such as text, manuscripts, letters and minutes of the meeting that contain different information aspects of the research project, which means that the research report involves relevant information on the research work carried out. It may be in the form of hand-written, typed, or computerized format. The study report combines research design of data reviewed which entails:

- Clarification of the underlying principle for the study which involves studying the policy perspective of care for the aged in Nigeria in comparison to South Africa;
- Description of the data obtained, which involves the study of care for the aged policy documents in Nigeria and South Africa; and
- Explanation of the contribution that this research will make to the existing body of knowledge in the discipline of Public Administration.

1.8 ETHICAL CONSIDERATIONS

Since this is an academic research study, the researcher sought approval and clearance to carry out research from the Research Ethics Committee of the University of Fort Hare (UFH) in South Africa before any data were collected (Brink et al., 2014:49;

Creswell, 2014:93,95). Approval was granted by the Govan Mbeki Research and Development Centre (GMRDC) by means of a letter asking for permission to conduct the research in Nigeria and South Africa (Appendices 1 and 2). The clearance certificate, which is an officially authenticated document from the University of Fort Hare addressed to government officials who may assist in the document to be reviewed was also received. Additionally, in keeping with ethical standards, the researcher applied the basic principles of ethics for social research since for a secondary research approach to the study. This research project complied with all the ethical considerations that guide research in the discipline of Public Administration such as: transparency, objectivity, confidentiality, co-operation with other researchers and so on. The general rules, guidelines and standard for conducting research in the discipline were also observed and respected. The researcher's personal limitations were further acknowledged, and the research findings shall be made available for academic reference.

1.9 SCOPE

The research was carried out in Nigeria and South Africa and does not extend to other African countries. The basic focus of the research is government policy on care for the aged in Nigeria and South Africa. The chronological age of 65 years and above has been posited as acceptable definition of elderly or older persons by World Health Organization. Therefore, the scope of age of this study is 65 and above. The study compared government policy in Nigeria from 1960 to 2016 and South Africa from 1994 to 2016, respectively.

1.10 LIMITATIONS OF THE STUDY

The study was restricted to qualitative desktop research method which does not include the whole of Africa but limited to the policy documents obtained from the Ministry of Social, Sport and Youth Development in Nigeria and the Department of Social Development in the Eastern Cape province of South Africa. Secondly, collection of both primary and secondary data proved to be a difficult exercise for this research. Thirdly, obtaining or securing an appointment with government officials in the Department of

Social Development of both countries posed some limitations. Fourthly, travelling within the two countries in order to obtain required information was costly due to transportation cost.

1.11 CLARIFICATION OF CONCEPTS AND TERMS

Care for the Aged Policy

The care for the Aged policy refers to plans, legislations, incentives, guidelines, and policy processes put in place by the United Nations according to the Proclamation on Ageing, G.A. res. 47/5, 47 U.N. GAOR Supp. (No. 49) at 13, U.N. Doc. A/47/49 (1992) and urges international community to:

- (a) To promote the implementation of the International Plan of Action on Ageing;
- (b) To disseminate widely the United Nations Principles for Older Persons;
- (c) To support the practical strategies for reaching the global targets on ageing for the year 2001;
- (d) To support the continuing efforts of the Secretariat to clarify policy options by improving data collection, research, training, technical cooperation and information exchange on ageing;
- (e) To ensure that the ageing of populations is adequately addressed in the regular programmes of competent United Nations organizations and bodies and that adequate resources are assigned through redeployment;
- (f) To support broad and practical partnerships within the United Nations programme on ageing, including partnerships between Governments, specialized agencies and United Nations bodies, non-governmental organizations and the private sector;
- (g) To strengthen the Trust Fund for Ageing as a means of supporting developing countries in adjusting to the ageing of their populations;

(h) To encourage donor and recipient countries to include older persons in their development programmes;

(i) To highlight ageing at major forthcoming events, including, in the near future, events in the areas of human rights, the family, population, the advancement of women, crime prevention, youth and the proposed world summit for social development;

(j) To encourage the press and the media to play a central role in the creation of awareness of population ageing and related issues, including the celebration of the International Day for the Elderly on 1 October and the dissemination of the United Nations Principles for Older Persons;

(k) To promote intra-regional and inter-regional cooperation and exchange of resources for programmes and projects on ageing, including those for life-long healthy ageing, income generation and new forms of productive ageing; and

(l) To provide the immense human and material resources now urgently needed for adjustments to humanity's coming of age, which can be understood as a demographic phenomenon, but also as a social, economic and cultural one of great promise.

2. Urging the support of national initiatives on ageing in the context of national cultures and conditions, so that:

(a) Appropriate national policies and programmes for the elderly are considered as part of overall development strategies;

(b) Policies which enhance the role of Government, the voluntary sector and private groups are expanded and supported;

(c) Governmental and non-governmental organizations collaborate in the development of primary health care, health promotion and self-help programmes for the elderly;

(d) Older persons are viewed as contributors to their societies and not as a burden;

(e) The entire population is engaged in preparing for the later stages of life;

- (f) Old and young generations cooperate in creating a balance between tradition and innovation in economic, social and cultural development;
- (g) Policies and programmes are developed which respond to the special characteristics, needs and abilities of older women;
- (h) Older women are given adequate support for their largely unrecognized contributions to the economy and the well-being of society;
- (i) Older men are encouraged to develop social, cultural and emotional capabilities which they may have been prevented from developing during breadwinning years;
- (j) Community awareness and participation is encouraged in the formulation and implementation of programmes and projects with the involvement of older persons;
- (k) Families are supported in providing care and all family members are encouraged to cooperate in care giving;
- (l) Local authorities cooperate with older persons, businesses, civic associations and others in exploring new ways of maintaining age integration in family and community;
- (m) Decision-makers and researchers cooperate in undertaking action-oriented studies;
- (n) Policy makers focus attention and resources on tangible opportunities rather than on desirable but unobtainable goals; and
- (o) International cooperation is expanded to the extent feasible in the context of the strategies for reaching the global targets on ageing for the year 2001.

3. Deciding to observe the year 1999 as the International Year of Older Persons, supported by the regular programme budget for the biennium 1998-1999 and by voluntary contributions, in recognition of humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century.

Definition of the Aged

"The ageing process is a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible" (Gorman, 2000).

Public Administration

Dwivedi and William (2011: 21) write that the study of public administration is hardly new because one can trace the contributions of Kautilya in India, Herodotus and Aristotle in Greece, Machiavelli in Italy, and Ibn Khaldun in the Middle East while most of the world scriptures have also outlined duties and obligations of rulers and their officials/servants. Dwivedi and William (2011: 21-23) further state that as a modern profession and a field of study, public administration developed through a succession of two major epistemological phases at the beginning of the twentieth century, and these helped shape the discipline. These are the points of emphasis placed by Woodrow Wilson and Frank Goodnow (2012:14) on the separation of administration from politics and the rise of scientism in the discipline. They also suggest that these two epistemological developments can be viewed in the context of five specific phases in the overall development of the field of public administration. These are:

- i. The politics-administration dichotomy which emphasized the separation of administration from politics as the single most essential public administration reform in achieving efficiency and removing the objectionable and immoral practices of spoils and patronage upon the democratic system;

- ii. Principles of public administration which view government administration as a machine to be driven by scientific management theories such as POSDCORB principles, PPBS (Planning, Programming, Budgeting system), MBO (Management by Objectives), MBR (Management by Result) etc;
- iii. Public administration as political science, which views public administration as a branch of political science, guided by the values, techniques and practices in the discipline;
- iv. Public administration as management, which emphasized administrative reforms by downsizing bureaucracy and starting a process of privatization. The emphasis was a shift away from the traditional bureaucratic model which was strongly rooted in hierarchy and control through rules and regulations; and
- v. Public administration as governance which lays emphasis on the formation and stewardship of the formal and informal rules that regulate the public realm, the arena in which the state as well as economic and social actors interact to make decisions (Dwivedi & William 2011: 33).

Practitioners have seen academics as hopelessly bound up in theoretical debates that have little or nothing to do with actually making a program run successfully. Academics, on the other hand, have seen practitioners as hopelessly ruined in manhole-counting and incapable of seeing the larger issues that affect their practice. Peter and Pierre (2007:7) further write that as well as standing at the intersection of theory and practice, public administration also stands at the intersection of academic disciplines, as well as having a distinctive literature of its own. While theory and practice and an array of academic disciplines contend for control over the study of public administration, the fundamental point that should be emphasized is that all of these perspectives bring public administration in the public sector. As an academic discipline and a field of practice, public administration has a wide challenge, which is relevant in the context of the study.

Public Policy

Public policy refers to government intentions designed to deal with various social challenges such as those related to foreign policy, environmental protection, crime, unemployment and numerous other problems (Ijeoma; 2010:12-13). Ijeoma (2010: 13) also views public policy “as a complex pattern of interdependent collective choices, including decisions not to act, made by governmental bodies and officials. Ijeoma (2010: 13) further writes that two features can be discerned from these views. Firstly, public policy is a social practice, and secondly, public policy is occasioned by the need to reconcile conflicting claims or to establish incentives for collective action among those who share goals but find it irrational to co-operate with one another. Public policy-making, in the context of the study, is part of government’s array of challenges; government has to take decisions based on certain considerations such as need, resources, commitment and so on.

1.12 THEORITICAL FRAMEWORK

Frederickson and Smith (2003: 5) write that for a theory to be useful in the study of public administration, it should accurately describe or depict a real world event or phenomenon; a useful theory of public administration should explain the phenomenon being described (explanation offer answers to the why question because it offers reasons for the observable distortions and provides the motive for analysis). Theoretical framework is the guide to writing the entire research plan. It determines the literature review, selection of sample, methodology and techniques for data analysis. Sabatier (2007: 321) writes that a theory is a logically related set of propositions that seeks to explain a fairly generalized set of phenomena.

Finally, when a theory helps us to understand public administrative phenomena, the theory can as well help us to predict. This research project reviewed and compared government policy on care for the Aged in Nigeria and South Africa. The concern of the study was to compare the similarities and differences in the care of the Aged policy of the two countries. This comparison was intended to help us understand the policy issues that affect care for the aged in Nigeria and South Africa. It also enables us to

gain more knowledge about the impact of the policy issues on the achievement of the goals of care for the Aged in Nigeria and South Africa.

1.12.1 Comparative Public Administration Theory

In comparative public administration theory, relevant scholarly work was reviewed in the context of the study. Howlett (2002: 4) points to the poor development of theories and constructs in the field of comparative public administration. Howlett (2002:4) writes that an important step in this direction is the development of an administrative style, that is, a more consistent and long-term set of institutionalized patterns of political administrative relationships, norms and procedures. Howlett (2002: 5) further writes that the concept of administrative style is useful for the following reasons: it sets out the basic background against which reforms occur, thereby providing the basic characteristics of administrative systems. In the context of comparing care for the aged in Nigeria and South Africa, from a policy dimension, the views of Howlett (2002) are examined on the basis of recognizing the poor development of administrative theories in the field of comparative public administration. The option of administrative style, according to Howlett (2002:5), is relevant in understanding the policy contexts to care for the aged in Nigeria and South Africa. Administrative styles may be outcomes of policy experiences occasioned by socio-political and economic circumstances and so on. These issues provide backgrounds for a cross-national policy study of this nature.

The views of Brans (2007:269) that the development and establishment of realities about two or more societies take place along systematic inquiries of a cross-national and cross time similarities and differences are relevant in understanding the study context. Brans (2007: 269) claims that international examples are also important for the practice of public administration as they enable both researchers interested in practical recommendations of a cross-national policy study on care for the aged between Nigeria and South Africa.

Chandler (2000: 8) emphasizes the importance of adopting a comparative framework of comparative public administration and adds that it is also important to understand the social and governmental structures of the national systems under comparison. This,

according to (Chandler 2000: 8), involves understanding the basic structures of the institutions of a country and knowing how the various demands of this structure inter-relate to establish and implement public policy. Viewed in the context of the study, the social and governmental structures play important roles in identifying and defining care for the aged as a public problem in Nigeria and South Africa. The views of Chandler (2000) are also relevant in recognizing the place of these variables as constituting elements of benchmarks in comparing care for the aged in Nigeria and South Africa from a policy perspective. Comparative public administration theory reviews are relevant due to the cross-national nature of the study

1.12.2 Advocacy Coalition Framework

The Advocacy Coalition Framework (ACF) is a framework of the policy process developed by Paul Sabatier and Jenkins-Smith (Sabatier & Jenkins-Smith, 1998). This is a conceptual framework of the policy process that synthesizes the policy focus of modern scholars such as preferences, interests, goals, resources, environments, institutional rules, background socio-political and economic conditions and so on. (Sabatier, 1991: 151). It views policy making and changes over time as a function of three sets of factors outlined below (Sabatier, 1991: 151-153):

1. The interaction of competing advocacy coalitions within a policy-subsystem/community: An advocacy coalition consists of actors from many public and private organizations at all levels of government who share a set of basic beliefs (policy goals plus causal and other perceptions) and who seek to manipulate the rules of various governmental institutions to achieve those goals over time. Conflict among coalitions is mediated by policy brokers, i.e. actors more concerned with system stability than with achieving policy goals;
2. Changes external to the sub-system: These are changes in socio-economic conditions, changes in systematic governing coalitions, policy decisions and impact from other sub-systems, past policy experiences; and

3. The effects of stable system parameters such as basic attributes of the problem area (area of attention) basic distribution of natural resources, fundamental socio-cultural values, social structure and basic Constitutional structure (rules).

The advocacy coalition framework has been applied to a number of policy areas primarily dealing with energy and environmental policy (Sabatier, 1991: 153). The advocacy coalition framework is applied within the context of this study. It is used to compare the policy issues that affect care or the aged in Nigeria and South Africa. In this context, the policy sub-system exists as the aged care sub-system in Nigeria and South Africa. The care for the aged policy sub-system of Nigeria and South Africa are characterized by external variables that affect the sub-system. These set of variables, as they apply to Nigeria and South Africa, are:

i. The effect of relatively stable parameters - These stable parameters exist in the following forms in the two countries:

- Basic attributes of the problem area: In Nigeria and South Africa, basic attributes of care for the aged problems are experienced in the context of aged care as a public problem;
- Fundamental socio-cultural values and social structure: This refers to the socio-cultural and social composition of Nigeria and South Africa and their respective, value preferences. In this case, the different segments of both societies do have an inclining need to quality aged care;
- Basic Constitutional structure: The basic Constitutional structure in the two countries determines certain priority areas of policy-making. For instance, the South African Constitution views care for the aged as an implied right (Skweyiya, 2005:3);

ii. Changes/events in the external system exist in the following ways in Nigeria and South Africa:

- Changes in socio-economic condition: South Africa effectively put a policy in place on care for the aged system with a strong economic base from the apartheid government, whereas, Nigeria is still struggling to implement bills passed on care for the aged;
- Changes in the systemic governing coalition: At independence in 1960, Nigeria inherited a weak socio-political structure from Britain; a system that failed to institutionalize democracy and sustain a united and people-oriented national government; whereas, in South Africa, the democratic revolution of 1994 ushered in radical transformations resulting in the creation of a strong, responsible and people-oriented national government; and
- Policy decisions and impacts from other sub-system: In Nigeria, policy decisions and impacts in other sub-systems such as education/health, environment are not satisfying enough whereas in South Africa, there is remarkable performance in other sub-systems such as education, health and other sectors to accommodate aged care.

Sabatier and Weible (2007: 189) added a new category of variables known as the coalition “opportunity structure”. The opportunity structures which refer to the relatively enduring features of a polity that affect the resources and constraints of sub-system actors in Nigeria and South Africa are different. In Nigeria, the degree of consensus needed for major policy changes is not high due to diverse selfish and dis-articulated interests. Moreover, the political system is not open in terms of transparency, accountability and openness to initiate and implement major policy changes. In South Africa, the degree of consensus needed for major policy changes is high due to aggregated and clearly articulated national interests.

In South Africa, policy participants strive to translate components of their belief system into actuality. The situation in Nigeria is different; there is less commitment by policy participants to achieve effective policies initiated since 1960. Another factor here is the availability of human and financial resources in Nigeria and South Africa, that is, people who know and understand the policy can effectively manage the financial resources to

achieve goals in the two countries. The combination of policy brokers, that is, actors more interested in system stability, agency resources and the general policy orientation of policy makers results in effective policy outputs (Sabatier; 1990: 153).

1.12.3 Public Choice Theory

According to Dahl (1982:79), in a society where there is a plurality of demands on the state, a political marketplace develops in which interest groups contend for their specific positions and issues to be placed on the public policy agenda. Alongside this, the public sphere/government becomes the target of an 'issue popularity contest'. In democratic societies, the state has to respond to these issues in such a manner that the majority of interest/ pressure groups approve of the state's policy agenda. This places the state in a powerful, yet impossible position: on the one hand, the state is the object of interest groups' requests for policy action; on the other, the state has to respond adequately enough to ensure that demands are met and needs are satisfied. Public choice theory can be applied in the context of explaining the policy issues that affect aged policy in Nigeria and South Africa.

1.12.4 Policy Agenda Setting

According to Fanie (2014:87), an agenda is a tool to facilitate the proceedings at a meeting in order to ensure that the main purposes of the meeting are achieved. It normally orders the discussions during the meeting and ensures that the most important discussion items are dealt with first to ensure that they receive priority attention. Fanie (2014:87) avers that policy agenda setting refers to a deliberate planning process through which policy issues are identified, problems defined and prioritised, support mobilised and decision makers lobby to take appropriate actions during or after one or more stakeholders in the society feels that the status quo detrimentally affects them or another segment of the society. The agenda setting process is highly contextual and it is a crucial decisional process that affects a wide range of individuals. Governments are constantly juggling to accommodate and allocate agenda space to increasingly complex social and economic concerns that demand the attention of policymakers (Baumgartner, Breunig, Green-Pedersen, Jones, Mortensen, Nuytemans & Walgrave, 2009).

According to Birkland (2007:10), while agenda setting is an important part of policy-making, there is no single theory of agenda setting.

1.13 STRUCTURE OF THE STUDY

The study is organized into five chapters as shown below.

Chapter one: Introduction and general orientation

This is an orientation to the background or general framework of the study which comprises the introduction and background of the study, the rationale/motivation of the study, the statement of problem, study objectives, study questions, significance of the study and the relevance of the study. It also includes the research design and the entire methodology of the study, ethical considerations, and scope of the study and limitations of the study. Clarification of the major concepts of study, the chapter's conclusion and references are also presented.

Chapter two: Discussion of the aged policy as related to public administration in South Africa and Nigeria

This chapter focuses on a discussion of aged policy as related to public administration in South Africa and Nigeria. It discusses how care for the aged is a public concern in Nigeria and South Africa, public policy, policy making process, good governance and public interest are functions and attributes to public administration. It also discusses Aged policies in Nigeria and South Africa and other functional roles of public administration with regards to care for the aged and presents the chapter's conclusion and references.

Chapter three: Literature review.

This chapter reviews through textual means the theoretical context of the study. It essentially reviews literature that underpins the study and identifies gaps in the literature in relation to the topic, including reviews of the social political issues in Nigeria and South Africa.

Chapter four: Research Methodology, Findings and Analysis

This chapter explains the method and approach that were selected for this study. It explains the qualitative desktop methods and describes the approach to government policy on care for the aged in the two countries (South Africa and Nigeria). The findings ensure that research questions were answered and analyzed in detail on the course of study.

Chapter five: Summary, Recommendations and Conclusion

This chapter summarizes the study, recommends ways and strategies to change or resolve the problem and logically draws conclusion. The chapter includes with appendices and bibliography.

1.14 CONCLUSION

This research is motivated by the observed gap in the literature on Government policy regarding the care of the aged in Nigeria, in comparison to South Africa. Known studies in this area have not compared Government policy on care for the aged in the two countries from a policy viewpoint. This study sought to compare Government policy on care for the aged in Nigeria and South Africa from a policy point of view. From the onset, the provision of quality and affordable lifestyle constitutes a serious policy challenge to the governments of Nigeria and South Africa; the challenge has both external and internal influences. The external influence stems from the pressure exerted by international organizations such as the United Nation on national governments, especially in Africa and other developing countries, to improve the quality of care provided to the Aged in their countries. The internal dimension arises from the masses, NGOs and family members' demand for better care of the Aged group in Nigeria and South Africa.

The purpose of the research was to review the similarities and differences in Government policy approaches in Nigeria and South Africa in the care for the aged. The central objective was to understand and explain the policy issues that affect them and their impact on achieving the policy goals in Nigeria and South Africa. The research was guided by the research questions and the use of relevant research designs and methodology to cross-nationally carry out a comparative study on care for the aged policy in Nigeria and South Africa. The study also used a relevant theoretical framework to explain the policy issues that affect the aged in Nigeria and South Africa. The study makes contributions in the field of Public Administration by comparing the policy issues that affect the care for the aged in Nigeria and South Africa and to the existing body of knowledge.

REFERENCES

Books and Journals

- Aboderin, I. 2010. Understanding and Advancing the Health of Older Populations in sub-Saharan Africa: Policy Perspectives and Evidence Needs. *Public Health Reviews*, 32(2): 357-376
- Abumere, F. 2013. Specific Policies to Protect the Welfare of Older People in Britain. *The Open Access Journal of Science and Technology AgiAI Publishing House 1* (2013), Article ID 100003: 5.
- Ajomale, O. 2007. Summer Newsletter 2007 of the Research Committee (RC11) on the Sociology of Aging of the International Sociological Association (ISA). Oxford: Oxford Institute of Ageing.
- Angwe, B. 2012. Third Session of the UN Open-Ended Working Group on Ageing: Paper Presentation at the UN Plaza, New York.
- Asogba, A. 2005 Research and the Formulation and Implementation of Ageing Policy in Africa: The Case of Nigeria Copyright 2005. *The British Society of Gerontology Generations Review*, 15(2): 39–41.
- Babbie, E. & Mouton, J. 2014. *The practice of social research*. Cape Town: Oxford University Press.
- Baumgartner, F.R., Breunig, C., Green-Pedersen, C., Jones, B.D., Mortensen, P.B., Nuytemans, M., & Walgrave, S. 2009. Punctuated Equilibrium in Comparative Perspective. *American Journal of Political Science*, 53(3). 603-620.
- Birkland, T. 2012. *After Disaster Agenda Setting Public Policy and Focusing Events*. Washington DC: Georgetown University Press.
- Bless C., Higson-Smith, C. & Kagee, A. 2009. *Fundamentals of social research methods: An African perspective* (4th Edition). Cape Town: Juta.

- Brink, H., Van der Walt, C. & Van Rensburg, G. 2014. *Fundamentals of research methodology for health professionals* (3rd Edition). Cape Town: Juta.
- Cant, M., Gerber-Nel, C., Nell, D. & Kotzé, T. 2008. *Marketing research* (2nd Edition). Pretoria: Van Schaik Publishers.
- Cloete, F. & Meyer, I. H. 2011. Policy Agenda Setting. In F.Cloete, H.Wissink, C. De Coning (Ed.), *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik.
- Creswell, J.W. 2014. *Research design: Qualitative, quantitative and mixed methods approach* (4th Edition). Los Angeles: Sage.
- Dan, R., & Arthur, M. 2012. *Research supervision for supervisors and their students*. (2nd Edition). Cape Town: Juta & Co. Publisher.
- Denscombe, M. 2014. *The Good Research Guide for small scale social research projects*. Berkshire: Open University Press.
- Denzin, N. & Lincoln, Y. 2014. *Handbook of qualitative research* (4th Edition). California: Sage.
- Dror, Y. 2003. *Public Policy Making Re-examined*. New Brunswick, New Jersey: Transaction Publishers.
- Du Toit, D. & Van Der Waldt, G. 2008. *Public Administration and Management*. Kenwyn: The Grassroots Juta & company Ltd.
- Dwivedi, O.P. & William, G. 2011. Public Administration: State of the Discipline, A historical Odyssey. In *Public Administration in a global Context: ASIA at 50*. Bruxelles: Groupe De Boecks.
- Dye, T. R. 2002. *Understanding Public Policy*. USA: Eaglewood Cliffs.
- Fanie, C. & Coning, C. 2014. *Improving Public Policy Theory, practice and results* (3rd Edition). Van Schaik Publisher Pretoria.

- Fox, W. & Bayat, M.S. 2006. *Managing Policy*. In Fox, Bayat & Ferreira (eds). *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Gay, L., Mills, G., & Airasian, P. 2006. *Educational research: Competencies for analysis and applications*. New Jersey: Pearson Education, Inc.
- Gorman M. 2000. Development and the rights of older people. In: Randel J, et al., Eds. *The ageing and development report: poverty, independence and the world's older people*. London: Earth scans Publications Ltd.
- Hanekom, S.X. 1986. Public Policy-making and Public Policy Analysis. In X. Hanekom, R. W. Rowland & E. G. Bain (eds), *Key Aspects of Public Administrations*. Johannesburg: Macmillan Publishers.
- Hesse-Biber, S.N. & Leavy, P. 2011. *The practice of qualitative research*. London: SAGE.
- Ijeoma, E. O. 2010. *Africa's New Public Policy: Imperatives for Globalization & Nation-Building in Nigeria*. Pretoria: Africa Institute of South Africa.
- Ijeoma, E. O. 2013. *South Africa's Public Administration in Context*. Pretoria: Verity Publisher.
- Janesick, V.J. 2004. *"Stretching" exercises for qualitative researchers*. California: SAGE
- Johnson, B. & Christensen, L. 2014. *Educational Research: Quantitative, qualitative and mixed methods approach*. Los Angeles: Sage.
- Kelly, K. 2014. From encounter to text: Collecting data in qualitative research. In Terre Blanche, M., Durrheim K. & Painter, D. (Eds.). *Research in Practice: Applied Methods for the Social Sciences* (2nd Edition). Cape Town: UCT Press.
- Kumar, R. 2005. *Research Methodology: A step-by-step guide for beginners* (2nd Edition). New Delhi: Thousand Oakes
- Leedy, P.D. & Ormond, J.E. 2014. *Practical research: Planning and design* (10th Edition). Essex: Pearson.

- Mouton, J. 2009. *Understanding social research*. Pretoria: Van Schaik.
- National Population Commission. 2006. Population Census of the Federal Republic of Nigeria: Preliminary Report.
- Neuman, L. 2014. *Social research methods: Qualitative and quantitative approaches* (7th Edition). Essex: Pearson.
- Nieuwenhuis, J. 2014. Introducing qualitative research. In Maree, K. (Ed). *First Steps to research* (15th ed). Pretoria: Van Schaik.
- Okoye, U. 2013. Community-Based Care for Home Bound Elderly Persons in Nigeria: A Policy Option. *International Journal of Innovative Research in Science, Engineering and Technology*, 2(12).
- Omokaro, E. 2013. Creating Sustainable Framework for combating elderly abuse. www.ifa-fiv.org/.Creating-Sustainable-Framework [Online]. Available: [Accessed 23 April 2015]
- Rouse, M. 2005. Search SOA DEFINITION cybercitizen. [Online]. Available: [Accessed 21 April 2015].
- Skyweyiya, Z. 2005. *South African Policy for Older Persons*. Pretoria: Department of Social Development.
- United Nation Population Development (Department of Economics and Social Affairs), Population Division. 2013. *World Population Ageing, 2013*. Vienna: ST/ESA/SER/.A/348.
- United Nations. 2010. *World Population Ageing, 2009*. New York: Department of Economic and Social Affairs of the United Nations Secretariat.
- United Nations. 2013. *World Population Ageing, 2013*. New York: Department of Economic and Social Affairs of the United Nations Secretariat.
- Wild, J. & Diggins, C. 2013. *Marketing research* (2nd Edition). Cape Town: Juta.

Williamson, J. 1991/92. Ethnic Politics, colonial legacy, and old age security policy: The Nigerian case in Historical and comparative perspective. *Journal of Aging Studies*, 5(1): 19-44.

World Health Organization 2002. Active Aging: A Policy Framework - A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002.

World Health Organization. 2015. *Definition of an Older or Elderly Person: Health Statistics and Information Systems*. Sage.

Zikmund, Babin, B.J., Carr, J.C. & Griffin, M. 2013. *Business research methods* (9th Edition). South Western: Cengage Learning.

Theses

Lubisi, N. 2010. *The right to social security and social assistance with particular reference to older persons in the Eastern Cape Province: a case study*. A Dissertation submitted in fulfillment of the requirements for the Degree of Doctor of Law, University of Fort Hare, Alice.

Tam, A. 2011. *Aging Related Issues and the Agenda Setting Process: A comparative analysis*. MPA research report submitted to the local Government program Department Of Political Science, the University of Western Ontario, Ontario.

CHAPTER TWO

DISCUSS ON AGED POLICY AS RELATED TO PUBLIC ADMINISTRATION IN SOUTH AFRICA AND NIGERIA

2.0 INTRODUCTION

Public Administration must be strengthened, especially at the community level, if governments are to perform the functions required to promote socio-economic and political development, citizen's empowerment, combating of abject poverty and creating enabling policies for the people to participate in governance, since care for the aged is a community service (Ijeoma, Nzewi & Sibanda, 2013: 203). Ijeoma et al. (2013:17) aver that Public Administration principle applies to local governance towards achieving the four pillars of Public Administration (efficiency, effectiveness economy and equity). These authors further write that policy encompasses the legislative and regulatory frameworks put in place to govern specific functions in Public Administration.

Du Toit and Van Der Waldt (2008:22) posit that people who met together either as a group or association to make a source of living within an environment made up Public Administration. Due to unmet challenges, services are meant to be provided to the community, and this, therefore, implies that providing for community needs is a major cause to the foundation and human resource development in public administration (Du Toit and Van Der Waldt (2008). Public administration, in the context of this study, serves to answer to the care for the aged needs of people in Nigeria and South Africa.

In Nigeria and South Africa, the care for the aged need emanates from the human environment which comprises households, corporate bodies, government and institutions where human beings are represented. Anderson (2004: 138) states that public interest appears as public need. In the context of the study, care for the aged has been identified as part of a collective need in Nigeria and South Africa. Collective needs are those general or common needs that require satisfaction on a collective

basis by government institutions at the appropriate level (Gildenhuys, 2004: 59).

The presence of government in any nation is to help and assist its people. Public policies are a replication of the public interest and serve as the government's intention or its course of action to promote public interests but with challenges (Anderson, 2004:139).

Policy challenges come in two dimensions. The first encompassed the challenge to national governments, especially developing ones by international organizations such as the United Nations in seeing to the fact that older persons are consistently cared for. The second encompasses the internal dimension arising from the increased demand for care for the aged in Nigeria and South Africa. In Nigeria care for the aged was not on government's agenda before independence and if it were, it was exclusively to the civil servants and armed forces. Subsequent governments, therefore, failed to adequately identify care for the aged as a public need and a public interest that should be properly placed on the government's policy agenda for effective policy action. In South Africa, the apartheid government policy on care for the aged was limited to the minority whites to the exclusion of the black majority population.

Care for the aged policy in Nigeria and South Africa cannot be studied without bringing into focus the fundamental role of public administration as it concerns understanding and explaining comparatively, the policy issues that affect care for the aged in Nigeria and South Africa. Fox and Meyer (1995:3) view administration as a system. In this context, a system, according to Du Toit and Van Der Waldt (2008: 42), is a cohesive whole consisting of various interactive phenomena, and because of these interactions, certain results are produced. The policy outputs are expected to achieve the respective care for the aged goals of the Nigerian and South African governments which is the provision of quality care for older persons. Shafritz et al. (2007:10) view public administration as implementing public interest. In the context of the study, public administration, due to its service nature, functions to implement care for the aged policies in Nigeria and South Africa.

This chapter discusses public policy, public interest in care for the aged and good governance, care for the aged as a public good in Nigeria and South Africa. It also discusses care for the aged policy in Nigeria and South Africa.

2.1 PUBLIC POLICY

Public policy refers to government intentions designed to deal with various social challenges such as those related to foreign policy, environmental protection, crime, unemployment, and numerous other problems (Ijeoma 2010:12-13).

Ijeoma (2010: 13) also views public policy as a complex pattern of interdependent collective choices, including decisions not to act, made by governmental bodies and officials. Ijeoma (2010: 13) further writes that two features can be discerned from these views. Firstly, public policy is a social practice, and secondly, public policy is occasioned by the need to reconcile conflicting claims or to establish incentives for collective action among those who share goals but find it irrational to co-operate with one another. Public policy is an attempt by the government to address a public issue. The government, whether it is city, state, or federal, develops public policy in terms of laws, regulations, decisions and actions. There are three parts to public policy-making, namely: problems, players and the policy (Wisegeek, 2011).

2.1.1 Policy making process

Most theorists view the policy process as a series of stages. According to Anderson (2004:135), policy-making process is a dynamic process suggesting continuous interaction from the government and the public. According to Anderson (2004: 135), the policy environment, in this sense, comprises factors such as natural resources and demographic, geopolitical position and the economic system. In the context of the study, care for the aged, as a policy challenge in Nigeria and South Africa, is structured into the normal public policy-making process and phases.

Contextual representation of care for the aged policy-making process in Nigeria and South Africa.

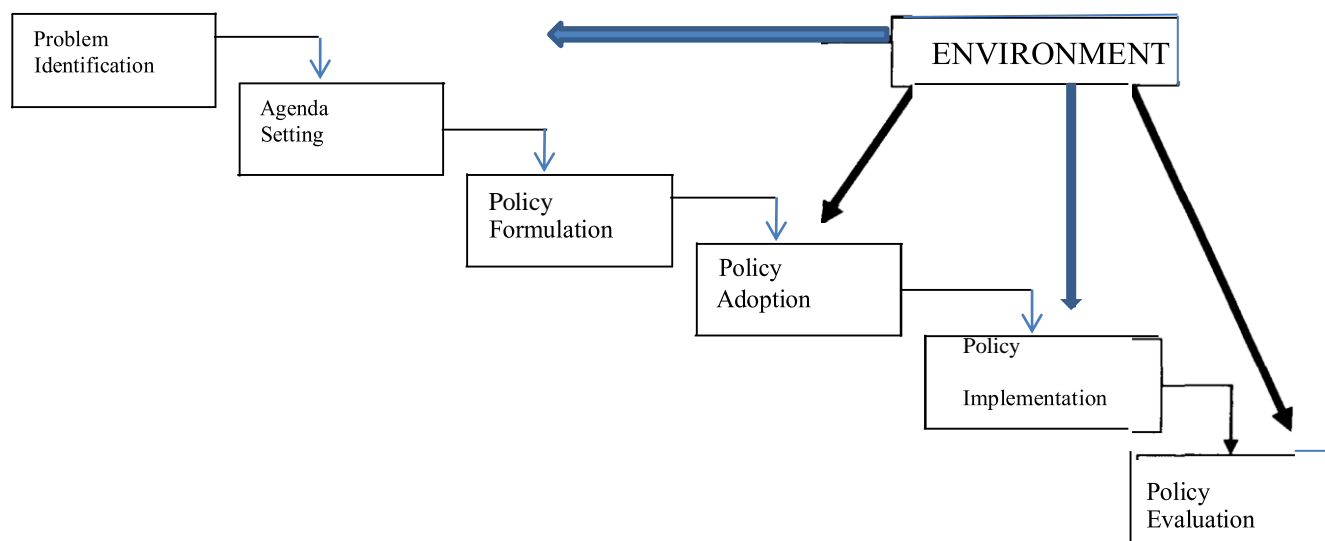


Figure 1 Policy-Making Stages

Source: Van der Waldt (2001: 94).

2.1.1.1 Problem Identification and Agenda – Setting

According to Fanie and Christo (2014: 87) problem identification and agenda-setting are normally grouped together but upon review, problem identification always occurs in response to societal needs. In problem identification as posited by Fanie and Christo (2014: 94), causal linkages must be established between policy issues that give rise to challenges detrimental to certain issues and stakeholders. These matters need to be addressed through deliberate public policy interventions at the appropriate level by the most appropriate policy agent. They further write that agenda-setting refers to a deliberate planning process through which policy issues are identified, problems defined and prioritized, support mobilized and decision-makers lobbied to take appropriate action. The policy process normally starts with the identification of a policy issue or problem by one or more stakeholders in society who feel that the status quo

detrimentally affects them or another segment of society. Stakeholders mobilize support in order to persuade policy makers to take action to change the status quo in their favour. Policy agenda setting aims at focusing attention on selected policy issues and trying to ensure that those issues receive the attention needed according to the agenda setters and in this context, care for the aged policy in South Africa and Nigeria are relevant in agenda-setting.

Fanie and Christo (2014: 87) state that policy agenda setting is a crucial phase in public policy-making for three main reasons. Firstly, it determines and prioritizes what policy issues are addressed. Secondly, it determines who influences or controls the policy-making process, and thirdly, it determines how stakeholders influence the policy agenda. Agenda setting is, therefore, both substantive (related to what is done) and procedural (related to who acts, why and how). Governments are constantly juggling to accommodate and allocate agenda space to increasingly complex social and economic concerns that demand the attention of policymakers (Baumgartner, Breunig, Green-Pedersen, Jones, Mortensen, Nuytemans, & Walgrave, 2009).

Diagram 2: Agenda Funnel

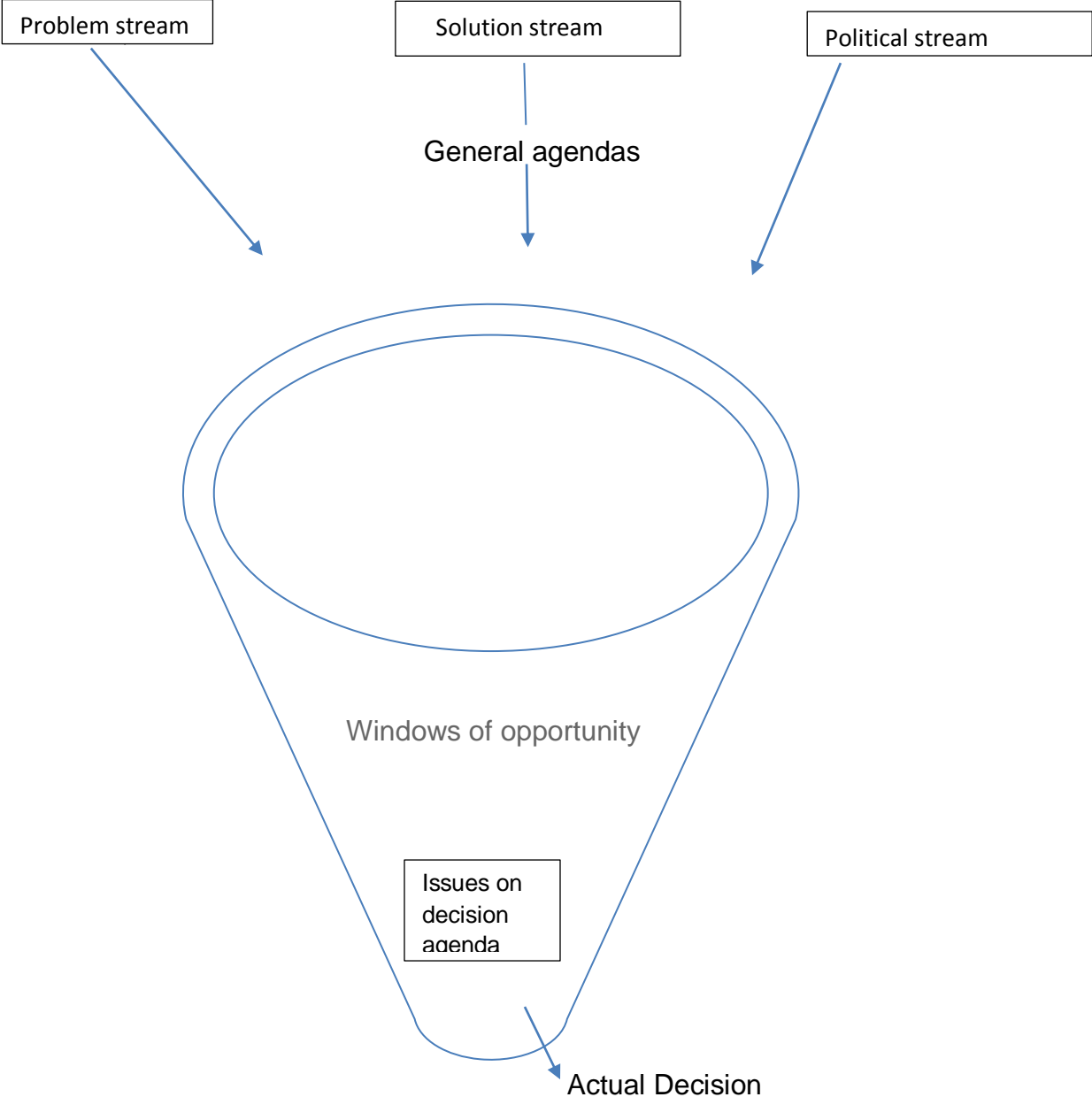


Figure 2: Agenda funnel

Source: Janson (1994:11)

2.1.1.2 Policy formulation

Governments indulge in policy formulation driven by the desire to achieve certain goals or objectives. According to Akindele (2004:175), the following are six major reasons why governments formulate public policy:

- a) To provide solutions to problems;
- b) To accelerate economic development. Planning is part of policy making, and, logically, policy making is an instrument of economic development;
- c) To make for continuity in public administration. It is believed that government comes, government goes but public administration remains forever;
- d) To further public interest rather than the government. Government formulates policy in order to better the conditions of the populace;
- e) To establish effective administration. The administrative functions (like planning, organizing, staffing, co-coordinating and budgeting) all combined, are instruments of public policy making; and
- f) For its own selfish ends because the government's survival depends on the effective initiation and implementation of public policies.

Once an issue has become a problem, and the problem has made it onto the public policy agenda, it is incumbent upon the government to strategize an appropriate response to that public problem. A response, one should add, could be positive (leading to action: planning, drafting and eventual implementation of a new or amended public policy) or negative (inaction - maintaining the status quo). In the actual process of policy design, the technocrats who write the policy need to have an understanding of the problem that would enable them to delineate clearly the overall mission, broadly-stated goals and prioritized objectives of the draft policy or policies.

Note the plural here - a cogent strategy would be the conceptualization of two or more alternative policy responses, thus giving the decision-makers a choice as to which

policy to implement. In making that choice, these officials would be taking into account the policy environment and the input from various policy entrepreneurs in society. The final choice of policy would take into account the constraints posed to every alternative - and the government needs to decide which policy alternative would, in their opinion, have the most fortuitous outcome and outputs. It is important to note that the entire process is iterative; in other words, one stage of the policy formulation process may not neatly follow on any previous stage: the process may be interrupted, with novel variables impacting on the outcome of the policy formulations at the end (Fourie 2005:109).

Important in this regard is the impact of scenario planning, forecasting and cost-benefit analysis in general. Based on the above, the policy decision-makers will decide on their preferred policy alternative. The criteria applied in this last process (which may, in turn, be fed back into the policy formulation for purposes of policy refinement) would then be measured in terms of envisaged effectiveness (Is the policy able to solve the problem?), efficiency (How much effort will this require?), adequacy (Are societal needs met?), equity (Are these needs met across the board?), responsiveness (Are those most affected by the problem shielded from any negative future impacts?) and appropriateness (Are the assumptions underlying the policy's objectives tenable?) (Fourie, 2005:35).

2.1.1.3 Policy adoption

This is the stage during which a selected policy, once formulated, is legitimized and formalized. Policy adoption, therefore, has direct correlates with decision-making - Who decides on any specific policy alternative? What are the variables that impact on that decision-maker? and so on. Clearly, public policy adoption means political support from the powers-that-be - the government. The latter may adopt a policy and sell it to the public and various individual stakeholders through command, persuasion and bargaining (Fourie, 2005).

2.1.1.4 Policy implementation

This stage of the policy-making process entails the translation of decisions into action. It is, therefore, distinctly political in nature - dealing directly with the questions of who implements policy, where, when and how. The success of this stage is dependent upon a myriad of variables such as: the correct definition of the original problem, the accurate identification of causal links, just determination of realistic objectives, and so on - all having an impact on whether or not deviations might occur during the implementation stage. Given the interconnected and co-dependent nature of this and other stages, it becomes difficult - due to the iterative nature of the policy-making process referred to above - to know exactly where the policy implementation phase commences or concludes.

A common theory on policy implementation still has to be constructed (Cloete, et al. 2004:165). These authors further said that a survey of the literature shows that there is already remarkable convergence on the critical explanatory variables identified by scholars of policy implementation (2004:165). Moreover, researchers working in a number of different areas (e.g. environment, population, and health and crime prevention) have consistently identified the same or similar variables, as have scholars working in countries at various stages of economic development. According to Cloete et al. (2004:165), there are five interlinked variables, also known as the 5-C protocol, are:

- The content of the policy itself - what it sets out to do (i.e. goals); how directly it relates to the issue (i.e. causal theory); how it aims to solve the perceived problem (i.e. methods);
- The nature of the institutional context - the corridor (often structured as standard operating procedures) through which policy must travel, and by whose boundaries it is limited in the process of implementation;
- The commitment of those entrusted with carrying out the implementation at various levels to the goals, causal theory and methods of the policy;

- The administrative capacity of implementers to carry out the changes desired of them; and
- The support of clients and coalitions whose interests are enhanced or threatened by the policy, and the strategies they employ in strengthening or deflecting its implementation.

2.1.1.5 Policy evaluation

Policy evaluation is, in essence, no different from any other evaluation (Cloete et al. 2004:210). At its most basic level, policy evaluation is learning about the consequences (both positive and negative) of public policy. In other words, it is an assessment of all the policy's effects, including its impact, on the target situation or group, on situations and groups other than the target (spillover effects), on future as well as immediate conditions, direct costs, in terms of resources devoted to the policy, and indirect costs, including loss of opportunities to do other things. Cloete et al. (2004:211) suggest different definitions of the concept "evaluation" in the following manner:

- evaluation determines the value or effectiveness of an activity for the purpose of decision-making;
- policy evaluation is learning about the consequences of public policy (i.e. policy impact, which includes all the policies on real-world conditions; and
- programme evaluation consists of the systematic description and judgments of programmes and, to the extent feasible, systematic assessment of the extent to which they have the intended results.

2.2 PUBLIC INTEREST IN CARE FOR THE AGED AND GOOD GOVERNANCE

Public interest in care for the aged must take good governance into cognizance and examine if care for the aged policies are made and implemented in line with public benefits. According to Nzongola-Ntalaga (2002: 23), governance is a very broad concept and operated at every level, such as households, villages, communities, nations regions or globe. Nzongola-Ntalaga (2002: 23) identifies three components of governance as:

- political governance which guarantees the order and cohesion of society;
- economic governance, which provides the material foundation of society; and
- and social governance, which provides the moral foundation of society.

According to Ijeoma et al. (2013: 204) to achieve good governance at the community level, government is expected to use the instruments of public administration to carry out the following functions

- developing human resources;
- protecting human rights and basic freedoms;
- mobilizing financial resources for development;
- creating partnerships with the private sector for service delivery;
- providing social amenities; and
- promoting the general welfare of the people.

Wiafe (2010: 2) writes that good governance is government living up to its obligation to enhance policies that develops the well-being of its citizens. At the political level, good governance includes the formation of political institutions that defends the wish of the people and protects basic human rights. For good governance to take its course, Wiafe (2010:3) posits that sound accountability must be put in place. This means that necessary mechanisms to ensure that people, to which responsibility and authority for

efficient service delivery has been given, can actually be held accountable for performance.

Accountability is seen as roadblock to service delivery in care for the aged in developing countries. Accountability is raised by setting clear goals, defining performance benchmarks, providing the necessary resources etc. Wiafe (2010:4) further writes that government must, in turn design, the right policy and institutional framework to achieve good performance, thus, the performance of care for the aged system as a whole will reflect the effectiveness of government policies and their implementation. Effective public administration systems, as well as good governance, in general, have a critical role to play in the implementation of the development goals outlined in the United Nations according to the Proclamation on Ageing, G.A. res. 47/5, 47 U.N. GAOR Supp. (No. 49) at 13, U.N. Doc. A/47/49 (1992). The principal elements of good governance include:

- i. Accountability: It implies Government's willingness to express the extent to which decisions are clearly defined upon openness and agreed objectives;
- ii. Responsiveness: Meaning that Government has the capability to respond to societal changes, takes societal values into consideration by recognizing public interest improving on its role;
- iii. Efficiency and effectiveness: Government endeavors to come up with sound public outputs, by ensuring that outcome meets the original intention of policy makers; and
- iv. Transparency: Government decision-making processes are positively criticized by groups, other arms of government, civil society and other international bodies if need be.

Good governance, in the context of the study, means government initiating and implementing positive care for the aged policies in Nigeria and South Africa. It encompasses making use of public administration tools to realize the anticipated care for the aged goals.

It is vital for policy makers in the care for the aged sector to embrace good governance. In Nigeria, Angwe (2012:3) views poor governance as the failure of the Nigerian government to define and establish the importance of care for the aged as part of national development. According to Williamson (1992:20), one of the most serious problems that Nigeria has faced since independence in 1960 has been that of national integration. He further states that most of the population has had stronger identification with and allegiance to a sub-national unit such as the ethnic group where ethnic conflict poses one of the greatest threats to national integration. In the context of the study, ethnic sentiments contribute in derailing factors of good governance and public interest in the care of the age. Against this backdrop, Popoola (2011:210) writes that bureaucratic institutions of the state administration in Nigeria have become centralized, with the citizens immaterial in decision-making on service delivery (care for the aged and other public goods) matters that affect them.

Adebayo (2010: 214) suggests that the struggle for control of government at the centre, the demand for the control of resources, (oil in the south), inter-ethnic/religious conflicts in various states across the country, perceived socio-economic imbalance, and so on, are the historical structures that generate mutual fear and suspicious among Nigerian groups in a competitive process. This bottleneck affects the provision of infrastructures in Nigeria.

Religious disputes and basic interests are issues that unseat good governance and public interest considerations in care for the aged in Nigeria. These concerns pose a serious threat to the stability of government, public policy-making and implementation institutions and generate tension and fluid dynamics in the socio-political and economic environment of care for the aged, thereby, affecting proper identification of care for the aged as a public good, placing of care for the aged on the public policy agenda and proper execution of care for the aged policies and programmes in the interest of all. These issues also negatively influence public administration regarding implementing the public interest in respect. Du Toit and Van Der Waldt (2008: 199) note that public administration is affected by environmental phenomena that are both internal and external.

Unlike South Africa, the ANC government in 1994 won the election after the post-apartheid and represented an overwhelming majority of South Africans; its style of governance was to make policy debates and decisions much more visible; in contrast to the apartheid government that had concentrated economic and social opportunities in the hands of the white minority. Sagner (2000:531) writes that the first ANC led government adopted the Reconciliation and Development Programme (RDP), an integrated policy platform that set out an organized plan programme for social and economic advancement, centered on the development of infrastructures for poor communities.

In the context of this study, good governance and public interest manifest vital roles in care for the aged in South Africa. This is evidenced in the following:

- i. That care for the aged is a public delinquent and adequate provision must be made to cater for all South Africans in this regard Sagner (2000:540); and
- ii. That Public administration institutions and agencies have been deployed towards the effective and efficient implementation of government policy on care for the aged.

For care for the aged to take its root, good governance must be the benchmark. Policy-making is, therefore, based on broad-based interests of the society rather than on some particularistic interests. Recognizing that care for the aged is a public problem, it implies that effective policy action is imperative for the institutions of public administration and government in Nigeria and South Africa.

2.3 CARE FOR THE AGED AS A PUBLIC GOOD IN NIGERIA AND SOUTH AFRICA

Du Toit and Van Der Waladt 2008: 24 write that a relationship exists within the growth of a community and needs government services through public administration. Limits experienced by individuals due to mutual interactions with others has placed restrictions on meeting their daily requirements and their desires for services,

invariably making their need to become public needs, which demands creation of government intervention. Du Toit and Van Der Waldt (2008:24) further write that this government was expected to meet the common needs of society. In this circumstance, public administration, according to Shafritz et al. (2007: 7), is what government does. Public business is very encompassing and touches on all segments of public life. For instance, building good hospitals, old age homes, geriatric clinics, administration of justice, aged center for education and provision of essential services, especially for the less fortunate, contributes to public business. Public administration plays a significant role in implementing care for the aged policies of governments in Nigeria and South Africa, including care for the aged.

According to Hughes (2003:77), government facilities for the public good may reveal the presence of social ethics and political principles which depart from the premises of consumer choice and decentralized decision-making. Hughes (2003:77) also writes that the concept of governance is appropriate in this circumstance as opposed to the narrower concept of government. Good governance tries to do more than mere efficient management of economic and financial resources, or particular public services; it is also a broad reform strategy to strengthen the institutions of civil society, and make government more open, responsive, accountable and democratic. Hughes (2003: 77) further writes that although the provision of goods and services is the basis of capitalist society, there are some circumstances where markets may not provide all the goods and services that are desired, or may do so in ways which adversely affect the society as a whole. Hughes (2003: 77) writes that since market mechanisms alone cannot perform all economic functions, public policy is needed to guide, correct, and supplement it in certain respects. In this case, there are submissions that the government can better provide opinions, goods and services in the interest of the society; government policy is, therefore, designed in this direction.

Public administration, according to Shafritz et al. (2007: 8), is both indirect and direct. It is direct when government employees provide services to the public as varied as mortgage insurance, merit delivery, provision of health care etc. It is indirect when government pays private contractors to provide goods or services to its citizens. In the

context of the study, care for the aged is identified as part of a public good that is provided by the service nature of public administration. Holcombe (1997: 1) writes that economists define a public good as a good having one or both of the characteristics of non-excludability and jointness in consumption. Non-excludability means that it is difficult to keep people from consuming the good once it has been produced, and jointness in consumption means that once it has been produced for one person, additional consumers can consume at no additional cost. In other words, a public good is a service provided without profit to all members of a society either by the government or private individual or organization, and it is provided for the well-being of the public. Holcombe (1997: 2-3) further writes that a public good is a good that once produced for some consumers, can be consumed by additional consumers at no additional cost and that public goods are government produced goods.

In the context of the study, one could make the following deductions about the general nature of public goods: The provision of public goods is part of the service nature of public administration; It can be provided directly by government employees or indirectly, by contractors hired by the government to do so; Provision of public goods has implications for good governance as it strengthens the institutions of civil society, and makes government open, responsive, accountable and democratic (Hughes 2003: 77); It is part of the social responsibility and commitment of government to provide public good, since it is in the interest of the majority of the people, especially, the poor and the weak; Such goods are cost-intensive; it is therefore, better provided by the government in the interest of all; Such goods are socially desirable and are excludable when produced by the market; there are, however, more benefits for the society when government produces them.

In Nigeria, the concept of care for the aged as a public good is strengthened by the increased demand of older person's care arising from rapid population increase and rapid increase in rural-urban migration. Comparatively, in South Africa, care for the aged as a public good is necessitated by the need to correct the disparity practiced during the apartheid era, the need to implement social objectives of poverty alleviation and achieve massive political support. There is also the need to induce socio-

economic development, especially at the grassroots and to achieve politico-economic integration which is characteristic of a change from past undemocratic practices of separateness in development to an all-embracing and people-oriented national government. Ageing is a multi-dimensional phenomenon warranting an interdisciplinary approach. An effective policy on elderly is deemed to take on board the physiological and psychological needs of older persons. However, ageing also has an important socio-economic dimension which cannot be overlooked in the elaboration of a sustainable human development paradigm. In very few fields, the inter-dependence of issues is as pronounced as in the field of public policy-making on elderly. It follows that public good in both Nigeria's and South Africa's care for the aged serves the following purposes:

1. To set up an Act: This act is up for authorization, which offers a prime opportunity to strengthen and modernize aging services to ensure that diverse needs are met for growing elderly population - especially those who are vulnerable and disadvantaged. The act facilitates cost-effective programs that allow seniors to stay healthy and independent in their communities. These include job training and placement;

2. Preparation for retirement: Retirement is not the end of an active life, but the beginning of a new one. This stage of life witnesses the re-orientation of the socio-economic life. In this sense, the retirement issue does not only assume a financial dimension, but first and foremost; it bears an ineluctable existential dimension. Its relationship to time, therefore, becomes a fundamental issue. Retirement, therefore, to be worth living, should be meaningful in more than one respect. Retirement brings its spate of stresses, anxieties, loneliness and sense of rejection, which is an insurmountable abyss. Underpinning retirement are social, psychological and emotional undertones. For retirement to be meaningful and productive, it should be carefully planned for;

3. Health and Nutrition: The growing number and longer life expectancy of the older population are contributing to an increase in chronic and degenerating health problems among elderly. This state of affairs calls for special care by members of the family and

society. The rise in the number of elderly people will continue to attract additional attention and resources. The latter years of life bring many new stresses. This, together with their own increasing frailty and failing health, may result in isolation and loss of independence. Elderly people are physically, mentally and socio-economically vulnerable. They, therefore, stand in need of specialized care and support. However, it must be recognized that elderly men and women have different health and caring patterns and needs.

As there are a greater number of elderly women (especially at higher age brackets), they suffer from various health problems and comprise a large part of the disabled elderly population. The fact that more elderly women live alone, with few financial resources, may also impact negatively on their health status. The quality of life for the elderly must also be viewed in a holistic manner to include their socio-economic security, psycho-social well-being and health. More emphasis must be laid on the policy of preventive aspects of health in view of preparing them for a better quality of life including health and nutrition;

4. Protection of the elderly: A policy for equality of opportunities for all the elderly stands in need of added protection in terms of security of persons and property. The elderly are more often the object of exploitation and marginalization in the process of socio-economic development. It, therefore, follows that policy orientations should reckon with the special needs of the elderly;

5. Housing condition is an adjunct to the well-being of the elderly: Housing impacts directly on the quality of life of any age group and, more particularly, the elderly. Suitable housing is one of the basic needs that warrant adequate attention in enhancing the living conditions of the elderly. Housing in a congenial environment promotes the general welfare of the elderly, especially in terms of mobility and security.

6. Income Security: The issue of income security is a major challenge to many countries, especially developing ones where a fairly large percentage of the population lives at subsistence level. In the course of various international conferences, the United Nations has stressed on the need for all Governments to introduce appropriate policy

measures to provide for the income security of their citizens, particularly elderly persons who are among the most vulnerable groups. The particular economic vulnerability of elderly women must also be recognized as fewer women have worked formally in the past and have fewer options for income generation while many are widows living on their own. The concept of income security is very wide and comprises, *inter alia*, schemes and measures aimed at ensuring that every citizen is able to meet the family's basic needs during emergencies such as accidents, prolonged sickness or sudden reduction of income as a result of unforeseen adversities; the individual may then receive required supplementary financial support to enable him to continue meeting the basic needs of his family.

In this context, the concept of income security has been implemented in many countries in the form of development of social security schemes based on the principle of universal coverage for older persons, namely: payment of benefits in kind or direct assistance to vulnerable persons; provision of assistance to help maintaining the purchasing power of the elderly and protect them against the effects of inflation; development of schemes to supplement the retirement income of the elderly; and adoption of appropriate schemes that will generally provide a financial support to a person to enable him lead a decent life.

7. Employment: Employment after retirement can take many forms such as: on a contract basis under renewable or non-renewable terms; part-time or full-time, with payment at market rates or at reduced rates with an element of "voluntarism", without any payment. Apart from being an obvious source of additional income, employment, under any form, needs a vital psychological necessity. Human beings lose their self-respect and dignity upon retiring and feel a loss of status and social standing; they lose a considerable part of that network of friends and acquaintances based on work relationships and question the current relevance of their previous professional competency; they come face-to-face with long neglected social and family relationships and feel they are a burden to their family and society as a whole. The above challenges showcase the relevance of the employment issue to the present exercise.

8. Education and Training: Knowledge and information "explosion" is an inescapable

reality of the 21st century. Scientific and technological revolutions are constantly reshaping values and creating new attitudes and behaviour. This is an era of unprecedented social change. Fortunately enough, in many societies throughout the world, the elderly still serve as the transmitters of information, knowledge, tradition and spiritual values. This important tradition needs to be preserved at all costs. However, the elderly also need to be kept abreast of social changes. Otherwise, the process of socio-economic reintegration in the mainstream of society can be highly compromised and the generation gap widened. Elderly persons could also benefit from education in terms of basic literacy, including legal literacy. Thus, tackling this problem is very pertinent. Education and training can also help enable elderly persons to re-integrate into the labour force;

9. Inter-generation relationship: With rapid industrialization, increasing wealth and nearly full literacy rate, the attitudes, behaviour and ways of thinking of the youth towards the elders are often very conflicting. The younger generation has a tendency to resist their elders, question their decisions and flout their instructions. On the other hand, the elder generation feels frustrated that their decisions are being contested. Very often, such a situation gives rise conflicts and tension in the family. Therefore, policies need to be initiated for greater understanding among the young generation. Both the older and younger generations have much to gain from each other by developing mutual respect, understanding and tolerance. The fundamental condition is mutual understanding;

10. Social welfare and leisure and physical activities: The social welfare component of the elderly needs to be given new orientation. A good policy of social welfare is meant to cater for the psychological, cultural and recreational needs of the elderly. A social welfare policy is deemed to enhance the quality of life of the elderly. On the other hand, the value of physical activities by the elderly cannot be ignored. It is acknowledged that people live longer everywhere. It is, therefore, of paramount importance for individuals to maintain independence and quality of life as they age.

Research indicates that physical exercise reduces the risk of such non-communicable diseases as: heart disease, obesity, hypertension, diabetes, osteoporosis, depression as well as falls and injuries.

11. Institutional care: it is to be acknowledged that the legitimate place of the elderly is in the family unit (as distinct from Residential Care Home). However, with the gradual weakening of the traditional family system, there is an urgent need to provide for a few Residential Care Homes to cope with marginal cases which for one reason or another, cannot be accommodated in the normal family set-up. The area of concern remains that these Homes should be of standards and norms similar to those in developed countries to be able to provide a congenial environment for the residents. For all intents and purposes, community care should gain precedence over institutional care.

Recognizing care for the aged as a public good cannot be separated from its nature as a public need. Development in every nation or organization is synonymous to its prevailing circumstances. The inability of certain groups or individuals to meet their needs then requires government intervention through public administration to provide these services. Care for the aged is one of such public good. In Nigeria and South Africa, care for the aged has been identified as a public good due to its general nature and its socio-economic relevance.

2.4 CARE FOR THE AGED POLICY IN NIGERIA AND SOUTH AFRICA

According to Sabatier (2007:1-2), a policy process involves an extremely complex set of elements that interact over time and these comprise the following:

- i. Multiplicity of actors such as interest groups, governmental agencies, legislatures, and these actors (either individually or corporate) have different interests, values, perceptions and policy preferences;
- ii. Within a policy domain, there are normally dozens of different programmes involving multiple levels of governments that are operating or being proposed to function;

iii. This process usually has a time span of a decade or more to allow for fair evaluation within the policy cycle; and

iv. Policy debates from different quarters about the policy involved are essential in understanding its causes and the possible policy impacts.

Government efforts to address care for the aged challenges in Nigeria and South Africa are in response to the overall nature of care for older persons as a public problem and a public good. Policy problems help in determining the dimensions and intensity of policy challenges. Warwick (2006:29) writes that the policy-making function is regarded as a predominant function in public administration as all government functions and services originate from a policy. Care for the elderly as a policy challenge in Nigeria and South Africa requires appropriate plans, legislations and effective policy processes. In this circumstance, Warwick (2006:29) further writes that policy is more than just a resolution, as the policy making-process involves a series of decisions as to which policy to formulate, decisions relating to implementation of a policy and decisions relating to analysis of a policy policies.

Care for the aged as a policy challenge in Nigeria and South Africa emanates from the need for the two governments to adopt appropriate and effective policy measures to address the imbalances and inefficiencies that exist in the care for the aged units of the two countries.

Anderson (2006: 82) defines a policy problem as a condition or situation that produces needs or dissatisfaction among people and for which relief is sought. Public problems are those affecting a substantial number of people and having broad effects, including consequences for persons not directly involved. Anderson (2006: 83) further writes that for a condition to be converted into a problem, there must be accepted standards or criteria by which the troubling situation is adjudged to be appropriate for government to handle; additionally, conditions do not become public problems unless they are defined as such, articulated and then brought to the attention of government.

Care for the aged challenges in Nigeria and South Africa depends on the identification of care for the aged as a policy challenge, which basically deals with its actual definition as a public problem and its proper placing in the policy process and the mobilization of resources for it.

2.4.1 Care for the Aged Policy in Nigeria

Nigeria's policy concerning the aged has not achieved its desired outcome in the 36 states of the country since independence in 1960. All concerted governments efforts have been towards other areas like infrastructure, political polarization etc. Faith based organization, non-governmental organization and few states in recent times have shown interest in care for the aged (Omoresemi 2015:3).

From the period of 1960 to 1989, Nigeria has been unable to come out with a policy that governs care for the aged. This period was characterized by continuous military infiltrations into politics and made it impossible to comprehend policies that would care for the aged. Military interventions also failed to define this as a public problem that should be properly placed on the public policy agenda for operative policy-making (Omoresemi, 2015: 2).

According to Omoresemi (2015: 3), a good government has a tremendous role to play in care for the aged since this sector is completely neglected in Nigeria. Hence the Federal Government of Nigeria has a draft of National Policy on ageing which was drawn on May 2007 when democracy began to take its proper roots in Nigeria. Omoresemi (2015:1) states:

*“As the first gerontologist in Nigeria, who started at Ikeja here in Lagos in 1979 and 1980 when 1,792 Elderly people were interviewed to find out their problems which led to the development of Specialized Ministries to meet their needs and which led to the achievement of my doctoral degree in gerontology and made it possible for me to be the first gerontologist in Nigeria since 1981. **Also, I was one of those who worked on the Draft National Policy on Aged in Nigeria in May 2007** but not sure if it has been approved by the government. It is appropriate for us to know the present and future*

care of the elderly in Nigeria. So far the two sources of care have failed completely (Agriculture and their Children) instead of the aged to enjoy and claim their rights they are almost in the looser side. Formerly, the agriculture and the children were the sources of blessings for the care of the elderly in Nigeria traditionally. But now agriculture failed. Children are jobless after their educations. Children have to depend on their parents instead of parents depending on their children for lively hood or amenities of life”.

Against this backdrop, Omoresemi (2015: 3) avers that the Nigerian Policy on Care for the Older Persons was based on African Union Policy Framework and Plan of Action on AGEING adopted by the All Summit in Durban, South Africa July, 2002.

2.4.1.1 Policy Declaration

According to the national draft policy on ageing (2007:3), the Federal Government is aware that older persons have special needs and face some major constraints in their bid to satisfy their needs. The Federal Government also stresses its primary responsibility in promoting, providing and ensuring access to basic social services, bearing in mind the specific needs of older persons. The Federal Government formally declares its firm resolve and commitment to protect the human rights of older persons and, in particular, to undertake and promote all relevant measures to safeguard and continuously advance the care and well-being of all older persons. While accepting primary responsibility for providing leadership on ageing matters on the implementation of this policy, the Federal Government recognizes the need for effective collaboration with States and Local Governments, International Agencies, Older persons themselves and their organizations, the Media, Faith-Based organizations (FBOs), community Based Organizations (CBOs), the Organized Private Sector, Professional Organizations, Institutions and other stakeholders.

2.4.1.2 Basic Philosophy

This National Policy on Ageing in Nigeria is rooted in the traditional respect for and high regard in which older persons are usually held. This arose partly from the important position the elderly occupy and the roles played by them in the traditional society and the equally fervent concern of people for their happiness and welfare. It flows from the realization that older persons, as a social category, have special needs, socio-economic and health problems requiring specialized attention and treatment. It is also informed by the fact that due to current demographic changes, there is a steady increase in the proportion of the Nigerian population now attaining old age. The fundamental human rights of the older persons, as enshrined in the Constitution of the Federal Republic of Nigeria (1999) and the United Nations Declaration on Human Rights (1948) and AU Policy Framework and Plan of Action on Ageing (2002), are gradually being eroded due to the increase in the number of older persons and the diminishing activeness of the extended family kinship and other support systems. Consequently, this National Policy on Ageing seeks to ensure that the older persons in Nigeria enjoy a life of health, security, fulfillment and contentment within their own families and communities (Draft of National Policy on Ageing, 2007: 6).

2.4.1.3 General objectives

The draft of National policy on ageing (2007:7) provides all-inclusive plan for the well-being of older persons through the following objectives:

- To create and sustain awareness of the situation of older persons in society;
- To guarantee an improved quality of life for older persons in Nigeria;
- To ensure total integration of older persons in the society;
- To strengthen the traditional support systems for older persons;
- To guarantee adequate and sustainable income security of older persons; and
- To see that fundamental human rights of older persons upheld and protected.

The 2007 draft grouped old age in terms of component age groups, distinguishing younger and older segments. The young old: 60-74years, the aged 75-79 years and the oldest old: 80 years and over.

2.4.1.4 Policy Issues and Implementation Strategies Rights Issue

According to the National Draft of Ageing (2007: 13), older persons are important members of the Nigerian Society and are entitled to respect and dignity that citizenship confers on all Nigerians. Unfortunately, older persons are abused socially, physically, sexually, economically and psychologically. Their basic human rights, such as the right to life and liberty, the right to work and the right to freedom from discrimination are violated. Older persons are accused by family and community members of all sorts of crimes from witchcraft to preventing or causing too much rain for which they are tortured and assaulted. This age-based discrimination is pervasive and has prevented them from accessing basic rights such as adequate health care and legal protection.

2.4.1.5 Legal Framework

The draft of National policy on ageing (2007: 13) states that the Constitution of the Federal Republic of Nigeria (1999) has made provisions which are of particular relevance to older persons. The significance of the Constitution is that it provides the foundation for a rights-based approach to older persons. The emphasis from this is that older persons' rights are not privileges but human rights which include: Equality before the law, Prohibition against unfair discrimination on the grounds of sex, age, gender, disability, Freedom from all forms of violence and Protection against arbitrary deprivation of property.

Its objective are that the Government shall:

- Ensure that fundamental rights of older persons are recognized by all citizens;
- Commit itself along with stakeholders to abolishing all forms of discrimination based on age, gender, and disability;

- Ensure that the rights of older persons are protected by appropriate legislations;
- Promote the rights of older persons to organize themselves into groups in order to advance their interest;
- Provide opportunity for older persons to be integrated in the society and participate actively in the formulation and the implementation of policies that directly affect their well-being;
- Guarantee for older persons opportunity to benefit from community care and protection in accordance with Nigerian cultural values;
- Guarantee for older persons, fundamental freedom and access to social and legal services, to enforce their rights and enhance their independence, participation, self-fulfillment, protection and care;
- Make provision for specific and direct legal assistance to older persons to defend their rights;
- Enact legislation which makes it an offence for family members, the community or other persons to abuse older persons;
- Elaborate and adopt an additional protocol to the African chapter on Human and People's Rights relating to the rights of older persons;
- Review and amend, as appropriate, the Constitution or legislation to guarantee the fundamental rights of older persons and ensure that their rights are protected;
- Include older persons in the development, review and implementation of a comprehensive and integrated national policy to meet the needs of older people;
- Ensure that the UN Principles for Older Persons (independence, dignity, self-fulfillment, participation and care) are legally binding and implemented;

- Develop and review legislation to ensure that older persons, especially women, receive equitable treatment from customary and statutory laws including reviews of legislation on property and land rights; inheritance laws; social security legislation and so on;
- Enact legislation requiring adult children to provide support for their parents;
- Enact legislation to ensure that when children are left in the care of older relations, the parents of the children provide adequate levels of financial and/or material support;
- Enact legislation that pays particular attention to the needs of older persons with disabilities;
- Ensure that information is collected regarding the number of older persons who are victims of crime;
- Implement programmes of civic and public education, including schools to address issues arising from witchcraft allegations and other human rights abuse;
- Improve older persons access to legal services through public education targeting:
 - (i) Older persons to ensure they are aware of their rights; and
 - (ii) Communities to ensure that they understand the rights of older persons.
- Ensure that sensitization and information programmes relating to the rights of older persons involve older persons at all levels;
- Ensure that the training of all public servants and private sector based personnel includes information on the rights of older persons; and
- Develop and review the training curricula for social workers, are givers and all those working with older people to ensure that they adequately include the rights of older persons.

2.4.1.6 Information and Advocacy

The draft National policy on ageing (2007: 16) provides relatively little information about the situation of older persons. The absence of comprehensive information means that ageing is poorly understood and, as a result, resources are not allocated to meet the needs of the older population. The needs and rights of older persons are cross-cutting and ageing issues need to be integrated into the policies and work of all stakeholders. Negative attitudes towards older persons often disadvantage them, thus limiting their access and increasing their social and economic vulnerability. Hence, there is a great need for sensitization programmes to ensure full understanding of ageing issues and the concept of the responsibility of all Nigerians to older citizens.

Objective of the Information and Advocacy policy are to:

- Ensure that comprehensive data on the situation of older persons is compiled and made accessible;
- Ensure that the needs and rights of older persons are integrated into all existing and new policies in all sectors;
- Ensure that coordinating and monitoring mechanisms are established at all levels, so that issues affecting older persons are addressed effectively; and
- Create awareness among policy makers, the media and the wider community.

Action:

- Undertake research to identify, compile, analyse and present data relating to older persons in the Nigerian society;
- Liaise with the National Population Commission (NPC) for the collection and analysis of national census data specific to the needs of older persons;
- Improve data collection about the contribution of older persons to the economy, including their participation in the informal economy and in unremunerated work

including household work and subsistence agriculture;

- Identify information gaps that exist in relation to the needs and rights of older persons and an ageing society;
- Draw up guidelines to facilitate the implementation of appropriate policies regarding older persons;
- Provide tax relief to individuals and organizations that give assistance to organizations working with and for older persons;
- Strengthen or establish national coordinating structures (bringing together representatives of older persons, different Ministries and other stakeholders as appropriate) to ensure that the needs of older persons are addressed;
- Ensure enlightenment of the populace to change attitude that prevent older persons from accessing services available to them;
- Implement public education programmes to create awareness and understanding of the rights of older persons to strengthen the image and dignity of older persons in society;
- Include issues related to older persons and family responsibilities in the curricula of all educational institutions at all levels; and
- Remove language barriers, and ensure that information communicated is understood by older persons.

2.4.1.7 Poverty

The struggle against poverty among older persons, aiming towards its eradication, is the fundamental aim of this policy. Although global attention has recently been focused more actively on poverty eradication targets and policies, older persons in many countries still tend to be excluded from these policies and programmes. Where poverty is endemic, persons who survive a lifetime of poverty often face an old age of

deepening poverty, as older persons are typically the poorest members of society living far below the poverty line. The Nigeria Millennium Development Goals, 2005 Report cited poverty as being about human deprivation and lack or limited access to essential capabilities that could facilitate long and healthy life.

The report also stated that poverty is more pronounced in rural areas than in urban centers. These conditions define the status of most Nigerian older persons and their rural living. Older persons are severely affected by structural adjustment programmes; they are the first to be targeted during periods of retrenchment and are hardest hit by cuts in social welfare programmes. Despite their needs, older persons are systematically denied access to employment, credit, training and other services that would enable them increase their income.

Society ignores their needs, fails to recognize their potential, so making it harder for them to change their situation.

Objectives:

- Ensure that the rights and needs of older persons are comprehensively addressed in poverty the government poverty eradication programme;
- Explore effective means of supporting family structures;
- Promote equal access for older persons to employment and income generation opportunities, credits, markets and assets; and
- Embark on attitudinal campaign to change attitude and behavior that prevent older persons from accessing services available to other population groups.

Action

- Collate, analyse and disseminate information on the factors that contribute to the poverty experienced by older persons;
- Develop and review policies and programmes on poverty reduction that ensure that the specific needs of older persons are taken into account;

- Involve older persons in the assessments, planning, implementation, monitoring and evaluation of poverty alleviation programmes;
- Support innovative programmes to empower older persons, particularly women to increase their contribution to and benefit from development efforts to eradicate poverty; and;
- Enhance international cooperation and support national efforts to eradicate poverty in keeping with international agreed goals in order to achieve sustainable social and economic support for older persons.

2.4.1.8 Health

Older person's capacity to earn a living and participate in family and community life is governed, to a large extent, by their health status. Even though health is a basic human right, many older persons have limited access to essential health services. Many older persons are unable to afford even basic treatment, let alone the medications needed to control chronic diseases that become more prevalent in older age such as diabetes, hypertension, prostate cancer, arthritis and other terminal diseases. Access to health services is not a benevolent act but is a basic human right for any human being, regardless of age.

Objectives:

- Ensure that older person's access to appropriate healthcare is legally constituted and guaranteed;
- Guarantee the delivery of health services that meet the specific needs of older persons;
- Provide accessible recreational facilities in the rural and urban areas;
- Encourage philanthropic and business organizations to support health care needs of older persons in their communities;
- Empower older persons to make choices that enable them to live satisfying lives and

lead healthy life styles;

Action

- Develop and review all national health policies and strategies to ensure they respond to specific needs of older persons;
- Involve older persons in the development and revision of health policies and strategies;
- Encourage the training of geriatric doctors, nurses, and social workers to provide needed specialized services to older persons;
- Integrate Geriatrics into the primary health care service;
- Implement legislation to ensure that health workers do not discriminate against older persons;
- Develop and review health budget to ensure that adequate funding is devoted to the provision of services for older persons taking into account the higher per capita health requirements of older persons;
- Provide subsidize healthcare services for older persons;
- Involve older persons in the design, provision and monitoring of health services;
- Provide appropriate and continuous training on ageing issues for family and community health workers to enable them provide support to older persons and their families;
- Provide access to free and adequate physical and mental health services for older persons especially those with disability, who are unable to meet the cost of the services;
- Develop and implement a strategy for the provision of safe traditional medicine in view of the fact that, for cultural and cost reasons, older persons are proportionally higher users of traditional medicine than other population groups;

- Develop and implement a strategy for the management of chronic health conditions that become more prevalent in old age e.g. dementia, hypertension, diabetes etc;
- Develop and implement national education programmes that focus on healthy lifestyles for all age groups to improve the health status of people as they advance in age; and
- Encourage the development of health insurance schemes that include older persons.

2.4.1.9 Food and Nutrition

Malnutrition is one of the factors that contribute to poor health of older persons, thus hindering their active participation in different activities. Older persons are more susceptible to food deficiencies as a result of physiological and physical changes such as loss of teeth, changes in taste and reduced mobility. Social isolation contributes to reduced food intake and increased risk of malnutrition. This brings with it risks of increased mortality, and reduction in older persons' functional ability for income generation, thus making self-care activities more difficult. It is a fact that very little is known about the food and nutritional needs of older persons in Nigeria. Most food and nutritional training curricula do not include older persons, and nutritional assessments fail to include this age group.

Objectives:

- Ensure those older persons' rights to adequate food and nutrition are legally provided constituted and guaranteed;
- Ensure that older persons have equal access to means of food production and marketing;
- Ensure that due attention is given to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons; and

- Ensure appropriate and adequate provision of accessible nutrition and food for older persons in hospital and other care settings.

Action:

- Develop and review national food and nutrition policies (including those governing emergency situations) to address the specific needs of older persons;
- Involve older persons in the development of food and nutrition policies;
- Include issues related to the food and nutritional status, vulnerabilities and needs of older persons in national, local and household nutritional surveys;
- Provide subsidy to older persons for medically recommended foods, medication and related health services;
- Provide health and dental services for older persons to ensure early detection of malnutrition and improvement of mastication;
- Implement national nutrition education programmes for all age groups to improve their nutritional status as they enter older years;
- Develop and review the pre-service and in-service training curricula of food and agricultural professionals to ensure that the needs of older persons are adequately addressed;
- Pay particular attention to nutritional deficiencies and associated diseases in the design and implementation of health promotion and prevention programmes for older persons;
- Ensure that land distribution policies do not discriminate against older persons;
- Educate older persons and the general public, including informal care givers about specific nutritional needs of older persons, including adequate intake of water, calories, protein, vitamins, minerals etc;
- Develop and review government agricultural and food security programmes to ensure

that the needs of older persons are taken care of; and

- Conduct research to increase understanding of the nutritional needs of older people in Nigeria.

2.4.1.10 Housing and Living Environment

Housing and the surrounding environment, inclusive of factors such as accessibility and safety, the financial burden of maintaining a home, and the important emotional and psychological security of a home, are particularly important for older persons. It is recognized that good housing can promote good health and well-being. Many older persons are denied access to decent shelter as a result of socio-economic changes and belief systems. The majority of older persons live in rural areas, where in many cases, land ownership is governed by customary law. Property disputes affect older persons as family and community members strive to take control. This is particularly true for older women following the death of their spouses, especially if they do not have any children. Although in Nigeria, Old People's Homes are not part of the culture, there are older persons abandoned without family or children. In that case, the existing Old People's Homes should be strengthened. Building designs often limit older person's access to services as well as reducing their access to political and civil representation. Equally, public transport and communication systems need to be responsive to the needs of the older population group.

Objectives:

- Ensure that older persons have access to safe, durable and affordable shelter;
- Ensure that public infrastructure accommodates the needs of older persons, in particular, those with disabilities;
- Ensure that policies and legislation governing land rights including security of tenure, in urban and rural areas do not discriminate against older persons particularly women;

- Ensure that older persons and families caring for older relatives are eligible for subsidized housing loans and other similar benefits;
- Ensure that universal standards are observed in the provision of goods and services for older persons; and
- Improve the availability of accessible and affordable transportation for older persons.

Action:

- Review and update housing policies to ensure that they reflect the needs of older persons in both rural and urban areas;
- Provide adequate housing using locally available materials and suitable environment for older persons;
- Enact and implement legislation to protect the rights of older persons living in Old Peoples' Homes (both Government and private) with due regard to issues of security, private space and privacy;
- Enact and implement legislation to provide older persons and families caring for older persons subsidized housing, low cost interest housing loans and other similar benefits;
- Provide preferential allocation of ground floor accommodation for older persons in respect of high rise buildings;
- Modify existing public buildings during periods of refurbishment and renovation to ensure access for older persons by providing ramps, rails, and lifts;
- Create consultative mechanism at all societal levels by including older persons in decision making processes affecting their housing and living environment in respective of sex; and
- Provide accessible and subsidized transportation for older persons.

Family:

The family remains the most important source of support for older persons. However,

family structures are changing, and traditional patterns of care are no longer guaranteed. Living patterns are fundamentally changing as urbanization results in many older persons living alone in rural areas. Economic pressures and changing social values have resulted in families being unable or unwilling to care for older relatives. Consequently, cases of abuse, physical, social, emotional and economic by family members are increasing. The contributions that older persons make to the family are seldom acknowledged, and programmes designed to support families fail to take into account the valuable role that older persons can and do play. In communities affected by HIV/AIDS, older persons are the primary caregivers of the sick, and of the large numbers of orphaned grandchildren.

Objectives:

- To ensure that legal provisions are made to promote and strengthen the role of the family in the community care of its older members;
- To ensure that legal instruments exist to protect the rights of older persons within the family and community;
- Encourage the involvement, role and contribution of older persons in the family, community and state;
- Ensure self-sufficiency; enhance self-esteem, and facilitate older persons participation in the economic life of their families and communities.

Action:

- Review and revise family focused legislation to ensure that it is inclusive of the needs of older persons within the family;
- Identify, support and strengthen traditional support systems to enhance the ability of families and communities to care for older family members;
- Enact legislation pertaining to taxation that encourages the care and support of older persons within the family e.g. provision of tax concessions for those supporting older relatives;

- Collect, analyse, and disseminate information about the contributions that older persons make to their families and society;
- Involve older persons in all stages of the design, development, implementation, monitoring and evaluation of programmes;
- Review and update policies and programmes relating to the family to ensure they make adequate provision for the specific requirements of older persons;
- Develop and strengthen rural economies to curb the speed of the rural/urban drift that negatively affects the support structure for older persons in rural areas;
- Design and implement services to meet the specific needs of urban older persons, recognizing that family networks tend to be weaker in urban centres;
- Establish or expand programmes of intergenerational, social and cultural activities; and
- Educate society to change to have its positive attitudes towards its older persons.

2.4.1.11 Social Welfare

Whilst the family remains the main and most appropriate form of support for older persons, social welfare programmes have a vital role to play to ensure that the needs of the most vulnerable are addressed. Many existing social welfare programmes are centralized, thereby making them inaccessible to those older persons who have limited mobility or who are unable to afford the cost of transportation from their homes to centres where services are provided. Whilst social security legislation exists, in most cases, it does not give specific consideration to the needs of older people.

Objectives:

- Ensure the design, development, and implementation of practical, realistic and appropriate social welfare strategies that include the concerns of older persons;

- Discourage the institutionalization of older persons and retain the cultural respect for older persons; and
- Encourage the emphasis of community based support systems such as kinship, and extended family; neighborhood and institutions in the community, such as Community-Based Organizations (CBOS), Non-Governmental Organization (NGO) Age-Based Associations (ABAs) and Faith-Based Organizations (FBOs).

Action

- Develop, review and implement strategies which emphasize traditional community support and care mechanisms for older persons;
- Develop and promote the participation of older persons' associations, self-help and NGO initiatives in all social welfare strategies;
- Devise welfare systems that ensure that older persons are given priority when they seek social and other services including access to multi-purpose day centres;
- Provide adequate and accessible recreational and leisure facilities both in urban and rural areas to avoid / reduce boredom, loneliness and depression;
- Decentralize health, and social welfare services to ensure access by older persons;
- Design programmes and services to sustain the independence of older persons in rural areas;
- Facilitate and strengthen traditional rural and community support mechanisms;
- Increase quality of care and access to community-based long-term care for older persons living alone in order to extend their capacity for independent living as a possible alternative to hospitalization and nursing home placement;
- Enact legislation that will enable older persons have access to welfare services that are sensitive to their needs; and

- Consider the contributions of older persons as volunteers in community-based initiatives.

2.4.1.12 Employment and Income Security

Older persons are among the poorest in most societies and often do not have access to regular income. They are denied access to employment opportunities and are often the first to be targeted during periods of retrenchment. The ability to contribute to and benefit from formal social security programmes is generally limited to those in the formal sector and as a result, most people enter older age totally reliant on their ability to continue generating their own income. The overall economy can benefit from experience and skills of older workers to train younger and newer employees, thus facilitating the retention and productive fulfillment of older workers in the workforce. Factors affecting older women in the labour market deserve special mention. These include: lower salaries, family care obligations, lack of career development due to interrupted work history, etc. Age diversity and gender balance is not achieved in the work place.

Objectives

- Ensure elimination of all forms of discrimination against older persons in accessing employment, training opportunities and retaining their jobs;
- Ensure enactment of appropriate legislation for the establishment and implementation of formal and informal social security systems;
- Ensure employment opportunities for all older persons who want to work; and
- Give special consideration to the needs of older women in giving credit facilities and providing income generating opportunities.

Actions

- Enact legislation that prevents discrimination on the basis of old age during

recruitment, promotion and retrenchment processes;

- Introduce flexible retirement policies and appropriate strategies and opportunities to enable older persons to continue contributing to the workforce, as long as they are willing and able;
- Provide skill training for alternate employment for retrenched older persons;
- Re-integrate indigent older persons with disability into the labour market through special social security schemes;
- Provide public education on individual responsibility for social security issues so that people understand the need to plan for their old age;
- Put in place social security structures that allow for contributions by all those in the formal and informal sectors, including part-time workers, rural, agricultural, domestic and migrant workers;
- Involve both younger and older persons in the design and implementation of strategies and policies relating to social security;
- Develop and implement strategies that extend the coverage of formal and informal social security systems, to older persons;
- Promote the reallocation of defense spending to social security provision;
- Strengthen the governance of social security systems to include performance targets relating to set objectives including the processing of payments to ensure transparency and solvency;
- Provide support to informal social security programmes through government and non-government supported training;
- Ensure that social security and social programmes address the situation of older women whose employment has often been interrupted by maternity and family responsibilities;

- Conduct pre-retirement programmes to enable older persons to develop the necessary coping skills that will prepare them for the emotional, psychological and socio-economic challenges of retirement;
- Promote a realistic portrait of older workers' skills and abilities by correcting damaging stereotypes about older workers;
- Increase participation in the labour market of the working age population and reduce the risk of exclusion or dependency in later life;
- Promote new work arrangements and innovative workplace practices aimed at sustaining working capacity and accommodating the needs of workers by age, by setting up employee assistance programmes;
- Increase older women's participation in the formal sector;
- Provide sustainable work related health-care services with emphasis on prevention, occupational health and safety;
- Provide access to technology, lifelong learning, continuing education, on-the-job training and vocational rehabilitation;
- Re-integrate indigent older persons into the labour market through special social security scheme; and
- Ensure that older women are targeted for credit facilities and income-generating opportunities.

Crisis, Emergencies and Epidemics

In emergency situations such as periods of conflict, natural disasters, crises and other humanitarian emergencies and epidemics, older persons are especially vulnerable; this is because they may be isolated from family and friends and are unable to find food and shelter. Their rights and needs are often overlooked by those implementing aid programmes and the contributions that they can make are often ignored. Emergency situations often result in rapid changes in social patterns, and the status accorded

older persons in stable situations is undermined. Older persons could be called upon to assume primary care-giving roles. Government and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction.

2.4.1.13 HIV/AIDS

The impact of HIV/AIDS and other epidemics on all sections of the society is immense, but the specific impact on older persons is seldom analyzed. In the case of HIV/AIDS, not only are older persons at risk of contracting HIV/AIDS, but they are the main providers of care for those affected by HIV/AIDS and for orphaned grandchildren.

Objectives:

- Ensure that assistance reaches older persons in situations of conflict;
- Ensure that the needs of older persons in emergency situation are met;
- Ensure the protection of the rights and needs of older persons affected by HIV/AIDS and epidemics crisis;
- Ensure equal access by older persons to food, shelter, medical care and other services during and after natural disasters and other humanitarian emergencies;
- Enhance the contributions of older persons to the establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies;

Actions:

- Promote national and international efforts to prevent and resolve issues of conflict, thereby establishing peace and security for the well-being of the older population;
- Recognize and utilize the potential contributions of older persons such as care of children, their knowledge of traditional coping;
- Share and apply as appropriate lessons from best practices that have successfully

utilized the contributions of the older persons in the aftermath of emergencies and conflicts; and

- Include older persons in the provision of community relief committees by identifying and helping vulnerable older persons themselves.

2.4.1.14 Ageing and Migration

Movement of people from one location to another has increased tremendously in recent times. Economic support, including remittances from children outside their immediate environment is a vital lifeline to older persons, through them to their communities and local economies. Older migrants from rural to urban areas often face loss of social networks and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization, loneliness and exclusion; in particular, if they are ill or disabled. The urban setting for the older migrant is often one of crowded housing, poverty loss, of economic autonomy and little physical and social care from family members who must earn their living outside their homes.

Objectives:

- Ensure the integration of older migrants within their new communities;
- Ensure those ageing migrant workers' rights to employment and minimum working conditions are respected; and
- Create an enabling environment in the rural areas for self-actualizing in order to minimize the migration of older persons to urban areas.

Actions

- Review the legislation to ensure minimum working conditions that protect the rights of older workers against hazardous work;
- Review legislation to ensure equal treatment of migrant workers;

- Sending countries should create a conducive environment to fully integrate returning migrant workers into the society, by providing basic necessities like housing and training programmes for employment;
- Encourage supportive social networks and design measures to assist older migrants to sustain economic and healthy security;
- Develop community-based measures to prevent or offset the negative consequences of urbanization, such as the establishment of recreation centers for older persons;
- Encourage housing design to promote intergenerational living which are culturally appropriate and meet individual desire;
- Develop policies and programmes that facilitate, as appropriate and as consistent with national laws, the integration of older migrants into the social, cultural, political and economic life of countries of destination and encourage respect for those migrants; and
- Remove linguistic and cultural barriers when providing public services to older migrants.

2.4.1.15 Education and Training

Poor access to education earlier in life means that high proportions of older persons are illiterate and unaware of their rights. Public education programmes often use language and images that are not accessible to older persons. Education and training programmes have age limitations that prevent the participation of older persons and thereby limit their access to new employment and other opportunities. As training and education programmes are developed, the skills and experience of older persons are often overlooked, and their contributions are neither acknowledged nor encouraged. Myths and misconceptions are some of the causes of many of society's negative attitudes towards ageing and older persons. Issues relating to older persons are absent from education and training curricula – from primary school to tertiary and professional education.

Education is a crucial basis for an active and fulfilling life. Older persons experience technological change, and without education or training, they can end up alienated and isolated. Education, training and retaining are used to bring persons together and thereby contribute to the reduction of marginalization, loneliness and segregation between the ages. Greater emphasis on access to knowledge, education, and training opportunities is needed for older persons in the workforce. These persons often experience more difficulties adapting to technological and organizational changes than younger workers, in particular, when considering the increasingly widespread use of information technologies.

Objectives:

- Ensure that older persons have access to continuous education and training;
- Develop and strengthen strategies that encourage older persons' participation as educators and trainers;
- Increase the understanding and awareness of ageing issues through education and training;
- Ensure equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement; and
- Ensure the full utilization of the potential and expertise of all ages, recognizing the benefits of increased experience with age.

Actions:

- Strengthen and extend adult education programmes to ensure that they are inclusive of the needs of older persons;
- Ensure that public education campaigns are culturally sensitive and are conducted in local languages that take account of literacy levels among older persons;
- Design and implement vocational training programmes that encourage the participation of older persons, including older persons with disability;

- Encourage older persons to offer their skills as volunteers and to utilize their social, cultural and educational knowledge especially in information technology;
- Raise the awareness of employers and workers organization of the value of retraining older workers, particularly women;
- Encourage and promote literacy, numeracy and technological skills training for older persons and the ageing workforce including special literacy and computer training for older persons with disabilities;
- Implement policies that promote access to training and retraining for older workers and encourage them to continue to use their acquired knowledge and skills after retirement;
- Enable older persons to act as mentors, mediators, and advisers;
- The curricular on adult education should be expanded to consider older persons abilities, capabilities and mental alertness; and
- Gerontology studies should be introduced at all relevant levels of educational institution.

2.4.1.16 Gender

The 1995 Beijing Declaration and Platform of Action has not brought about the desired change in the status of women. Gender relations shape the entire life cycle, from birth to old age, thus influencing access to resources and opportunities and shaping life choices at every stage. Ageing affects women and men differently, both physiologically and socially. For example, older women's lack of property rights means that widowhood or the dissolution of marriage often brings with it loss of home and property. Women experience particular vulnerabilities that derive from women's lifelong disadvantages due to negative stereotypes, patriarchy and discrimination. Gender dimension of ageing must therefore be a prominent feature of all agendas for policy action. The impact of gender differences and inequalities in education and employment

opportunities increases through every stage of an individual's life reaching a peak in old age.

As a result, older women are more likely than older men to be poor, lonely and abandoned. Good health, economic security, adequate housing, etc are fundamental to ageing with dignity. For instance, men and women suffer from health problems as they age but women's lack of access to adequate care is sharpened by their higher levels of poverty. The Nigeria Millennium Development Goals, 2005 report cited the need to ensure that Nigeria moves from women policy to a gender-in-development policy. Any policy to address these issues effectively must be informed by an understanding that women and men experience old age very differently.

Objectives:

- Ensure the Mainstreaming of gender into all policies relating to ageing;
- Ensure equal representation of women and men in decision-making processes affecting older persons;
- Remove stereotypes that negatively affect older women;
- Ensure that older women have equal opportunity and access to socio-economic services; and
- Address the negative issues affecting widows and childless older women.

Actions

- Mainstream gender issues into all ageing policies, programmes and activities at the inception, planning, implementation and evaluation levels;
- Research and disseminate information on differential ageing in women and women;
- Develop and Review National Gender Policies and Programmes to include the

specific concerns of older women and men;

- Enact legislation to ensure that older women/widows can access to micro-credit and have equal access and control of land for farming and other income generating activities;
- Enact legislation to protect older widows against discrimination in terms of burial rites, and other unfavorable cultural practices;
- Sensitize the general populace to remove stereotype and discriminatory attitudes and behavior against older women;
- Develop age and gender sensitive policies, strategies and programmes to ensure equal access to social and economic amenities;
- Sensitize communities to enhance respect for older women's rights;
- Ensure that the gender dimension of ageing is a prominent feature of all agenda in national policies and programmes;
- Fully integrate older women into the community to ensure that they continue to live productive life; and
- Encourage older women in their supportive roles as caregivers, counselors, mentors, decision makers and peace builders.

2.4.1.17 Culture, Social Integration and Participation

Much of Nigeria's cultural past is fast disappearing, and there is no concerted effort to tap the potential and knowledge of older persons who are the custodians of those values. Our culture is our way of life, and older persons as custodians of this culture help to pass on our esteemed values, norms and morals from one generation to another, thus preserving our culture, particularly in the face of urbanization and foreign influence. Reducing vulnerability and promoting participation is not so much about creating special services for older persons, but rather, to ensure that they have equal

access to mainstream services along with other vulnerable groups.

Objectives:

- Encourage the preservation of our positive cultural values;
- Ensure the documentation of our historical past;
- Acknowledge the contributions older persons make to family and society;
- Tackle ageism by educating, building confidence and raising awareness of older persons;
- Ensure the participation and social integration of older persons in the society irrespective of gender, culture or ethnicity;
- Encourage community-based support programmes for older persons; and
- Promote older people's rights to participation in decision-making.

Actions

- Establish day care centres and old people's clubs to provide recreational opportunities, religious and income generating activities for older persons;
- Include older persons in the documentation of our historical and cultural past;
- Strengthen the involvement of older persons as role models and agents of moral reawakening;
- Involve older persons as consultants in specialized fields and community services;
- Encourage volunteerism amongst older persons in strategy designs in community affairs;
- Create opportunities for older persons to share their wealth of knowledge, experience and expertise with the younger generations;

- Take into account the needs and concerns of older persons in decision-making at all levels;
- Encourage, the establishment of organizations of older persons at all levels, to represent older persons in decision-making; and
- Take measures to enable the full and equal participation of older persons, in particular older women, at all levels.

Ageing and Disabilities

The prevalence of impairment and disability increases drastically with the onset of old age. It follows that as the life expectancy of the Nigerian population increases, so does the prevalence of disability among older persons in society. Older women with disabilities, in general, unlike their male counterparts, suffer double jeopardy as they experience a lot of setbacks in all spheres of life. The effect of impairment and disability are often exacerbated by negative stereotypes about persons with disabilities. This may result in lower expectations of their abilities and in social policies that do not allow them to reach their full potentials. Enabling interventions and environment supportive of all older persons is essential to promote independence and empower older persons with disabilities to participate fully in all aspects of society. The ageing of persons with cognitive disabilities is a factor that should be considered in planning and decision-making processes.

2.4.1.18 Demographic Picture of Disability in the Older Population (National Population Commission 1991)

- Disability increases with age, e.g. the age specific disability rate at ages 85 years is about three times the rate for ages 60-64 years;
- The rate of disability is higher among older males (55%) than females;
- Blindness is the most common type of disability among older persons, which accounts for more than four in ten (40%) of all disabilities, followed by deaf, crippled

and dumb, respectively;

- The majority of older persons with disability are involved in agriculture (72.63%).
- The percentage of income recipients (12%) among persons with disabilities is almost twice as that among older persons without disability;
- Illiteracy rate is highest among blind older persons (81.4%) and lowest among the deaf and dumb (77.7%);
- The crude disability rate for the older population is 12.34 for every per 1000 older persons;
- From a total of 4,598,114 older persons in Nigeria, 56,768 had some form of disability; and
- About three quarters of older persons with disabilities live in rural areas.

Objectives:

- Maintain maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities;
- Reduce discrimination against persons with disabilities based on archaic beliefs and customs;
- Give adequate publicity on issues affecting persons with disabilities;
- Provide information about institutions which can support older persons with disabilities;
- Ensure that all older persons with disabilities shall have full access to rehabilitation, therapeutic aids and orthopedic technical services within their communities as a part of community based rehabilitation programme;
- Introduce programmes of action to make physical environments accessible to older persons with disabilities;

- Develop standards, guidelines and enact legislation to ensure accessibility to housing, buildings, public transport services;
- Make information available in formats that can be used and understood by older persons with hearing, visual and other communication impairments; and
- Provide vocational guidance and information about different occupations to make informed decision when choosing an occupation according to their interests and disabilities.

Actions

- Ensure that the agenda of national policy and programme coordinating agencies dealing with disabilities include attention to issues concerning older persons with disabilities;
- Develop appropriate gender and age-sensitive national and local policies, legislations, plans and programmes for the treatment and prevention of disabilities, taking health, environmental and social factors into account;
- Provide physical and mental rehabilitation services for older persons with disabilities;
- Develop community-based programmes to provide education on causes of disabilities and information on how to prevent or manage them throughout the life course;
- Create age-friendly standards and environments to prevent the onset or worsening of disabilities; and
- Encourage the development of housing options for older persons with disabilities to encourage independence and, where possible, make public spaces, transportation and other services, as well as commercial premises and services used by the general public accessible to them.

2.4.1.19 Institutional Framework

The Federal Government recognizes the need for strategic partnership involving all stakeholders at all levels. Therefore, this policy requires an effective framework for ensuring results-oriented implementation while giving due recognition to the collaborative role which various institutions and agencies must play. Consequently, the implementation of this policy will involve the participation of all tiers of Government, Organized Private Sector, International Development Institutions, Non-Governmental Organizations, communities, family networks, media, and the elderly persons themselves.

Stakeholders

Institutions, Organizations, Agencies, Associations, Ministries, Ministerial Departments/Agencies whose mandates have a bearing on the well-being of older persons constitute stakeholders for the implementation of this policy.

Target Group

In accordance with the definition of older persons, the target group for this policy shall be:

- (i) Older persons adjudged to be in need of the services outlined in the policy;
- (ii) Older persons with disabilities;
- (iii) Rural and urban older persons;
- (iv) Young Old (60-74 years);
- (v) Aged (75-79 years);
- (vi) Oldest of the old (80 years and above);
- (vii) Association of older persons;

The system of implementing this policy and programmes shall consist of the following:

Advisory Council

- (i) The National Advisory Council on Ageing;
- (ii) State Advisory Committee on Ageing;
- (iii) Local Government Advisory Committee on Ageing; and
- (iv) Standing Sub-Committees of the National Advisory Council.

To aid the implementation of this policy, an Advisory Council on Ageing will be established at the National level while Advisory Committees will be established at the State and Local Government levels. The Secretariat of the Council / Committee will be housed at the coordinating ministries/agency at the national and state levels.

The membership of the council will be drawn from:

1. Federal Ministry Responsible for Social Welfare, (Chairman and Secretariat);
2. Federal Ministry of Health, Member;
3. Nigeria Employers Consultative Association (NECA), Member;
4. Nigeria Labour Congress (NLC), Member;
5. Nigeria Social Insurance Trust Fund, NSITF, Member;
6. National Population Commission, Member;
7. Federal Ministry of Finance, Member;
8. National Planning Commission, Member;
9. Federal Ministry of Employment, Labour & Productivity, Member;
10. Federal Ministry of Education, Member;
- 11-12 Two Representatives of Associations of older Persons, Member;

13. Nigeria Society for welfare of the Retired and Older Persons (NISREP), Member;
14. Federal Ministry of Agric and Rural Dev., Member;
15. Supreme Council for Islamic Affairs, Member;
16. Christian Association of Nigeria, Member;
17. Federal Ministry of Women Affairs and Social Dev, Member
- 18-23 State Governments (one per geo-political zone), Member;
24. Federal Ministry of Justice, Member; and
25. Federal Ministry of Information, Member.

The Chairman of the Council and one other person will be appointed by the President on the advice of the Honorable Minister and members. The National Advisory Council on Ageing will have the statutory function of advising the Honorable Minister on measures and programmes for the well-being of older persons and in particular, of proposing to the Federal Government for approval, Draft National Implementation Plans for the care and well-being of older persons and of coordinating on behalf of the Ministry, the implementation, by relevant sectoral ministries and other agencies, of the approved National Implementation Plan. A State Advisory Committee on the care and well-being of older persons will be established in the office of the Honourable Commissioner responsible for Social Welfare and will be made up of State line Ministries, State Representatives of Organizations and Agencies listed above.

At their own levels, each State Government will formulate its own strategies and institutional framework to ensure its effective participation in the national drive to achieve the objectives and goals of this policy. Similarly, each Local Government will establish, in the office of the Supervisory Councilor responsible for social welfare, a special committee on the care and well-being of the older persons to plan, organize and coordinate its activities on this matter, including its participation in activities organized by the State and Federal Governments.

2.4.1.20 Resource Mobilization

Financial constraints pose obvious problems to the planning and implementation of programmes by either the government or the voluntary organizations. There is, therefore, need for the mobilization of all available resources for effective development and implementation of all programmes for older persons. There is also a need, in order to develop and promote programmes and activities for older persons, for the Federal, State and Local Governments to allocate adequate funds from their annual budget for the care of older persons. The three tiers of government should also conduct and coordinate fundraising activities at their various levels for older persons. In this regard, it is strongly recommended and expected, that all tiers of government, Federal, State and Local, shall allocate annually to programmes designed and implemented specifically for the well-being of the older persons not less than three percent (3%) of their budget. The development of a National Policy on Ageing will have the following resource implications during design and implementation phases.

- Availability of technical skills and appropriate human resources development;
- Capacity building to improve the knowledge and skills, of operators in this sector is very important;
- Financial resources need to be allocated specifically to the development and subsequent implementation of this policy; and
- Resource mobilization needs to be considered by all stakeholders with effective coordination mechanisms.

Stakeholders

The following stakeholders will be involved in resource mobilization.

The Government

This will provide leadership on the development of the policy as well as specific services.

The International Community

This will provide financial and technical support as well as capacity building and networking to complement national and regional efforts.

Private Sector

Revision of corporate policies that discriminate against older people in employment of older people, pension issues, pre-retirement training, contribution to pension schemes and contribution to community programmes targeting older persons.

Non-Governmental Organizations / Associations

Integration of issues relating to older people and the allocation of resources of develop older persons' specific programmes.

Religious Bodies

This will provide spiritual services to older persons and education on ageing.

General Public

This will provide support to older people within the family and community.

The Media

This will provide sanitization and the public on the issues relating to ageing and older persons that portray them in a negative way. There should be political will on the part of the three tiers of government to mobilize funds and other resources for the care and welfare of older persons. Government should establish a National Trust Fund on Ageing. Relevant government agencies and non-governmental organizations will be encouraged to mobilize and access resources from both domestic and international sources for the implementation of programmes and activities likely to advance the goals of this policy.

2.4.1.21 Research and Planning

To have a firm basis for assessing the situation and well-being of older persons periodically and for devising plans and relevant programmes for their maximum benefit on a continuous basis, there is need to conduct regular periodic surveys, systematic studies, comprehensive and specialized research on their situations and all aspects of ageing.

In that way, various factors affecting the well-being of older persons will be brought to the fore for appropriate attention, and such research, including age and gender-sensitive data collections and analysis, will provide essential materials for effective planning and reviews. A principal task of the research component is to facilitate as appropriate the implementation of the provisions of the policy. The availability of reliable information is indispensable in identifying emerging issues and adopting recommendations. Research shall be undertaken into various areas of the ageing by Government Agencies, Research Institutes for Gerontological Studies and Institutions of higher learning. All these bodies should work together to achieve the goal of developing instruments for improving the quality of life of older persons in Nigeria.

2.4.1.22 Monitoring and Evaluation

The Federal Government has the responsibility to monitor and evaluate periodically the progress made and the impact registered in the implementation of this policy, nationwide, as it may deem fit. Other tiers of government and other agencies and stakeholders participating in the implementation of this policy, as spelt out in Chapter Four have a responsibility to monitor at their level, both the implementation process and the impact of the policy as a basis for steering their own programmes and activities and for meaningful inputs into the policy, evaluation and review process at the national level. In this regard, all stakeholders who will be implementing this policy will be required to maintain statistical and other records of their programmes and activities so that they can make necessary inputs in the periodic assessments of their operations, impact and any problems or emerging challenges they may face.

Systematic monitoring and evaluation of the implementation of this Policy on Ageing is essential for its success in improving the quality of life of older persons, thus ensuring that the goals and objectives of the policy are achieved. The National Focal Point on Ageing, i.e. The Federal Ministry or National Agency responsible for Social Welfare will coordinate the monitoring and evaluation process at the national level, while the State Focal Point on Ageing or the state Ministry or Agency responsible for care of older persons will coordinate the monitoring and evaluation process at the States and Local Government levels. Elaborating and using as appropriate, comprehensive and practical tools for evaluation such as key indicators is also necessary to facilitate a timely policy response. The evaluation will involve such indicators as specific targets, timeframes and means of monitoring and evaluation, and other instruments.

2.4.1.23 Coordination of Policy Development and Implementation

Government recognizes that hitherto, programmes on ageing in Nigeria have failed to make the desired impact because of the lack of proper coordination and duplication of efforts by various agencies. Consequently, appropriate measures will be introduced to ensure more effective and continuous coordination of the policy and programmes for the protection and welfare of older persons, especially programme priorities, programme planning and the basic strategies of programme implementation.

2.4.1.24 Coordinating Agency / Focal Point

The Federal Ministry or the Federal Government Agency responsible for Social Welfare shall be the Focal Point on all issues pertaining to Ageing in Nigeria. It shall also have the primary responsibility for coordinating the implementation of this National Policies on Ageing, in collaboration with the National Advisory Council on Ageing.

2.4.1.25 Machinery for Co-Ordination of Policies and Programmes

Government is aware that the existing arrangements for coordinating policies and programmes for older persons are inadequate in many ways, and therefore need to be strengthened at the State and Local Government levels. The State Ministry or Agency responsible for the care of older persons shall be responsible for coordinating policies and programme at the State, Local Government and Community levels. The National, State and Local Government Advisory Councils/Committee on Ageing will act in an advisory capacity to provide support to the coordinating agencies both at the Federal, State and Local Government levels respectively. The National Council on Social Development shall be the highest policy making bodies on all issues pertaining to older persons in Nigeria.

2.4.1.26 Implementation

In coordinating the implementation of this policy, the Federal Government shall avoid measures likely to discourage or stifle local initiatives or local variations in economic, institutional and cultural situations of States and Local Government as well as other stakeholders. As the Focal Point on Ageing in Nigeria, the primary action of the Federal Ministry or Agency responsible for Social Welfare will be to facilitate and promote the National Policy on Ageing including: designing guidelines for policy development and implementation; advocating means of mainstreaming ageing issues into development agenda, engaging in dialogue with civil societies and the private sector as well as information exchange.

2.4.1.27 Responsibility for Operationalizing Ageing Policy

The implementation and continued review of the National Policy on Ageing would bring it to currency of the various programmes in the scope of the policy and ensure achievement of the goal of full involvement of older persons in national development. The success of that endeavor is the joint responsibility of the three tiers of government, the private sector, non-governmental organizations and the older persons themselves.

The responsibility of the Nigerian Government to older persons remains the guarantee of improvement in their quality of life, total integration in the society, adequate income security through the execution of programmes and projects that would allow long-term individuals and collective long-term development that would provide an environment which would allow older persons to discharge their responsibility to the Nigerian state.

The implementation of the Policy on Ageing will require sustained action at all levels in order to respond to the demographic changes ahead and to mobilize the skills and energies of older persons. In addition, there is a critical and continuing need for international assistance to help in the area of funding, technical assistance, capacity building and networking. The implementation of the National Policy on Ageing also requires a political, ethical and spiritual vision for the holistic development of older persons based on human dignity, human rights, equality, respect, peace, democracy, mutual responsibility, cooperation and full respect for the various religious, ethical values and cultural backgrounds of older persons.

2.4.1.28 National Action / Response for Implementation

In carrying out primary responsibilities for implementing this National Policy by the third tiers of government, a necessary first step in the successful implementation of the plan is to mainstream ageing and the concerns of older persons into all the national development frameworks and poverty eradication strategies of its various implementing agencies. Programme innovation, mobilization of financial resources and the development of necessary human resources will be undertaken simultaneously. Accordingly, progress in the implementation of the policy will depend on effective partnership between government, all parts of civil society, and the private sector as well as an enabling environment based on the rule of law, respect for all human rights and good governance. The role of Non-Governmental Organization is important in the implementation of the policy. Other crucial elements of implementation include: effective organization of older persons, educational, training and research activities on ageing and national data collection and analysis such as the compilation of gender and age-specific information for policy planning, monitoring and evaluation.

2.4.1.29 Policy Review

Ageing may be a relatively new field, but its challenges are numerous. Government being aware that the issues of ageing change over time, recognizes the need for periodic review of this National Policy on Ageing to accommodate the current knowledge required to update this policy so that it remains a valid and useful guide for action that is suitable and adaptable to contemporary situations.

The Federal Ministry/Government Agency responsible for Social Welfare has the authority to conduct periodic reviews and propose appropriate inputs into this policy to the government based on researched data and proper harnessing of the relevant structures and mechanism in this area. Other tiers of government and other agencies participating in the implementation of this policy have a responsibility of evaluating the impact of the Policy as a basis of making meaningful inputs into the review process at the national level. For an effective review of this policy, consideration should be given to networking, research and best practices from National, Local, State, National, Regional and International stakeholders. The period for the review of this policy should be every five years.

2.4.2 Care for the Aged Policy in South Africa

2.4.2.1 Focus Areas of the Policy

The main goals of this policy, according to Skyweyiya (2005), are to enable older persons to enjoy active, healthy and independent living and to create an enabling and supportive environment that ensures that both frail and mobile older person receive services that respond to their needs. The policy acknowledges that there are principles and values that underpin services to older persons and that the family, as a fundamental unit of society, should be maintained and protected in accordance with societal values, traditions and customs. The policy emphasizes the following three focus areas as adopted during the Second World Assembly Plan of Action held in Madrid in 2002:

- A. *Older persons and development*: to be addressed by active participation in society; work and the ageing labour force; rural and urban development; access to knowledge, education and training; intergenerational solidarity; income security, social protection and poverty prevention; and provision in emergency situations;
- B. *Advancing health and well-being into old age*: to be addressed by lifelong health promotion; universal and equal access to health services; HIV/AIDS; training of care providers and health professionals; mental health services; and disabilities; and
- C. *Ensuring enabling and supportive environments* to be addressed by housing and the living environment; care and support for caregivers; addressing neglect, abuse and violence; and communicating positive images of ageing.

These three priorities reflect the needs of older persons at different stages of the life cycle. While the “development” component will be of greater pertinence to mobile and active older persons, the “health” and “supportive environments” will be more closely associated with the (particular) needs of the older and frailer, amongst the broad category of older persons.

2.4.2.2 Older Persons & Development

a. Integrated community based care and support services

Services to older persons vary according to the level at which they are required. The broad categories of services in this regard are as follows:

The levels of intervention are as follows:

- *Prevention*

This is the most important aspect of service delivery. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. At this

level, the client is functioning at an adequate level, but there is a possibility of at-risk behaviour at a later stage.

- *Early intervention (non-statutory)*

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- *Statutory intervention/residential/alternative care*

At this level, an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level, a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider to alternative care (e.g. foster care), or placed in a residential facility.

- *Reconstruction and aftercare*

The previous intervention is aimed at providing alternative care which should, wherever possible, be a temporary measure, followed by reconstruction/aftercare services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at re-integration and support services to enhance self-reliance and optimal social functioning.

b. Preferential treatment of older persons

As a developing country, South Africa needs to take seriously every aspect of development in its broadest sense, including the impact of and opportunities presented by the growing population of older persons. Although more people are reaching greater ages, many live in poverty and experience poor health, disabilities and discrimination. Nevertheless, older persons make a significant contribution to development through

their families and communities. Careful attention should be given to the voices of older persons, and their desire to be of continued worth to society should be harnessed and utilized.

Section 9.3 of the Constitution indicates that “the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.” Government should overtly recognize the maturity, wisdom, dignity and restraint that come with a lifetime of experience. The role of older persons as attractive, diverse and creative individuals, making vital contributions, should be promoted.

The mass media should be encouraged to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older persons, and ageism in the workplace or any other context should be eliminated.

c. Poverty and Food Insecurity

Differences in quality of life and household income between urban and rural areas are stark. Almost three-fifths (59%) of urban but only 9% of rural households have a water tap inside their homes (Statistics SA, 1999). Half (50%) of urban but only 10% of rural households have telephones. Nineteen percent of town dwellers are sometimes not able to feed their children every day. This is the case with 28% of rural households. This impacts heavily on older persons, who are disproportionately represented in certain rural areas, notably the Eastern Cape and to a lesser extent, Limpopo, where they are frequently left to care for grandchildren by their adult children who migrate to urban areas for work. Overall, poverty is distributed unevenly among the nine provinces of the country.

The Eastern Cape, Limpopo, KwaZulu-Natal and the Free State have by far the highest poverty rates. Reflecting this poverty distribution, 72% of poor people in South Africa live in rural areas, and 70% of all rural people are poor. Within both urban and rural areas, the situation is highly stratified, either spatially (i.e. with pockets of extreme poverty), or by target group (e.g. women and children, older persons and the disabled).

Rural communities are also highly dispersed, and this presents difficulties of accessing appropriate levels of support or service.

Some of the noticeable ways in which poverty manifests itself relate to issues of food insecurity, low income levels, unemployment and underemployment, social crime and HIV/AIDS, limitations of existing social assistance and reduced asset bases. It is estimated that 39% of the population is vulnerable to food insecurity (Statistics SA, 1999) in spite of the state injection of cash into the household budgets of poorer people. Older persons, therefore, should be explicitly targeted in government poverty relief programmes. Sustainable development of the agricultural sector, together with improvement of market opportunities and access to food by low-income people are critical. The availability of sufficient nutrition to older persons specifically, should be ensured through appropriate food schemes and the encouragement of older persons in the development of food production. Older persons should be targeted in information campaigns in respect of correct nutritional and eating habits. A balanced and affordable diet to prevent dietary deficiencies, disease and disability should be facilitated through the development of national minimum dietary goals.

d. Emergency Situations

Older people are especially vulnerable in emergencies, including food emergencies that arise from natural disasters, such as floods and droughts. Emergencies usually pose a major risk to food security, access to food supplies, shelter and medical health care. In rural areas, emergencies may pose an even bigger threat to older persons than in urban areas, owing to the lack of infrastructure and basic services. Older persons are generally much less able to cope with emergencies because of their physical vulnerability, and they should, thus, be consciously and deliberately targeted to ensure their equal and easy access to food, shelter and life-sustaining services and facilities during and after natural disasters and other humanitarian emergencies.

e. Social Grants

The current policy on social grants is based on Section 27(1) (c) of the Constitution, entitles all citizens to social security and if they are unable to provide for themselves, to

social assistance. The term *social security* is often used to include social assistance. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution. Many issues related to social security are sensitive as they touch on the material interests of organised workers and the unorganised poor, as well as the insurance industry and employer organisations. The current forms of social assistance in South Africa include Old Age Grants, Disability Grants, Foster Care Grants and Child Support Grants. Although social assistance is not aimed at meeting the total needs of recipients, it is a means of enabling them to meet their most basic needs. People who are unable to support themselves are eligible for social assistance grants. People who have applied for grants are eligible to receive social relief of distress until their grants are paid. The current Social Assistance Act No. 59 of 1992 discriminates between men and women on the basis of age. Subject to the means test, the age criterion for eligibility to the Old Age Grant should be 60 years and above, irrespective of gender.

There should be collaboration with the Financial Services Board to synchronise legislation and policies on contributory pension schemes to provide for a safety net continuum for older persons, thereby addressing the causes of dependence on social assistance.

A new comprehensive social security system should:

- Provide for public education programmes to promote retirement planning amongst all adults, young and old;
- Establish a contributory retirement scheme for the self-employed and informally employed;
- Institute a mechanism to enforce all employers to contribute to an approved retirement fund;
- Provide for the transfer of benefits between retirement funds in the event of change of employment to prevent continuous withdrawal of benefits by members when changing jobs; and

- Minimize taxation on contributions to pension and retirement annuity funds in terms of the Income Tax Act, as an incentive to saving for retirement.

f. Immigration

The Immigration Bill (par. 13) proposes that a retired person permit may be issued for a period exceeding three months to a foreigner who is older than 60 and intending to retire in South Africa, subject to two financial criteria. Firstly, the person should have the right to a pension from his/her country of origin, or an irrevocable annuity or retirement account. Secondly, the person should have a minimum prescribed net worth. The Bill proposes that such a person may be permitted to work under terms and conditions determined by Home Affairs, but would not be eligible for an Old Age Grant. The permit would have to be renewed at least every four years. Programmes that facilitate the integration of older migrants and refugees into the social, cultural, political and economic life of South Africa should be encouraged. In particular, language (including sign language) and cultural barriers to older migrants in public services should be eliminated.

g. Work and the Ageing Labour Force

Early retirement effectively constitutes loss of valuable human resources to the economy. In a developing country like South Africa, this contention must be balanced against the critical shortage of formal employment opportunities and the consequent massive unemployment levels, especially amongst youth. Social security and employment policies regarding retirement age should be coordinated in order to eliminate disjuncture. In South Africa, few people retire with sufficient means to live independently, and comfortable retirement is a rare luxury. The employability of older persons can be improved by lifelong learning, especially information technology (IT) training and by ensuring adequate and safe working conditions. Age diversity should be used as an enhancement by business.

In line with the provisions of the Constitution, older persons should have the right to work and to retire, and there should be no discrimination against older persons in the labour market. No employer should be permitted to discriminate against any older

person in relation to the advertisement of or recruitment for employment, or the creation, classification or abolition of jobs or posts. Similarly, age should have no bearing on the determination or allocation of wages, salaries positions, accommodation, leave or other such benefits; the choice of persons for jobs or posts, training, advancement, apprenticeships, transfer, promotion or retrenchment; or the provision of facilities related to or connected with employment. Proper trained medical staff in occupational medicine should be available to protect and treat employees. Further provisions to facilitate employment for older persons would be that the retirement age should not be lowered except on a voluntary basis, and measures should be taken to prevent industrial and agricultural accidents and occupational diseases. Pension and provident funds should introduce greater flexibility in their policies in order to accommodate members who wish to work beyond the age of 60 or 65, and to continue contributing to such funds. Employers should be required to take measures to ensure a smooth and gradual transition from active working life to retirement and make the age of entitlement to a pension more flexible.

h. Access to Knowledge, Education and Training

A high proportion of older persons from poor urban and rural backgrounds never had the opportunity to attend school or dropped out at an early age. They are typically marginalized within an education system that favours youth, even within the adult basic education and training (ABET) sector. However, older persons have a variety of literacy needs, depending on their personal circumstances and contexts. For the urban and rural poor, these needs include form filling in order to acquire identity documents and to access government services such as Old Age and Disability grants; basic numeracy for the purposes of shopping; household budgeting; income generating activities and managing a pension; reading the Bible, hymn books and newspapers; and assisting children with homework since older persons are often also primary care-givers.

There is a need for customized, context-sensitive literacy programmes that address these requirements. Lifelong learning entails continuous learning throughout life in both formal and informal environments. It is essential for effective personal and social development and contributes to economic and social well-being. As a consequence of

the pace of technological development and change, it becomes increasingly difficult for older persons to keep up with new information, communications and other technologies. Their full participation in all dimensions of social, economic and political life thus becomes impossible. In order to combat the marginalisation and dependence that is a consequence, attention should be given to the provision of lifelong learning programmes that target older persons in particular.

The capacity of ageing farmers should be strengthened through continued access to financial and infrastructure services and training for improved farming techniques and technologies. Opportunities should be provided within educational programmes for the exchange of knowledge and experience between generations, including counseling on issues such as sexual behaviour. Older persons should act as mentors, mediators, advisors, teachers and transmitters of knowledge, culture and spiritual values.

Older persons should be encouraged to volunteer to offer their skills in all fields of activities. The differential needs and skills of female and male older persons should be recognised in the design of volunteering programmes. Government and civil society should facilitate volunteering activities. Older persons should have access to the Skills Development Fund, which should be used to finance the acquisition of skills that will enable them to remain in, or re-enter the open labour market.

i. Access To Information

Awareness campaigns should be implemented to inform older persons about the grants for which they are eligible and the documentation that is required in order to apply for such grants, including the child support grant and foster parent grants for which many older persons caring for grandchildren qualify. Similarly, such campaigns should inform older persons of their rights in terms of the Constitution. Proactive engagement with older persons on such issues is a critical prerequisite to enhancing their quality of life.

a. Recreation

Older persons have a right to access recreation facilities and programmes. Sports and recreational activities that are suited to older persons should be organized so as to enrich their lives and encourage creative use of time. Recreation clubs should be located for easy access to offer a range of activities such as music, reading, theatre, dance, gymnastics, swimming, yoga, walking, exercise, keep fit classes, relaxation, art and craft and educational and social activities. Older persons should be provided with easier physical access to cultural institutions. Such centres should organize workshops in fields like handicrafts, fine arts and music, where older persons can play an active role both as teachers and participants. Subsidized transport should be provided.

b. Consumer Protection

Many pensioners rely on loans to survive between pension payout days. There are many reported incidences of pensioners being confronted with different types of funeral policies and micro-loans by “loan sharks” (*oomashonisa*) at pay points. Most of these loan sharks are not registered with the Micro Finance Regulatory Council, which recently implemented new rules requiring standard written agreements, including information on interest rates being charged. Some micro-loan companies are accessing direct deductions from pensions. In addition to small loans, other service providers are providing food-parcels, funeral policies and other products, the cost of which is deducted from the pension. High interest rates are charged in spite of it being a very secure loan.

Protection of vulnerable older persons should be provided by various methods:

- Deductions of premiums for funeral cover policies from grants should be subject to the discretion of the Minister;
- Companies offering loans and funeral insurance policies should be regulated and monitored in terms of uniform norms and standards. They should be required to provide transparent and jargon-free consumer education about their products and services that enable older persons to make informed decisions;
- The practice of micro-loan companies being allowed to confiscate the identity documents of pensioners once they have received their grants should be outlawed; and

- Government and banking institutions should address the issue of high bank charges that discourage low-income older persons from operating accounts. Banks should be made more accessible to residents of rural areas and officials should more actively encourage transfers to banks.

Government Services At Reduced Tariffs

Water, electricity, municipal rates, transport, health and other public services should be provided at reduced tariffs for older persons in receipt of social grants or fixed pensions. Preference should be given to older persons in the implementation of land reform and restitution processes.

c. Intergenerational Solidarity

Inter-generational ties are valuable for everyone. Older persons, through their life experiences, have accumulated knowledge and wisdom. They should, therefore, be afforded opportunities to share their knowledge and skills with younger generations in families, communities and in society as a whole. This will boost achievement in the society for all ages. Solidarity is also a major pre-requisite for social cohesion and a foundation of formal public caring systems. Inter-generational relationships work in both directions, with older persons providing significant contribution.

According to Lehohla (2011:20), the proportion of older persons in the population, based on the October 1996 population census, enumerated a total of 40.5 million people. 6.9% of the population was aged 60 years or older. The 2001 census shows older persons as constituting 7.3% (+3.28 million) of the population (44.8 million), a growth of .4%.

Lehohla (2011:21) further states that the proportion of older persons in South Africa varies considerably between the nine provinces. The lowest proportion of older persons is in the two provinces of Mpumalanga (6.0%) and Free State (6.0%). The highest proportion, by a considerable margin, is in the Eastern Cape (18.8%). This is an indication of the economic vulnerability of the Eastern Cape population, with its

relatively low proportion (51.4%) in the 15 to 59 year old (potentially economically active) category and exceptionally high proportion dependants 0 to 14 year olds (39.3%), the highest in the country. In terms of the overall distribution of older persons, the largest concentrations are in KwaZulu-Natal (19.9%) and the Eastern Cape (18.0%). Owing to out-migration and urbanization amongst younger persons, older persons are disproportionately represented in the rural areas (of the country). Three other provinces have high concentrations of older persons, namely Gauteng (16.2%), Limpopo (12.4%) and the Western Cape (10.7%). In the cases of Gauteng and the Western Cape, however, these older persons have the benefit of larger proportions of 15 to 59 year olds than do those living in KwaZulu-Natal, the Eastern Cape and Limpopo. National resource allocations to older people should, thus, take account of their distribution between and within provinces. The province with the largest percentage of the aged in South Africa is KwaZulu-Natal.

Table 1: The population distribution of older persons

Province	1996		2001	
	N	%	N	%
<i>Eastern Cape</i>	531276	18,8	591095	18,0
Free State	178432	6,3	197785	6,0
<i>Gauteng</i>	456847	16,2	544524	16,6
<i>KwaZulu-Natal</i>	555044	19,6	652457	19,9
Limpopo	351384	12,4	408365	12,4
Mpumalanga	163494	5,8	195996	6,0
North West	224010	7,9	269500	8,2
Northern Cape	62771	2,2	67800	2,1
Western Cape	301942	10,7	352984	10,8
<i>South Africa</i>	2825200	100,0	3280505	100,0

(Source: 1996 and 2001 census reports)

2.4.2.3 Proportion of women to men

More than six out of ten (61.6%) older persons in South Africa are females, who tend to live longer than males and are thus more likely to be widowed and to be living alone than older males. The female proportion rises to 68.5% (more than two out of three) amongst older persons aged 85 years or over. Overall, older males represent 3.8% of the total male population, while older females represent 5.7% of the total female population.

Table 2: Number of individuals by age and gender – Census 2001

Age	Male	Female	Total	% of total population
60-64	444510	620784	1065294	2,38
65-69	304763	483164	787927	1,76
70-74	232547	398922	631469	1,41
75-79	136436	231101	367537	0,82
80-84	90835	180111	270945	0,60
85-89	28843	65380	94223	0,21
95-99	4201	11237	15437	0,03
100+	1556	4402	5958	0,01
Total	1255000	2025508	3280505	7,32

2.4.2.4 Racial composition of older persons

The largest group among older persons is Black constituting just over two-thirds (67.7%) of the total aged population. More than one in five (22.5%) older persons are white, which is more than double the proportion the white group forms of the total population (10.9%). This reflects the longer life expectancy of whites on the one hand and their lower total fertility rate (1.9) in comparison with Africans (3.2). African older persons live primarily in rural areas, while the majority of older persons from the other population groups live in urban areas.

Table 3: Older Person population by age group and race

Race	60-64	65-69	70-74	75-79	80-84	85+	Total	%
Black	601684	525056	312205	261326	108410	89475	1898156	67.7
White	175332	155236	121357	86625	55248	36530	630328	22.5
Coloured	79859	55016	33919	20607	11097	8348	208846	7.4
Indian	26669	18094	10975	6103	2644	1618	66103	2.4
Total	883544	753402	478456	374661	177399	135971	2803433	100.0

(Source: 1996 census)

2.4.2.5 Older persons and education

More than half (51.1%) of older persons had no formal schooling. Older persons living in urban communities are more likely to have had formal schooling and generally to have progressed further in the educational system than older persons living in rural

communities. It is significant that only 36% of older women received any kind of formal education in comparison with 64% of older men.

2.4.2.6 Older persons and disability

Approximately 430 000 or 23.1% of older persons are disabled. The most common disability is (the) loss of sight (47.1%) followed by physical disabilities (20.4%). More than one-quarter (28.2%) of black older persons are disabled, in comparison with 10.5% of white older persons. The proportion of disabled amongst older women is 23.1%.

In addition, the proportional and absolute growth in the number of older persons, and especially the very old is of critical importance. This trend will (inevitably) have major policy and budgetary implications for the government (See Ageing Trends: South Africa.

The UN Department of Economic and Social Affairs (2002), estimates that the average annual growth rate of the 60+ category of the population in South Africa will decline from 2.9% during the period 2000-2005, to 1,9% by 2025-2030 and to 1.6% in 2045-2050. Although the growth rate will decline, the absolute number of people in this age group will increase from the current 2.8 million to 4.6m in 2025 and 6,5m in 2050. By 2050, 13.7% of the population will be 60 years old or more. The ratio of older persons to the potentially economically active adult group will increase from the current 5.7 to 14.9 in 2050. This proportional and absolute growth in the number of older persons, and especially the very old is of critical importance.

2.4.2.7 Existing residential and support facilities

In the 1998/1999 financial year, 474 homes with the overall capacity to accommodate 42 952 older persons were subsidized by provincial governments. There were a further 7 state-run homes with a capacity to accommodate 1083 older persons. The distribution of old age residential facilities is disproportionately in the wealthier provinces of Gauteng and the Western Cape (17%), with a distinct lack of facilities in poorer provinces such as Limpopo. Voluntary NGOs, FBOs or CBOs run large proportions of these facilities. In addition to accommodation and assisted living facilities, such

organizations provide home help and meals on wheels and facilitate support groups and luncheon clubs.

2.4.2.8 Inter-sectoral collaboration

Older persons shall receive preferential treatment and be treated with dignity and respect at public facilities and, to this end, all government departments at national, provincial and local level must proactively ensure that this occurs. Departments should establish desks that promote the user-friendliness of their services and respect for the dignity of their older clients in particular. This applies to the Departments of Agriculture, Arts and Culture, Communications, Education, Environmental Affairs and Tourism, Finance, Foreign Affairs, Health, Home Affairs, Housing, Justice and Constitutional Affairs, Labour, Minerals and Energy, Provincial and Local Government, Public Works, Safety and Security, Social Development, Sport and Recreation, Trade and Industry, Transport, and Water Affairs and Forestry.

In addition, there should be close collaboration between government departments to ensure that older persons can access information and services with a minimum of effort and inconvenience.

Table 4: Old Age Grants in payment by province

	Number of recipients	Total value in Rand
Eastern Cape	415 472	322 129 298
Free State	128 173	98 649 635
Gauteng	256 720	195 475 555
KwaZulu-Natal	429 480	332 772 475
Limpopo	326 520	254 562 181
Mpumalanga	148 880	115 397 965
North West	183 885	142 456 947
Northern Cape	44 732	34 085 228
Western Cape	163 857	123 162 421
Total	2 097 719	1 618 691 705

Source: Department of Social Development March 2005

2.4.2.9 Advancing Health and Well-Being into Old Age

Health is not only a vital asset but also a fundamental right. It is defined as a “complete state of physical, mental and social well-being” (World Health Organisation 2012). Health, thus, has implications that extend far beyond medicine and a health care system. It includes a temporal, socio-economic and political perspective as well as biological, behavioral and psychosocial processes that operate from conception to old age. All have potent influences on health outcomes and chronic disease risks. Most illnesses and diseases require not only medical solutions but also political and social interventions. In the context of South Africa, older persons should be eligible for Primary Health Care (PHC) services at no cost to themselves.

A Ministerial Committee was appointed in 2000 to investigate the neglect, ill-treatment and abuse of older persons. It found services for the elderly in hospitals and clinics to be less than adequate and heard many complaints about the attitude of staff to older patients, the shortage of medicines and assistive devices, the lack of transport and long out-patient waiting times. The care and safety of the growing number of older persons should be a concern of all Government Departments and agencies in contact with the elderly.

These departments and agencies need to collaborate to ensure services are cost-effective, efficient and integrated. While the main emphasis of services to older persons should be at community level to enable older persons to live at home as long as possible, serious attention also needs to be given to the conditions of older persons in residential homes and hospitals. In this respect, it is essential that suitably qualified government officials undertake regular visits to such institutions to ensure that older persons are receiving high quality care. Additionally, it is critical that health care staff should adopt a caring attitude towards older persons in particular, in line with the principles of *Batho Pele* (putting people first).

2.4.2.10 Preventative Health Care

Although many chronic diseases or conditions experienced by older persons are not curable, they are preventable as are most complications associated therewith. Older persons and their caregivers should receive person-centred care and services, emphasising the patient's central role and responsibility in his/her health care.

Good health behaviour should be encouraged amongst learners throughout the school curriculum by inclusion of life skills programmes in School Health Services and the Health Promoting Schools initiative.

Access to age-friendly health facilities, professionals, information, education, drugs, assistive devices and guaranteed quality dedicated care should be ensured.

In order to reduce health risk, it is necessary to:

- Implement best practice guidelines to prevent and reduce negative lifestyle risk factors and to recognise and act on symptoms related to the associated disease and biological risk factors;
- Implement best practice guidelines to prevent and manage the incidence of substance abuse, mental and neurological illnesses and falls in older persons;
- Develop and enforce legislation to control environmental and external health hazards and prudent use of natural resources;
- Provide high quality scientific and medical information about risks to facilitate informed decision-making;
- Ensure government takes responsibility for health and safety related to basic human requirements, including drinking water, sanitation, food, public transport, working environments and literacy (basic education) requirements;
- Increase access to health services, disease management and acute health care to reduce the burden of chronic diseases, disabilities and mortality, and to maintain the highest possible level of functional capacity (Secondary and Tertiary Prevention); and
- Establish forward planning for discharge from hospital should be factored into their full reintegration into communities.

Older persons should have access to emergency care, appropriate specialist care, ongoing general medical and surgical care, mental health and dental care and discharge planning.

2.4.2.11 Support services

As indicated in the Health legislation, pharmaceutical services, namely; the safe and effective supply of specialised drugs for common chronic diseases and conditions of ageing should be ensured. The Department of Health, through partnerships should provide free transport to state-held facilities with community-based organisations and service centres. Community Health Centres (CHCs) should provide Primary Health

Care Services. Hospitals should render secondary services, including specialist geriatric services, to older persons at a specific user fee. Specialist geriatric services should be provided for in-patients (diagnostic and therapeutic care) and outpatients (referral, continuity and condition specific care).

Tertiary centres for older persons should provide additional care for complex or rare conditions. Laboratory services, radiography services and other diagnostic support services should be provided at district hospitals. Medical schools directly linked to tertiary hospital complexes should provide Tertiary Health Services. A full range of specialised, medical, surgical, psychiatric, diagnostic, and therapeutic and rehabilitation services should be offered. Step down facilities should be targeted at people who would otherwise face unnecessarily prolonged hospital stays or to avoid acute in-patient care, long-term residential care or continuing/recurrent in-patient care. These should be designed to maximize independence and to enable patients to remain or resume living at home. The facilities should involve short-term intervention, be integrated within the whole system of care and should focus on responding to and averting crises and active rehabilitation following acute hospital stays where longer-term care is considered.

2.4.2.12 Older persons and HIV/AIDS

Older persons must be provided with adequate information, training in care-giving skills, treatment, medical care and social support regarding management of HIV/AIDS. It is essential to develop programmes that ensure that AIDS treatment and support strategies recognise the needs of older persons who are infected and affected by HIV/AIDS. The contribution of older persons, in their role as caregivers for children and family members with chronic diseases, including HIV/AIDS and as surrogate parents, must be recognised. The impact of HIV/AIDS has added strain to already dire circumstances of older persons in the rural areas. Older persons are forced into using their meager resources to care for their ailing family members affected by the disease. The burden of caring for and educating orphans has major financial, physical and psychological impact on the quality of life of older persons. Information about eligibility for Care Dependency, Child Support and Foster Care Grants should be made available

proactively. Rural areas, where fewer NGOs are in existence, should be specifically targeted.

Older persons are open to infection, both as caregivers and as sexually active people, owing to physical contact with persons infected with HIV/AIDS and should be more overtly targeted in awareness campaigns. They should be empowered to inform their grandchildren on sensitive and complicated issues like safer sex and HIV/AIDS. Improved sexual relationships in older age should be promoted through health education and counselling. Assistive technology or treatment for specific sexual problems in old age (e.g. vaginal dryness or erectile dysfunction) should be provided. Use of condoms should be promoted amongst those unsure of their spouses' sexual behaviour to prevent sexually transmitted infections.

2.4.2.13 Treatment and care guidelines

As prescribed in health legislation, there should be decentralised provision of care for patients with chronic diseases and disabilities. The views and preferences of older persons should be accommodated whenever possible in planning their care. Surveillance systems should be implemented for traditional disease categories as well as non-communicable diseases, disabilities, associated risk factors, human rights issues and other social issues. Caregivers should be included in the management plan. Given the susceptibility to chronic diseases amongst older persons, medical aid companies should be obliged to make adequate provision for assistance to patients suffering from chronic illnesses. These should include cardiovascular disease, certain cancers, chronic pulmonary disease and diabetes. Home-based care services should be provided for house-bound persons living alone or with their families many of whom are now left alone, neglected or even abused and have no life-line or means or seeking help.

2.4.2.14 Social Services and Health Workforce

With the ageing population come increases in chronic diseases and degenerative conditions and the problems of multiple pathology or co-morbidity.

A cadre of academic geriatricians who can educate health care providers in the care of older persons should be developed. Specialist training in the medical schools of South Africa, with Geriatrics a registered sub-specialty, should be expanded. Geriatric training should be included and integrated into the undergraduate training of health care providers.

Trainees should be required to undergo mandatory rotation through the continuum of care of older persons, from community-based care to terminal care, preventive and promotive to rehabilitative care. Information about professional opportunities available for specialist geriatricians and gerontologists should be disseminated. Many older persons in rural areas rely on practitioners of traditional medicine for their PHC needs. Similarly, churches play an important role in accessing and providing health care to older persons. These sectors should, thus, be accommodated in policy planning.

2.4.2.15 Older persons and disabilities

Amongst older persons, 23,1% of females and 22% of males are disabled. The most common disability among the older population is loss of sight (47,1%), followed by physical disabilities (20,4%), hearing impairment (14,3%), multiple disabilities (10,5%) and mental disability (2,9%) (1996 census). Age-related vision and hearing disabilities should be addressed by enabling programmes to prevent and cure activity limitations and to restore participation of older people in community life. Cataract surgery should be made affordable to all older persons. For those below the disability threshold, interventions should be aimed at recovering the best possible level of function and improved quality of life. Basic medical and psychosocial rehabilitation services at primary level should include: community-based and institution-based services; disability preventive services; early detection and diagnostic services, starting at a young age and facilitated by the Department of Education; best practice evidence-based rehabilitation and intervention services; counselling services for people with disabilities and their families and caregivers; training in self-care; provision of technical/therapeutic aids, psychotropic drugs and supplies as prescribed; follow-up and support

services/groups/senior peer counseling groups; referral services; in-service and continued education for service providers; outreach services; basic research activities.

Specialised rehabilitation services should include: regional tertiary or institutions; spinal, burns and stroke units and high security psychiatric care units; training of specialist rehabilitation providers; diagnostic services and appropriate diagnostic technology; management and rehabilitation of complicated cases; provision of technical /therapeutic aids and supplies as prescribed; a research programme; follow-up and support services; and a referral system.

A budget for technical Therapeutic Aids (Assistive Devices) should be allocated at provincial and district levels. The budget should provide for all categories of assistive devices to meet current demand, backlog, maintenance and replacement. An effective assessment, procurement and replacement system for assistive devices should be in place. Only appropriately trained rehabilitation providers should assess and prescribe. No person with a disability owing to sensory function loss (paraplegia / quadriplegia / tetraplegia) should be discharged without assistive devices. No person with any disability requiring an assistive device should be discharged from a health facility without the necessary plan to obtain the needed device. Instant access to assistive devices for persons with feeding and swallowing difficulties should be guaranteed. Service for maintenance and repairs of assistive devices should be available. Payment for assistive devices and maintenance should be according to a standardized patient fee structure. A database for assistive devices should be available in each province.

2.4.2.16 Ensuring Enabling and Supportive Environments

The promotion of an enabling environment for social development continues to be a central goal of international forums, including the Second World Assembly on Ageing in 2002, although there have been shortfalls in the financing of social services and social protection in many countries in the past two decades. A continuum of care is needed if the environment for older persons is to be enabling, supportive and sensitive to their values, needs and changing capacities. Wherever possible, older persons should be able to choose where they want to live. Housing and the surrounding environment are

particularly important because of the emotional and psychological security which they should provide. Studies have shown that good housing promotes good health and well-being. For older persons, there is, however, a need for accessibility and safety precautions and for attention to be given to the maintenance of the home.

In South Africa, apartheid was uniquely unjust in the severe dislocation it caused to black, coloured and Indian communities. Families were broken up, and older persons were forced to leave areas where they had worked and lived in all their lives to areas where basic services and support systems were lacking. While there was little or no provision for these older persons, the white elderly had access to a wide range of quality services. The official excuse was that in black communities, older persons “are cared for in the extended family system.” The continuum of support services for older persons ranges from independent living at one end to institutional care at the other and includes sheltered or assisted living, community and home-based care services.

2.4.2.17 Independent Living

The new government in 1994 acknowledged the impact on older persons of the lack of services in rural areas and the severe shortage of affordable accommodation and services in urban areas. Appropriate, adaptable and affordable housing for older persons is the cornerstone of any dispensation for older persons (Social Welfare White Paper, 1997). The White Paper commits the then Department of Welfare (renamed Social Development) to cooperate with the Department of Housing to address this as a priority. The South African housing policy is based on Section 26 of the Constitution, which states that everyone has the right of access to adequate housing. The government is required to take reasonable steps towards the progressive realisation of this right. The Housing White Paper (1994) recognises the need for “special needs” housing, including that required by older persons. In 1995, the Discussion Group on Ageing estimated that 10% of persons qualifying for or in receipt of Old Age Grants or the equivalent income, required specialised accommodation and that capital funds should be made available. This did not materialise, so the following steps were taken by the Department of Housing to assist older persons.

- a) The Housing Subsidy Scheme provides subsidies to people who cannot otherwise afford to build or buy a house. Recipients of the Old Age Grant are eligible for the subsidy as are disabled persons (currently about R22 000). However, no data is available on how many subsidies have been awarded to older persons. Generally, the number of subsidies budgeted for is much fewer than the number of households in need of housing. Older persons are exempted from a new regulation requiring applicants for subsidies to contribute towards the cost of the house. Older persons who are disabled may also apply for an additional amount to pay for adaptations to their property to accommodate their disability;
- b) Indigency policy: Older persons and others who occupy subsidized houses are liable to pay service charges irrespective of their income. These are unaffordable to many, thus leading to escalating arrears and eventually to repossession and eviction. Many local authorities do not have “indigency” policies to assist those who cannot afford to pay the charges. Municipal rates are also unaffordable to many older homeowners with a low or fixed income; and
- c) Security of Tenure: Older persons have benefited in the following ways from measures to improve security of tenure:

They are more leniently dealt with by Servcon, a body set up by government to address the issue of defaulters on home loans;

Under the Rental Housing Act (No. 50 of 1999), tenants who lived in old rent-controlled properties (many of them older persons) were protected until July 2003, and the Minister of Housing was tasked with monitoring the impact of the new Act on poor and vulnerable tenants and taking action to alleviate their hardship;

The Prevention of Illegal Eviction from and Unlawful Occupation of Land Act (No. 19 of 1998) requires courts to give special consideration to the rights and needs of older persons (amongst other vulnerable groups) before granting an eviction order.

However, older persons have not yet been directly informed of their housing rights, and there is a need for research to establish their housing needs in rural and urban areas. The following gaps in present housing policy require attention:

- The policy does not adequately address the needs of older persons nor provide for emergencies, to which older persons are particularly vulnerable, e.g. the provision of safe houses;
- Data is not collected on the age of applicants for the housing subsidy;
- The policy does not address the needs of older persons in rural areas and living on communally owned land;
- There is no monitoring of housing needs of older persons, particularly in deep rural areas, where access to basic services is more critical than a housing structure; and
- There are, however, housing schemes developed and implemented in some provinces, e.g. the Free State, that can serve as best practice models that can be incorporated into governments housing policy.

2.4.2.18 Assisted living/ sheltered housing

Assisted living or sheltered accommodation refers to the provision of affordable, adaptable and secure accommodation, thus providing older persons with an environment that enables access to support services, food supplies, primary health care, a pension pay-point or bank, transport, recreational, educational and leisure activities. With the policy shift from institutional care to community care in the 1980s, greater attention was given to shelter housing as a way of returning the mainly white residents of homes back into the community as well as maintaining older persons in the community. With the prospect of subsidies being limited to frail older persons, some homes were adapted by their owners into assisted living units. Government offered local authorities 100% loans to build special housing units for older persons.

No information is available on the scale of local authority housing schemes or indeed those run by non-governmental organizations. Nevertheless, in the 1980s, privately run retirement villages began to spring up. The Housing Development Schemes for Retired

Persons Act (No. 65 of 1988) provided for the management of these villages and for residents' committees. By 1995 there were 400 such facilities catering for 26 779 older persons. Private or non-profit companies run most schemes. Today, the number of owner-occupied or rented units in such schemes is estimated to be 55 000. Many such schemes have dual registration under Act 65 of 1988 and the Sectional Title Act, but the latter Act does not provide for residents' committees.

This has meant that levies and fees in some schemes have been increased without consultation and without taking account of what residents can afford. While retirement villages continue to be built for those with higher incomes or investments, little is being done to meet the need of lower-income older persons for sheltered accommodation. In 1995, the Discussion Group on Ageing pointed out the need for national minimum standards for such accommodation and proposed enabling legislation so that funds for this could be transferred from the Department of Housing to the then Department of Welfare, but this has not yet been addressed.

The Social Housing Foundation, provided for under the Housing Amendment Act of 1999, has not addressed the issue of sheltered housing for older persons. This continues to be seen as the responsibility of the Department of Social Development, even though the DoSD has neither the funds nor the capacity to build housing.

The continuing shortage of sheltered housing has contributed to the mushrooming of private unregistered homes for older persons in some urban areas, where accommodation and food are provided in return for the Old Age Grant. Living conditions in some of these homes are far from satisfactory although in terms of existing legislation, they should be registered and inspected.

2.4.2.19 Community-based services

Formal community-based services, like other services, were previously concentrated in historically white areas. The majority of older persons, who were not white, only had recourse to informal support and family support where available.

In 1995, the Discussion Group on Ageing estimated that 20% of older persons on social grants (or the equivalent) required community-based services in the form of multi-purpose community centres where there would be primary health care, food distribution and adult education services, as well as pre-school and after school centres. In 1995, there were 385 registered service centres countrywide (251 white, 14 Asian, 72 black, 48 coloured) catering for 37 500 older persons.

There was a shortfall of services to 325 000 persons who had no access to a service centre. The Discussion Group called for capital loans and subsidies to be made available to NGOs, Section 21 companies and other service providers for the provision of such centres. These centres should serve the whole community and recipients should contribute to the service. It recommended that government funding be restricted to service centres which catered for the target group (older persons in receipt of a social grant or the equivalent income). However, far from these recommendations being implemented, the number of service centres fell to 188 with attendances falling to 17 400 in 1998.

Nonetheless, clubs increased from 320 in 1993 to 840 in 2000. These are run in local churches and halls and are mostly managed by elderly volunteers. They provide meals, companionship, home care and spiritual support. Age in Action (SA Council for the Aged), which has been active in setting up clubs, has found that only 214 or 25% of clubs receive government funding. Funding criteria and minimum norms and standards for these services are still to be developed. In the interim, pilot projects have been launched in several provinces to try to establish a workable model which would ensure financial accountability, quality service and access.

The Discussion Group drew attention to the development of community health centres by the Department of Health and the possibility of an integrated service. However, although many elderly patients attend these centres for health care, little is provided to them by the centres in the way of home care services. Such services that do exist in some areas are run by non-governmental organisations. Meals on wheels or meals on foot services are run in several urban areas by NGOs, FBOs and CBOs but probably reach less than 20 000 homebound people nationwide. The need for an integrated

community service is highlighted by the HIV/AIDS pandemic. The extension of home-based care services to individuals and families affected and infected by AIDS will be an opportunity for older persons to act as volunteers, for older persons caring for orphans to get support and also for care services reaching frail older persons living at home. Community-based services for older persons are necessary to enable older persons to remain independent for as long as possible (UN Resolution 46/91). Community care aims to establish a supportive environment in which the well-being of older persons is addressed at different levels:

- The individual is responsible for preparing and providing for independent old age;
- The family, as the primary unit of society, is enabled and assisted to provide the necessary support and care to older family members. This should include training for care-givers and the payment of care-givers allowances; and
- The community and its FBOs, NGOs and CBOs provide for spiritual needs; give support to families taking care of older family members; contribute to the provision of basic services to older persons to prevent permanent residential care; and organise outreach programmes to lonely older persons and those without family support.

Community-based care services should include:

- Meals on wheels / food on foot or at a service centre or luncheon clubs;
- Home help services to assist with household chores;
- Health and nursing care, including personal care and hygiene;
- Laundry services in cases of incontinence;
- Day care for older persons to assist working families;
- Transport to clinics/hospitals to ensure monthly check-ups and provision of medication;

- Comprehensive health care to help older persons maintain or regain an optimum level of physical, mental and emotional well-being and prevent or delay the onset of illness;
- Social and legal services to enhance older persons' autonomy, protection and care; and
- Access to appropriate institutional care for protection, respite care, rehabilitation, social and mental stimulation in a secure environment and educational, cultural, spiritual and recreational services.

In order to provide such services to the largest number of older persons, the following steps need to be taken:

1. Existing facilities for older persons should be utilised and managed as multi-purpose community centres in collaboration with other sectors;
2. Inter-disciplinary assessment units should be set up at district level to ensure assessment of frail older persons, accessibility and the provision of appropriate services;
3. There should be an effective communication strategy to inform communities of the shift to community care and support;
4. Poorly serviced communities should be identified and assisted to develop services and upgrade facilities; and
5. Care-givers should be offered training, and care-givers' allowance should be introduced.

2.4.2.20 Residential Care

Racial discrepancies in the availability of residential care facilities for older persons are unique to South Africa. The provision of large residential institutions for older persons, "the old age home," emerged in South Africa over a century ago (in line with British

practice at the time). The number of homes expanded rapidly after World War II. In 1964, there were 120 homes subsidised by the government. There were also homes for white older persons run for profit, over which the government had no control. A survey found that 68% of older white persons lived alone or in boarding houses and were at risk of neglect or exploitation. Twenty years later, the number of subsidized homes had increased to 405 homes with 35 032 beds. In comparison, by 1986 there were eight homes for black, 37 for coloured and 2 for Indian older persons - a total of 3 145 beds. More than 8% of whites over 65 lived in homes and less than 0,5% of black over-65s were in homes. The justification for this disparity was that the care needs of older persons from different cultures varied. It was not until the 1980s that the negative features of institutional care were raised and the problems of institutionalisation and abuse were highlighted for the first time.

Loans to build or buy homes had been provided to utility companies or registered welfare organisation by the National Housing Fund at an interest rate of 0,5%, repayable over 30 years. The Department of Provincial and Local Government laid down standards. The cost to government of the building loans and subsidizing residents escalated. By the 1980s, the growing demand for equitably distributed services and international trends away from residential care led to a shift in official policy towards community. From 1984, only new loans for homes for frail older persons were approved. However, in 1993, the bulk of the R319 million spent on care of older persons was still spent on residential care, mostly for white older persons. The Discussion Group on Ageing was set up in 1993 to review policy. In the same year, the Discounting of Government Loans Scheme allowed organizations running homes to discount their loans and sell off portions of their facilities. Such discounts were on condition that a strictly enforceable minimum of 40% of accommodation was utilized by social pensioners.

Evidence suggests that this agreement was not monitored and that many NGOs have reneged on it. In 1995, the Discussion Group on Ageing recommended that residential care be restricted to the mentally or physically frail. Additional facilities, consisting of four bed units, should be provided in rural areas and small towns linked to multi-purpose

centers. The Department of Social Development accepted that residential care should be restricted in this way and many homes were closed or converted for other use, but no additional facilities were provided despite the special need in rural areas and small towns where no facilities existed. The Aged Persons Amendment Act (No. 100 of 1998) was an attempt to make residential homes more accessible, accountable and representative. Implementation has been problematic, partly owing to drafting problems and lack of coordination with other laws. Many homes appointed management committees and are applying the assessment tool Dependency Questionnaire (DQ98) to new admissions and are observing protocols on elder abuse.

The Provincial Departments of Social Development reports that in 1998/1999 474 homes were subsidised. These homes had an overall capacity of 42 952 persons. There were a further 7 state-run homes with a capacity of 1 083 older persons. Occupation of these facilities was 15% to 20% below capacity. By 2001, the number of subsidized homes had fallen to 353. The distribution of old age residential facilities is predominantly in the wealthier provinces of Gauteng and the Western Cape, with a lack of facilities in poorer provinces, especially Limpopo. In 2002, over R11 million had been paid out of Lotto proceeds by Uthingo to old age facilities, predominantly in Gauteng, the Western Cape and KwaZulu-Natal.

Table 5: Older Persons Residential Facilities by Province, 2001

Province	Facilities	Subsidized	Capacity	% Facilities	% Subsidised Facilities	% Capacity	Average capacity per facility
EC	62	59	4071	11	17	10	66
FS	33	31	1987	6	9	5	60
GT	197	110	14290	35	31	36	73
KN	80	55	6285	14	16	16	79
LP	7	7	1214	1	2	3	173
MP	21	20	1602	4	6	4	76
NC	42	20	1892	8	6	5	45
NW	19	19	1144	3	5	3	60
WC	96	32	7317	17	9	18	76
Total	557	353	39802	100	100	100	71

A previous survey indicated that the facilities cater predominantly for white residents. The majority of residents (78%) are women and the facilities are located mainly in urban areas. Management of the residential facilities was reflective of the racial profile of the residents, with 77% of Board members and 77% of management committee members being white. Black membership of these bodies was 12% and 14% respectively. The proportion of coloured members on Boards and Management Committees was 8% and 11% respectively, these figures being much higher in the Western and Northern Cape, where coloured people form the majority of the population. Only one percent of these bodies comprised Indian membership.

Nevertheless, 66% of facilities indicated that they had set up Management Committees in compliance with Section 3 of the Aged Persons Act. Almost two-thirds (64%) of management committees had been elected, with 29% having been appointed and 7% formed in other ways. Controlling bodies of the facilities comprised mainly church, non-profit organizations and private trusts. Care and nursing assistants comprised almost four out of every ten (39%) employees of the old age residential facilities. A further 19% were registered or enrolled nurses. Hitherto, an oversight of residential facilities remains the responsibility of Provincial Social Development/Social Services Departments, which are not equipped to monitor either the quality of medical care or the incidence of abuse.

Since the provision of frail care for those in need of twenty-four hour care is official policy, the division of responsibility between Social Development and Health Departments needs to be clarified and clear norms and standards established for the operation of these facilities. Due to the projected increase in the number of older persons, the provision of frail care will need to be increased. If existing facilities are to remain viable, funding will need to be maintained at a realistic level. Future financial assistance to institutional care is to be limited to a maximum of 2% of the target group (older persons in receipt of a social grant or the equivalent income) and to institutions that are strategically placed to reach the target group.

2.4.2.21 Support to Non-Governmental Organizations

A funding framework was accepted at a consultative conference called by the then Department of Welfare in October 1995. It proposed the phasing out of subsidies to group one and group two residents (the fit or semi-fit). This hit low-income residents who were living in primarily institutions because there was no alternative affordable accommodation available. The maximum subsidy payable was based on the estimated monthly cost per resident and was means-tested. This was to be revised annually but in most provinces, this amount has been frozen at the 1996 level, imposing considerable strain on those running residential homes.

Many residential care facilities have, as a result of financial constraints, reduced the number of beds available to the most vulnerable and poorest older persons and are now

targeting more affluent or economically self-sufficient residents. In terms of the new model for integrated community based care and support services, emphasis is placed on the prevention of dependency on continuous care. To address imbalances in service provision in disadvantaged and rural areas, funding for prevention programmes will need to be enhanced and developed. Currently, funding for these services is insufficient to cover operating costs.

The new Policy on Financial Awards will address the funding of services rendered by organs of civil society to older persons. The funding models for such services have been developed but will, from time to time, need to be reviewed by the department. These models determine the major cost drivers for the different programmes provided to older persons, as well as the unit cost for such programmes. Within the context of broader service delivery and prior to implementation, any new service envisaged must be evaluated on its potential viability; its ability to meet the needs of the poorest and most vulnerable; its affordability and the capacity of the service provider to render an efficient and effective service.

2.4.2.22 *Registration of service providers*

The Aged Persons Act (No. 81 of 1967) provided for the registration of residential homes for older persons. The present policy proposes that all facilities that provide services to more than six older persons will be required to register, except state facilities that are managed by other relevant legislation e.g. the Public Service Act 103 (No. 103 of 1994). State facilities should, however, also comply with norms and standards for such facilities. The purpose for such registration is the protection of older persons. Homes caring for family members would not need to register. Persons accommodating fewer than six older persons would need to notify the responsible Provincial Department of the names of those accommodated and the terms and conditions of the service provided.

2.4.2.23 *Governance of Services*

The Aged Persons Amendment Act (No. 100 of 1998) laid down provisions for the appointment and composition of management committees for residential homes and

sought to establish representatively and accountability. However, the line between management responsibility and residents' involvement was blurred and caused some confusion and conflict. This should be remedied as follows:

i Governing bodies: The governance structure of a facility or service for older persons will depend on the Act under which such a facility is registered: The Companies Act 1973, Housing Schemes for Retired Persons Act, 1988 or Non-Profit Organizations Act, 1997;

ii Management of services: The governing body shall set up a management committee to be responsible for the administration of the facility or service. The new Older Persons Bill provides for the registration of all such facilities with the Department of Social Development and also provides for the establishment of management bodies for such facilities. The terms and conditions of such bodies shall be laid down in Regulations to the new Act, once promulgated; and

iii Residents/Users Committees: Such committees shall be established in all facilities and services registered under this the new Bill. The function of such committees shall be to represent the interests of the residents/users on domestic arrangements within the facility or service.

2.4.2.24 Protection for Older Persons

Abuse

More than a million older persons worldwide are victims of violence each year (Lundy, et al. 2000). As a form of domestic violence, elder abuse or maltreatment is defined as the willful infliction of physical pain, injury, or debilitating mental anguish, unreasonable confinement or willful deprivation of services that are necessary to maintain physical and mental health (O'Malley, 1987 in Lundy et al., 2000). In South Africa, over 630 000 persons aged 60 or more indicated in a survey that they had a poor or very poor relationship with the head of the household in which they lived. Most of these (81%) were black Africans, and about two-thirds were residents of rural areas of South Africa. The rest (19%) were white, coloured or Indian mostly (90%) living in urban areas

(October Household Survey 1996, Statistics South Africa). Adversarial household relationships of this nature are further complicated by poverty for many older persons.

Any form of abuse, including neglect, has devastating consequences for older persons. Moreover, ageing brings with it declining ability to heal, so that older victims of abuse may never fully recover from trauma. The impact of the trauma may be worsened because shame and fear cause reluctance to seek help. Any person who abuses an older person should be guilty of an offence and liable to conviction to a fine or imprisonment, or to both such fine and imprisonment. Professionals need to be equipped to recognise the risk of potential neglect, abuse or violence by formal and informal caregivers both in home and in community and institutional settings.

Identification of older persons in need of care/ protection

An older person in need of protection is one who:

- has his/her income, assets or old age grant taken against his/her wishes;
- has been removed from his/her property against his/her wishes (unless this has been done for the protection of the person);
- has been neglected or abandoned without any visible means of support;
- lives or works on the streets or begs for a living;
- is addicted to a dependence-producing substance and is without any support or treatment for such dependency;
- lives in circumstances likely to cause or be conducive to seduction, abduction or sexual exploitation;
- lives in or is exposed to circumstances which may seriously harm that older person physically, mentally or social well-being;
- is in a state of physical or mental neglect;

- has been or is being maltreated, abused, neglected or degraded by a care –giver or family member;
- has been evicted from a farm because he/she is no longer fit for work; and
- has been labeled as a person involved in witchcraft and blamed by a community for inexplicable events such as droughts, floods, crop failure and HIV/AIDS-related deaths. Such persons are usually women and are suspected of witchcraft on the grounds of their physical appearance. They are often violently intimidated, tortured or even killed if they do not flee and forfeit their assets.

Importantly, the right of older persons to self-determination should be respected if they are capable of making decisions. In all instances, assistance should be offered and older persons given the choice of whether or not they accept the assistance

Reporting of an older person in need of care/ protection

A national protocol should be introduced for the implementation of a strategy on elder abuse. The following steps are proposed:

- Any other person in the local community, including traditional leaders, who suspects that an older person is in need of care, may report that suspicion to a social worker, police official or family court registrar;
- The person who reports the abuse should substantiate the allegation or suspicion with facts available to that person;
- The social worker, police official or family court registrar to whom such a report has been made should investigate the matter within 48 hours and, unless the report is frivolous or obviously unfounded, take steps to ensure the safety and well-being of the older person;
- Any person who obstructs or hinders a social worker or other designated person in the course of her/his investigation shall be guilty of an offence; and
- A magistrate may issue a warrant for the removal of an older person who has been abused or neglected to a place of safety.

In terms of the Domestic Violence Act 116 of 1998, an older person, family member or a representative of an older person may apply for a protection order to prevent assault or threats. An offender who contravenes such an order may be arrested. Such complainants may not be evicted because of such action.

The regulations under the Aged Persons Amendment Act 100 of 1998 require a professional who examines or attends to older persons to notify the Head of Department if they suspect abuse, injury or neglect.

Register of abuse of older persons

Immediate steps should be taken to establish a register of all notifications of abuse of older persons, as provided for in the Aged Persons Amendment Act 1998 and Regulations. A similar register should be kept of convicted abusers.

Legal Assistance

Inter-sectoral collaboration between the Departments of Social Development, Justice and Safety & Security should ensure the protection of assets of older persons being administered by family, friends, curators or any other designated person or body.

Victim empowerment support services

Services for victims of abuse and rehabilitation services for abused and abusers should be provided. Older persons who are self-abusive should be directed to rehabilitation. The right to self-determination should, however, be respected.

Service providers or government officials who do not treat older persons with respect, dignity and sensitivity should be guilty of an offence. This should include service provider of social grants to older persons.

Places of safety (for example safe houses or safe beds) should be accessible to victims of abuse who are not able to return to their normal places of residence. Such places of safety should include hospitals, clinics or other institutions and even private homes. Places of safety should be subject to official government accreditation.

The Department of Social Development should, in its own right, address the following issues: the dissemination of information on the rights of older persons under the Constitution; recommended measures for the creation of safe and supportive environments; the production of provincial resource directories including telephone support lines; the provision of shelters or safe houses for the temporary accommodation of elderly victims of crime and violence and the establishment of registers of older persons who are victims of crime and violence.

As the coordinating department of the Victim Empowerment Programme (VEP), the Department of Social Development should ensure that the Departments of Health, Justice, Correctional Services and Education, as well as S.A. Police Services develop policies and programmes that address the needs of older persons who are victims of violence and crime.

The Department of Health should address physical and emotional needs. This includes the prioritization of victims in health care facilities, such as clinics and hospitals, and the provision of counseling services.

The Departments of Education; Correctional Services; Justice and the South African Police Services (SAPS) should provide training at schools on predisposing factors to and prevention of violence against the older persons; and legal redress and facilities for older persons who are victims of violence and crime. Training is to be given to Correctional Services personnel on restorative justice, perpetrator programmes including informing perpetrators about the mediator programme and the Domestic Violence Act.

SAPS should provide opportunities for victims, their relatives or relevant professionals to lay charges against perpetrators and should provide information on court processes and procedures, progress of cases and the whereabouts of the perpetrator (i.e. whether in jail or out on bail). The Department of Justice should provide opportunities for legal representation in court and to ensure that government departments providing services to victims adhere to the principles outlined in the Draft South African Victims' Charter.

2.4.2.25 Institutional Arrangements

Policy implementation

The contributions of national, provincial and local government, private institutions, FBOs, CBOs and NGOs to the implementation of the Older Persons policy should be clearly spelt out. The existing cadre of development workers must be trained on amongst others, older person's issues in order to facilitate the flow of information about rights and services to older persons. The current home community based workers must integrate older persons' issues in their training and service delivery.

Consultative Forum

A Forum on Ageing should be established to ensure effective public-private planning and co-ordination on all issues pertaining to older persons in South Africa. The issues should be inclusive of but not restricted to those included in this policy document. The Forum should comprise from seven to ten members and should be representative of the older person's population of South Africa. The Forum may, generally or in any specified case, appoint a Committee to exercise and perform all powers and duties of the designated body. If the Forum appoints a Committee, those powers and duties are regarded as having been delegated to the Committee. The Committee can, in turn, appoint investigative task teams at local level.

2.5 CARE FOR THE AGED AS A FUNCTION OF PUBLIC ADMINISTRATION

Public administration functions is an activity (Du Toit & Van Der Walddt, 1999:8) and a system (Fox & Meyer 1995:3) because it operates within the objective of facilitating the formulation of appropriate governmental policy and the efficient execution of the formulated policy. It, therefore, implies that public administration applies to care for the aged in this context.

2.5.1 Public Administration as an Activity

Since individuals cannot meet their own needs in specific situations, government institutes provide goods and services (Cloete, 1994:130). Public administration as an activity therefore, is a job done by officials within the gamut of government institutions to enable different government institutions to achieve their objectives (Cloete, 1994:130)

There are activities in public administration that directly affect care for the aged in Nigeria and South Africa managerially, as discussed in the next chapter which involves:

a) Organizing: Cloete (1994:125) writes that organizing involves much more than arranging individuals and groups in a specific order to achieve positive action in realizing a particular objective; it also requires the mutual relations of workers which rely on proper co-ordination and delegation of responsibilities. Gildenhuis (2004:198) identifies the following organizing principles:

- The hierarchical structure of the organization must provide for the optimum span of control. When the span of control is very wide, it results in a loss of control by the chief executive, and when it is narrowed, the control line becomes choking on the supervisors at the lower level;
- The provision of joint management by management teams at all levels of the organizational hierarchy: This involves democratic decision taking at all levels of the organization; and
- The organizational structure must provide for clear definitions of goals, objectives, targets and functions and service activities

b). Staffing: Staffing according to Du Toit and Van Der Waldt (1995:15), suggests that this activity in an individual department entails recruiting, selecting, placing and using personnel meaningfully. With regards to staffing or personnel provision, care for the aged sector requires for the achievement of objectives, well trained and experienced administrative personnel.

c) Financing: The availability of money forms not only the basis of all government activities, but determines also to a great extent, the successful operation of a government institution/organization (Gildenhuis, 2004:244).

d) Procedure: This involves drafting specific instructions to be followed to carry out certain actions, and these instructions are found in legislation and regulations arising from such legislation (Du Toit & Van Der Waldt 1999: 15). Care for the aged in Nigeria and South Africa requires proper work procedures.

e) Control: Gildenhuis (2004: 211) defines control as the process of monitoring activities to determine whether individual units and the organization itself are obtaining and utilizing their resources efficiently and effectively in order to accomplish their targets and objectives, and, where these are not being achieved, implementing corrective action in time before too much damage is done. Cloete (1994: 205) writes that the exercise of control in the public sector has the major objective of ensuring that public institutions/organizations are fully accountable to members of the public so that people can assess if their performance is in line with the public interest

2.5.2 Public Administration as a system.

Shafritz et al. (2007:248) view an organization as a complex set of dynamically intertwined and interconnected elements, including inputs, processes, outputs, feedback loops, and the environment in which it continuously interacts. Du Toit and Van Der Waldt (1999:42) view administration as a system resulting in products and services. Administration takes place in both institution and organization and that the main purpose of a government institution or organization is to improve the general welfare of the society. With this, care for the aged operates within the premise of services for government's attention, thereby placing it as a function of public administration in Nigeria and South Africa.

2.6 CONCLUSION

Public Administration has always been the bedrock of every successful governance if structures are in place by the society and the system has good people to run the affairs. It serves to manage the affairs of the public in terms of providing common needs that cannot ordinarily be provided by the people or person. Delivery of goods and services are enhanced with the intervention of Public Administration. Care for the Aged, which seems to be neglected in so many parts of Africa, has been recognized as one of such needs of the people that are yet to be provided for by the government through the service functions of public administration in both Nigeria and South Africa.

From the public point of view, the obligations of family, government and others for meeting the needs of the elderly have always been on the drawing board by academics, politicians and government. With increase in elderly population, greater demands on human service delivery system are growing. Concomitantly, seeking more alternatives to institutionalizing the role of informal helping network, in general, and the family in particular must be viewed as an important factor in the development of long term care policy of which public administration can address. If policymakers and social planners are to be successful in drawing a line between the things family friends and neighbours can be expected to do and the things which social welfare are created to do, then it is imperative to learn more about public administration before implementing actions.

Care for older persons is seen as a public good in Nigeria and South Africa. In the context of the study, a public good is a commodity or service provided without profit to all members of the society, either by government, a private individual or an organization; and it is provided for the benefit of the well-being of every member of the society. For proper care of the elderly, government must undertake the total well-being of her senior citizens in Nigeria and South Africa. Public administration thrives on the threshold of good governance. Good governance, in the context of the study, means the creation of an effective established structure by the Nigerian and South African Government. As a system, public administration takes place within an environment, the environment creates care for the aged needs and government through institutions of public administration responds and provides older person's needs. Besides, as an activity, the

generic functions of public administration can be employed to achieve realistic policy objectives of the governments of Nigeria and South Africa.

REFERENCES

- Anderson, J. E. 2006. *Public Policy Making*. (6th edition). Houghton Mifflin Company; U.S.A.
- Cloete, F. & Meyer, I. H. 2011. Policy Agenda Setting. In F.Cloete, H.Wissink, C. De Coning (Ed.), *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik.
- Cloete, J.J.N. 1994. *Public Administration Management*. Pretoria: Van Schaik Publishers.
- Dror, Y. 2003. *Public Policy Making Re-examined*. New Brunswick, New Jersey: Transaction Publishers.
- Du Toit, D. & Van Der Waldt, G. 2008. *Public Administration and Management*. Kenwyn: The Grassroots Juta & company Ltd.
- Fox, W. & Meyer, I. 1996. *Public Administration Dictionary*. Kenwyn: Juta & Co Ltd.
- Gerston, L.N. 2010. *Public Policy Making. Process and Principles*. New York: M. Sharpe, inc.
- Gildenhuys, J.S.H. 2004. *The Philosophy of Public Administration. A historic Approach, An Introduction to Undergraduate Students*. Stellenbosch: Sun Press.
- Hanekom, S.X. 1986. Public Policy-making and Public Policy Analysis. In X. Hanekom, R. W. Rowland & E. G. Bain (eds), *Key Aspects of Public Administrations*. Johannesburg: Macmillan Publishers.
- Holcombe, R. G. 1997. A Theory of the theory of public Goods. *Review of Australian Economics*, 10(1).
- Hughes, O.E. 2003. *Public Management and Administration*. New York: Palgrave Macmillan.

Ijeoma, E., Nzewi, O., Sibanda, M. 2013. *South Africa's Public Administration for Community Service*. South Africa. Verity Publishers

Jreisat, J. 2004. Governance in a Globalizing World. *International Journal of Public Administration*, 27 (13&14):1003-1029.

Nzongola-Ntalaga, G. 2002. UNDP role in promoting good governance. "Seminar for the International Guests at the Congress of the Labour Party of Norway, Oslo." Available at <http://www.undp.org/>

Salawu, B. 2010. Ethnic factor and Development Question in Nigeria. A consideration of its implication for the transformation of rural Nigeria. *European Journal of Scientific Research* (2010): 328-335.

Schwella, E. 1991. Introduction to Public Management. In Fox, Schwella & Wissink *Public Management*. Kenwyn: Juta & Company, Ltd.

Shafritz, J. Briman, K. and Clifford, S. 2007. *Public Administration* (5th ed.). New York: Pearson Educational Inc.

The critical role of Public administration and good governance in implementing the United Nations Millennium Declaration: Institutional capacity development. <http://unpan1.un.org/intradoc/groups/public/documents/un/unpan/003535.pdf>. Accessed on 22nd April, 2016.

Warwick, M. 2006. The environment of Public Policy. In Fox, J. Bayat, S. and Ferreira, O. (ed), *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.

WisegEEK. Nigeria's demography 2016. <http://www.wisegEEK.com/what-is-data-analysi.html>. Accessed on 23rd May 2016.

CHAPTER THREE

LITERATURE REVIEW

3.0 INTRODUCTION

Literature review for any scientific study, according to Efretuei (2005:75), refers to conducting an in-depth assessment of the existing studies that portray direct relevance to the object of study in order to relate and examine the current state of knowledge in the subject area and detect inconsistencies and gaps to justify a particular object of an academic inquiry since literature review provides a theory base, study of published work, articles and journals that pertain to the topic being researched (Nontshokweni, 2011).

Literature review serves three broad functions (Marshall & Rossman 1999:43). These are:

- i. It verifies that the researcher has acknowledged some gaps in previous research and that the study will fill an established prerequisite;
- ii. It demonstrates that the researcher is knowledgeable about related research and the intellectual traditions that surround and support the study;
- iii. The review refines and defines the research questions by embedding those questions in larger empirical traditions.

The study draws its rationale from the gaps in the literature on the care for the Aged in Nigeria in comparison to South Africa. Known scholarly work on care for the Aged in Nigeria, in comparison to South Africa, dwells mainly on the care for the Aged institutions and their performances, thereby disregarding the policy perspective. This research project delved into care for the Aged in Nigeria and South Africa from a policy dimension. The bibliographic search is steered by these key concepts in the research problem statement and the research questions.

In the context of the study, the approach enabled the researcher to gather relevant information/data on the care for the Aged policy in Nigeria and South Africa through secondary/ existing sources. The utilised sources were textual information from relevant policy documents, newspaper and magazine professional journals, articles, textbooks, and published information from relevant professional bodies. This enabled the organization of relevant scholarly information/data about the Aged policy in Nigeria and South Africa, the discovery of recent theorizing/views about the subject, the outcome of widely accepted research findings and an understanding of widely used concepts in the care for the Aged policy in Nigeria in comparison to South Africa.

This scholarly review is thus structured as follows: the theoretical context review of the study, public policy-making in the context of the study, public administration in the context of the study, care for the Aged policy publications in Nigeria, Aged care policy publications in South Africa, a comparison of reviews and the conclusion.

3.1 THEORETICAL CONTEXT REVIEW OF THE STUDY

Frederickson and Smith (2003:7) state that theory is based on the rigorous and intuitive observation and record of social behaviour, organizational behaviour, institutional behaviour, political system behaviour, pattern of communication, culture etc, and that public administration decisions and actions are based on basic assumptions about these behaviours and patterns of human co-operation. Theory building in the study reflects on these authoritative views and assumptions and also seeks to explain and predict issues based on drawn facts. For the purpose of the study, the theoretical context review focuses policy agenda setting and comparative public administration theory.

3.1.1 Comparative Public Administration Theory

Considering comparative public administration theory with regard to this research, pertinent scholarly work was considered in the context of the study. The opinions of (Brans 2007:269) that establishment of realities take place along systematic investigations of a cross-national and cross-time similarities and differences can be

suitable in understanding the study context. Brans (2007: 276) additionally suggests an unease-means of disciplinary driven theory for comparative public administration. Brans (2007: 269) observes that international examples are also significant to the practice of public administration as they permit both researchers immersed in practical recommendations and practices seeking to adopt them to investigate a broader range of ideas about what constitutes a good structure; this is also relevant in the context of a cross-national policy study on care for the aged between Nigeria and South Africa.

In the context of the study, the views of Brans (2007: 276-279) regarding the approach that considers the three variables of internal-dynamics involving actors, structures and behaviour; the politico-administrative relations and the relations between public administration and civil society are relevant to the study. Public policy making in care for the Aged in Nigeria, in comparison to South Africa, is an outcome of these variables. Brans' (2007:279) conclusion is that the three sets of variables offer a comprehensive framework for the Constitution of a comparative public administration approach that fosters research through the accumulation of structured data, the creation of a common language, and the development of meaningful theories is relevant in comparing care for the Aged in Nigeria and South Africa, from a policy perspective.

Chandler (2000: 8) highlights the importance of embracing a comparative framework of comparative public administration and notes that it is also important to recognize the social and governmental structures of the national systems under comparison. This, according to (Chandler 2000: 8), involves understanding the basic structures of the institutions of a country and knowing how the various demands of this structure interrelate to establish and implement public policy. Viewed in the context of the study, the social and governmental structures play important roles in identifying and defining care for the Aged as a public problem in Nigeria and South Africa. Chandler's (2000:8) view is that cross-national comparison is essential in appreciating the efficiency, democratic and ethical nature of public policy-making and implementing institutions; applied in the context of the study, it also offers a useful basis to understand how care for the Aged policy issues is placed on the policy agenda in Nigeria and South Africa. Chandler's (2000: 9) view is also that it is necessary to set the social system in the

context of economic and social structures of a society, the prevailing ideological values of its citizens, some concepts of the historical prominent values, and elements of the Constitutional framework; this tends to provide an account of the central decision/policy making structures, the recognition of policy problems and challenges, the mobilization of support for policy action and also the nature and responsibilities of policy making and implementing institutions (bureaucracy) of the government.

The views of Chandler (2000) are also relevant in recognizing the place of these variables as constituting elements of benchmarks in comparing care for the aged in Nigeria and South Africa, from a policy perspective. Comparative public administration theory reviews are relevant due to the cross-national nature of the study. The reviews show that certain factors such as politico-administrative relations, policy-making structures, and socio-economic and political issues are identified as relevant in a cross national public administration comparison (Brans, 2007:276-279).

3.1.2 Advocacy Coalition Framework

The Advocacy Coalition Framework (ACF) is a framework of the policy process developed by Paul Sabatier and Jenkins-Smith (Sabatier & Jenkins-Smith, 1998). This is a conceptual framework of the policy process that synthesizes the policy focus of modern scholars such as preferences, interests, goals, resources, environments, institutional rules, background socio-political and economic conditions etc. (Sabatier 1991: 151). It views policy making and changes over time as a function of three sets of factors (Sabatier, 1991: 151-153) namely:

The interaction of competing advocacy coalitions within a policy-subsystem/community:
An advocacy coalition consists of actors from many public and private organizations at all levels of government who share a set of basic beliefs (policy goals plus causal and other perceptions) and who seek to manipulate the rules of various governmental institutions to achieve those goals over time. Conflict among coalitions is mediated by policy brokers, i.e. actors more concerned with system stability than with achieving policy goals;

2. Changes external to the sub-system: These are changes in socio-economic conditions, changes in systematic governing coalitions, policy decisions and impact from other sub-systems, past policy experiences; and

3. The effects of stable system parameters such as basic attributes of the problem area (area of attention) basic distribution of natural resources, fundamental socio-cultural values, social structure and basic Constitutional structure (rules).

The advocacy coalition framework has been applied to a number of policy areas primarily dealing with energy and environmental policy (Sabatier, 1991: 153). The advocacy coalition framework is applied within the context of this study. It is used to compare the policy issues that affect care or the aged in Nigeria and South Africa. In this context, the policy sub-system exists as the aged care sub-system in Nigeria and South Africa. The care for the aged policy sub-system of Nigeria and South Africa are characterized by external variables that affect the sub-system. These set of variables, as they apply to Nigeria and South Africa, are:

i. The effect of relatively stable parameters - These stable parameters exist in the following forms in the two countries:

- Basic attributes of the problem area: In Nigeria and South Africa, basic attributes of care for the aged problems are experienced in the context of aged care as a public problem;

- Fundamental socio-cultural values and social structure: This refers to the socio-cultural and social composition of Nigeria and South Africa and their respective, value preferences. In this case, the different segments of both societies do have an inclining need to quality aged care;

- Basic Constitutional structure: The basic Constitutional structure in the two countries determines certain priority areas of policy-making. For instance, the South African Constitution views care for the aged as an implied right (Skweyiya, 2005:3);

ii. Changes/events in the external system exist in the following ways in Nigeria and South Africa:

- Changes in socio-economic condition: South Africa effectively put a policy in place on care for the aged system with a strong economic base from the apartheid government, whereas, Nigeria is still struggling to implement bills passed on care for the aged;
- Changes in the systemic governing coalition: At independence in 1960, Nigeria inherited a weak socio-political structure from Britain; a system that failed to institutionalize democracy and sustain a united and people-oriented national government; whereas, in South Africa, the democratic revolution of 1994 ushered in radical transformations resulting in the creation of a strong, responsible and people-oriented national government; and
- Policy decisions and impacts from other sub-system: In Nigeria, policy decisions and impacts in other sub-systems such as education/health, environment are not satisfying enough whereas in South Africa, there is remarkable performance in other sub-systems such as education, health and other sectors to accommodate aged care.

Sabatier and Weible (2007: 189) added a new category of variables known as the coalition “opportunity structure”. The opportunity structures which refer to the relatively enduring features of a polity that affect the resources and constraints of sub-system actors in Nigeria and South Africa are different. In Nigeria, the degree of consensus needed for major policy changes is not high due to diverse selfish and dis-articulated interests. Moreover, the political system is not open in terms of transparency, accountability and openness to initiate and implement major policy changes. In South Africa, the degree of consensus needed for major policy changes is high due to aggregated and clearly articulated national interests.

In South Africa, policy participants strive to translate components of their belief system into actuality. The situation in Nigeria is different; there is less commitment by policy participants to achieve effective policies initiated since 1960. Another factor here is the availability of human and financial resources in Nigeria and South Africa, that is, people who know and understand the policy can effectively manage the financial resources to

achieve goals in the two countries. The combination of policy brokers, that is, actors more interested in system stability, agency resources and the general policy orientation of policy makers results in effective policy outputs (Sabatier, 1990: 153).

3.1.3 Public Choice Theory

According to Dahl (1982:79), in a society where there is a plurality of demands on the state, a political marketplace develops in which interest groups contend for their specific positions and issues to be placed on the public policy agenda. Alongside this, the public sphere/government becomes the target of an 'issue popularity contest'. In democratic societies, the state has to respond to these issues in such a manner that the majority of interest/ pressure groups approve of the state's policy agenda. This places the state in a powerful, yet impossible position: on the one hand, the state is the object of interest groups' requests for policy action; on the other, the state has to respond adequately enough to ensure that demands are met and needs are satisfied. Public choice theory can be applied in the context of explaining the policy issues that affect aged policy in Nigeria and South Africa.

3.1.4 Policy Agenda Setting

According to Fanie (2014:87), an agenda is a tool to facilitate the proceedings at a meeting in order to ensure that the main purposes of the meeting are achieved. It normally orders the discussions during the meeting and ensures that the most important discussion items are dealt with first to ensure that they receive priority attention. Fanie (2014:87) avers that policy agenda setting refers to a deliberate planning process through which policy issues are identified, problems defined and prioritised, support mobilised and decision makers lobby to take appropriate actions during or after one or more stakeholders in the society feels that the status quo detrimentally affects them or another segment of the society. The agenda setting process is highly contextual and it is a crucial decisional process that affects a wide range of individuals.

Governments are constantly juggling to accommodate and allocate agenda space to increasingly complex social and economic concerns that demand the attention of

policymakers (Baumgartner, Breunig, Green-Pedersen, Jones, Mortensen, Nuytemans & Walgrave, 2009). According to Birkland (2007:10), while agenda setting is an important part of policy-making, there is no single theory of agenda setting.

3.2 PUBLIC POLICY IN THE CONTEXT OF THE STUDY

Aged care in Nigeria and South Africa depends on the policies of the two countries (as communicated by the policy makers), the understanding of the policy makers depend on the availability of resources (natural, financial, human etc), and the nature of the public policy process (Hanekom, 1986:25). The review of a body of scholarly work on public policy was conducted in the context of the study.

Anderson (2006: 19) opines that public policy is a steady progress of action followed by an actor or set of actors in dealing with a problem or matter of concern; this is relevant in the context of comparing care for the aged policy in Nigeria and South Africa. Anderson (2006:39-46) identifies some of the environmental factors that influence public policy making as: the political culture which involves the belief system, values, lifestyles, norms and attitude that influence the political behaviour of members of a particular society, and this culture differentiates a particular society from another, and the socio-economic factors which may yield strong influence on the political activity in the society. The views are relevant in the context of the study as the political culture and the socio-economic conditions prevalent in Nigeria and South Africa affect policy making in the care for the aged sub-sectors of the two countries.

Also relevant in the study context is the notion of policy agenda, which according to Anderson (2006: 87), to achieve agenda status, a public problem must be converted into an issue or a matter requiring government attention. This requires the identification of care for the aged as a policy problem in Nigeria and South Africa and its conversion into an issue for policy making. At the policy adoption stage, Anderson (2006: 121) writes that what happens is not selection from among a number of full blown policy alternatives but rather, action on a preferred policy alternative, for which the proponents of action think they can win approval. Anderson (2006: 121) further writes that through the adoption process, policies acquire the weight of public authority.

Also of relevance in the study context is the view that policy adoption is not considered in isolation of such vital factors as public opinion (Anderson, 2006: 133) and public interest (Anderson, 2006: 137). Public opinion and public interest play significant roles in comparing care for the aged in Nigeria and South Africa. Anderson (2006:255) further writes that the evaluation stage involves the estimation, appraisal, or assessment of a policy, its content, implementation, goal attachment, and other effects. The relevance of this view lies in the fact that policy evaluation remains an important stage in the policy cycle, and in the context of the study, the care for the aged policies in Nigeria and South Africa are open to assessment for the purpose of identifying the factors that contribute to success or failure, which as the case may be, could lead to policy recycling or continuation.

Hendricks (2006:40) writing on the topic actors in public policy making contends that initiatives for public policy are derived from different strong and relevant sources, and these sources present policy problems or issues to the policy making authority. According to Hendricks (2006: 40- 45), these sources constitute the actors in the policy process and they play vital roles. They include: the legislators that make laws for any country and also carry public demands and needs to the legislative houses for deliberations and policy-making; political office bearers such as ministers at the national or regional level who receive mandates from the electorate. This helps to shape and inform public policies; public office bearers such as the bureaucrats that serve in the capacity of policy advisers, formulators, implementers, and play a vital role in deciding what goes into the policy agenda; the public on whose behalf policies are made based on the needs, demands and aspirations; interest groups/pressure groups/associations that articulate particular and general interests; the media that serve as suppliers and transmitters of information; opposition, political parties that mobilize voters (the people) on behalf of a common set of interests or ideologies and international institutions that provide standards and policies that must be observed by national governments.

The public policy actors and roles discussed by Hendricks (2006:40-45) are relevant in the context of comparing care for the aged in Nigeria and South Africa. The policy

actors that include politicians, the bureaucrats, and interest groups play interactive roles in the policy process of care for the aged.

Fox and Bayat (2006: 54-61) identify the phase model of public policy making as follows: the policy initiating process involves deciding on issues that suggest the need for action, definition of the policy issue, recognizing the necessity and the political relevance of the policy, determining the policy impact and defining the general expectations of the stakeholders (the people); the planning phase involves setting goals, objectives and priorities, making necessary forecasts for future assumptions, evaluating and selecting courses of action and establishing the financial and other resources needed; the policy implementation phase involves mobilization of human resources to achieve the goals and objectives of the policy, and also performing the activities and tasks necessary to implement the policy successfully and utilizing the resources made available to the policy; the policy control phase involves benchmarking the quality of services; and the closing phase which requires the estimation of the achievements and failures and the lessons from policy experiences which could lead to policy continuation, adjustments or termination.

Kirlin (1984: 13) identifies two contexts to policy formulation; these include policy formulation in a classical and stable political context which is characterized by an incremental process arguing that choice rarely departs from previous patterns and policy formulation in a cycle of functional phases. The cycle approach, according to Kirlin (1984: 14), encourages those who use it to view the policy process as repetitive and as ideally characterized by rational choices. The second context, according to Kirlin (1984: 14), discusses policy formulation in terms of the dynamics of major change in public policy making. Kirlin (1984: 16) anchors this view on the three dominant theories which are relevant in the context of the study.

First, there is the political theory of public interest which emphasizes government service delivery on a broad interest basis. Public interest drives care for the aged policy in Nigeria and South Africa. Secondly, there exists opinion that national government has the responsibility to solve economic imbalances and to help disadvantaged people, a notion which is fundamental in care for the aged policy in South Africa, following the

inception of democratic governance from 1994. Thirdly there is, the Keynesian economic theory of moral commitment by the government to fight poverty and discrimination and the predominance of minority interest over majority interests.

The views of Kirilin (1984: 13-23) offer vital propositions in comparing the public policy process of care for the aged in Nigeria and South Africa. The views are relevant in the context of comparing care for the aged policy in Nigeria from 1960 to 2016 and South Africa, from 1994 to 2016 in terms of addressing the challenges created by the past policy experiences of the two countries.

In Administrative policy formulation and the public interest Harmon (1992: 49) views public policy formulation from the perspective of public interest. In the context of the study Harmon's (1992: 51) view that public interest is the continually changing the outcome of political activity among individuals and groups within a democratic political system are of relevance to the study.

This view systematically establishes the causal relationship between public policy formulation and public interest. In discussing the relational activity between public interest and policy formulation Harmon (1992: 51) identifies a typology of administrative style which is characterized by responsiveness and policy advocacy. Responsive behaviour is that which is observed in the democratic process and includes public voting, mutual adjustment, and public demands which might be legitimately translated into policy, and advocacy behaviour refers to the active support by administrators/government for the adoption of policies in the interest of the people. The public interest dimension to public policy formulation is a pertinent aspect of public policy making which is imperative in the context of comparing care for the aged policy in Nigeria and South Africa since government exists to promote public interests in the two countries. The policy goal of care for the aged in Nigeria and South Africa is the provision of quality lifestyle to all aged people.

Ijeoma (2010: 12) notes that public policy making is a vital component of good governance and refers to policy as a higher, more general, strategic level of plans and actions. Care for the aged policy in Nigeria and South Africa are substantive issues in

the policy agenda and require strategic policy-making, thereby making the views of Ijeoma (2010:12) relevant in the context of the study. Ijeoma (2010: 12-13) also opines that policy comes from a political authority, though sometimes influenced and determined by other actors (policy actors), and these actors sometimes pursue conflicting goals in a particular policy area and through bargaining, negotiations and compromise, interests are streamlined.

These views are also relevant in the context of the study as care for the aged policy in Nigeria in comparison to South Africa comes from the political authority and are influenced by the policy actors. Ijeoma (2010: 13) asserts that policy is a social practice which is performed in recognition of other interrelated practices and is driven by the need to reconcile conflicting objectives amongst actors who share interests but find it irrational to co-operate to achieve these goals; this is also relevant in the context of comparing care for the aged policy in Nigeria and South Africa. Ijeoma's (2010:12-13) view is relevant to the study as it brings into focus the elements of public policy in good governance and the interactive role of policy actors in the policy process.

Writing on public policy-making and public policy analysis Hanekom (1986: 25) writes that the promotion of general welfare of society depends on policies made by the policy-makers, the resources available, the understanding of the policy-makers as regards societal problems and needs and the nature of the public policy process. The inference here is that government should be abreast with the needs and demands of the people and map out specific, clearly defined social goals or policies pertaining to each and every aspect of its intended actions. Care for the aged policy in Nigeria, in comparison to South Africa, can be viewed in the context of Hanekom's (1986:25) conceptions about the general public policy process which involves cognition of the policy problems by the policy makers, availability of funds, and the nature of the general public policy process in Nigeria and South Africa.

Writing on policy agenda setting Cloete and Meyer (2006: 105) refer to policy agenda setting as a deliberate planning process through which policy issues are identified, problems defined and prioritized, support mobilized and decision makers lobbied to take appropriate action. The views of Cloete and Meyer (2006: 105) are relevant in the

context of identifying the policy issues that comparatively affect care for the aged in Nigeria and South Africa. Cloete and Meyer (2006: 105) are also of the view that the policy process usually starts with identification of a policy issue or problem by stakeholders in the society who feel that government actions are needed to address certain issues.

Care for the aged policy in Nigeria, in comparison to South Africa, is necessitated by the need to address the care for the aged policy issues and effective structuring of the issue or problem. According to Cloete and Meyer (2006: 105) this involves a clear underlying value and policy goal definition. Cloete and Meyer (2006: 105) argue that certain factors such as the needs, demands, promises, expectations and satisfaction of both policy makers and recipients, policy objectives and standards, urgency, cost versus benefits, history, resources etc are considered, thus making them relevant to the study context. Another relevant aspect of Cloete and Meyer's (2006: 105) view to the study context is the identification of factors influencing agenda setting. Such factors are: the problem must reach crisis point, the policy must achieve particularity, policy problems must have an emotive aspect to attract both media and other attention, policy issues or problems must have a wide impact, and these issues should raise question about power relationships in the society.

Brynard's (2006:167) view is that decision making is based on considerations of facts and values and that government officials supply facts to the decision makers, whereas the community determines the values - this is relevant in the context of the study. Policy making on care for the aged in Nigeria in comparison to South Africa is considered on facts from government officials and public values.

Walters, Aydelotte and Miler (2000:349) also views that systematic inclusion of public input in the public policy process is imperative. Viewed in the context of the study, the purpose of public involvement in the policy making process, according to Aydelotte and Miler (2000:349), revolves around the discovery or search for definitions, alternatives, or criteria, educating the public about an issue or proposed alternatives, evaluation of public opinion regarding a set of options, persuading the public on the chosen options and legitimizing the option and the nature of the issue, which also involves the level of

conflict over the issue, the number of stakeholders, the level of confidence in the information on the issues, the number of options, the knowledge of outcomes and the probability of outcomes.

These issues play roles in the context of comparing care for the aged policy in Nigeria and South Africa. Care for the aged policy in Nigeria, in comparison to South Africa is considered on a wide range of issues, and through the process of public involvement, these issues are determined and streamlined. The views of Walters, Aydelotte and Miler (2003:349) are relevant in the context of comparing care for the aged policy in Nigeria and South Africa.

In the article on organization, culture, and policy outcomes Burstein (1991: 327) identifies the concept of policy domains and focuses on the process leading to legislative enactment of policy change. Burstein's (1991:327) views on assessing issues and findings in three aspects of the political process includes agenda-setting, the development of policy proposal and the struggle for adoption of a particular proposal; these are relevant in the context of comparing care for the aged policy in Nigeria and South Africa. In reaching to the origin of policy issues, Burstein's (1991: 327) view is similar to those of Anderson (2006:87) and Gerston (2010:22) that policy issues do not simply arise out of objective conditions; rather, they are continuously social phenomena.

Issue creation according to Burstein (1991: 327), is a socio-cultural process, and for something to become a public issue, it first must be defined as a problem amenable to human solution. Burstein's (1991:338) view on the development of proposals is also relevant in the context of the study. Public policy proposal development is considered along the lines of whose activities are the object of the proposals, on whose behalf is the proposal made, what activities are the objects of the proposals, what are the proposed legal standards, who is required to bear the cost of the proposal, who bears the burden of enforcement etc. Burstein (1991:340-344) identifies factors that facilitate the selection of proposals and the enacting of legislation as: a function of openness in the political process, policy and politics (how the nature of particular issues affects politics within the relevant domain), the activities of political parties (interest aggregation) and public opinion. The views of Burstein (1991: 327) are also relevant in

the context of comparing care for the aged policy in Nigeria and South Africa since it imports some fundamental considerations in the public policy process, such as: what constitutes a policy issue? how do issues gain government attention? the basis for developing policy proposals, and the selection of proposals for enactment as legislations.

The reviews of scholarly work on public policy-making are relevant in the context of comparing care for the aged policy in Nigeria and South Africa. In the course of the review, the following themes run through the body of available scholarly publications on public policy-making:

- i. public policy-making is at the heart of public administration (Shafritz, Russel & Borick 2007:41);
- ii. the public policy process involves: the identification of a policy problem; the conversion of the policy problem into an issue; the proper placing of the issue on the public agenda for policy-making; policy-making after weighing available options; policy implementation using the public administration instruments; the evaluation of policy outcomes to ascertain if the intended outcomes are achieved (Shafritz, Russel & Borick, 2007:49-60; Anderson, 2006:86-87; Fox & Bayat, 2006:54-61; Burstein, 1991:331; Hanekom, 1986:25; Cloete & Meyer, 2006:105; Gerston, 2010:8);
- iii. the public policy-making process comprises policy actors from both the public and private realms (Warwick, 2006:37-38; Henderickse, 2006:40-45; Koliba, Meek & Asim Zia, 2011:45-46; Ijeoma, 2010:12);
- iv. public policies are made based on the needs, values and general public interests (Warwick, 2006:37-38; Henderickse, 2006:40-45; Kirilin, 1984:16; Harmon, 1992:49-51; De Conning, 2006:3; Dror, 2003: xvii; Samuel, 2007:615-617; Hanekom, 1986:25);
- v. public policy is influenced by environmental factors such as political culture, socio-economic conditions, historical and geographical dispositions etc (Anderson, 2006:39-46; Warwick, 2006:29; Samuel, 2007:615; Cloete & Meyer, 2006:112);

vi. governance networks and stakeholder interests play vital roles in the policy process (Gregory & Keeney, 1994:1035; Koliba, Meek & Asim Zia, 2011:45-46; Ijeoma, 2010:13; Fox & Bayat, 2006:54-55);

vii. policy issues are generated from the public policy environment and for something to become a policy issue, it must first be defined as a policy problem (Burstein, 1991:328; Anderson, 2006:87; Cloete & Meyer, 2006 105-107; Gerston, 2010:22); and

viii. through agenda setting, various policy issues are presented to the policy-making institutions of the state for considerations and policy-making (Burstein, 1991:334; Shafritz, Russel & Borick, 2007:50-51; Anderson, 2006:86-87; Hendericks, 2006:40; Koliba, Meek & Asim Zia, 2011:121-122; Cloete & Meyer, 2006:105-107; Gerston, 2010:48-49).

3.3 PUBLIC ADMINISTRATION AND GENERIC PROCESS OF THE STUDY POLICY MAKING

Du Toit and Van Der Waldt (1994: 14) refer to public administration as an activity, and they state that the activity nature of public administration consists of, among others, six generic processes which are obviously interdependent and overlap in their execution. The generic processes, according to Du Toit and Van Der Waldt (1994: 14), include: policy making, organizing, financing, personnel provision (staffing), determination of work procedures and control. They propose that policy making is the umbrella process in terms of which a series of functions is carried out to decide on a plan of action to achieve certain objectives. These functions involve identifying problems, investigating, gathering information/data and making decisions/policies. These views are relevant in the context of understanding the place of public administration in comparing care for the aged policy in Nigeria to that in South Africa.

Hanekom and Thornhill (1993: 18) emphasize that the generic administrative functions are interdependent, and the functions can be distinguished but are not separable. All public activities should aim at a clear goal, and that goal should be known to all concerned in order to ensure that their activities are aimed at achieving the intended

goal. They further suggest that government policy should be laid down in form of legislation and legislation does not provide an explanation of the preceding policy-making functions. It is, therefore, the bureaucrats who are charged with the preceding functions and act as advisers to the politicians on policy matters. These views are relevant in the study context. The bureaucrats offer policy advice in respect of care for the aged in Nigeria and South Africa.

PLANNING

Schwella's (1991:46-47) views that planning as a function of public administration is of primary importance and has a substantial effect on the efficiency of public institutions; this includes the view that planning constitutes a set of processes which must be carried out to find the best course of action which has been identified and described with the policy statement; this is relevant in the context of understanding how this function is carried out in respect of care for the aged in Nigeria in comparison to South Africa. The following views of Schwella (1991:49) on the importance of planning as a public management function are also important in the context of comparing care for the aged policy in Nigeria and South Africa:

- i. planning allows the public manager to handle changes effectively, for instance, in streamlining phases of development from one state to another;
- ii. it provides direction in the institution as it provides the necessary data on what is to be achieved, when and how it will be achieved, and also the requirements both human and otherwise;
- iii. it provides a unifying framework for achieving policy actions;
- iv. it provides a wider opportunity of participation by interested parties in the activities of the institutions;
- v. it creates a higher level of predictability and certainty in task-executions; and
- vi. it facilitates control, as it provides a means of evaluating whether activities conform to expected standards.

The views of Schwella (1991:49) are relevant in the context of understanding planning as an administrative function in comparing care for the aged in Nigeria and South Africa.

Shafritz et al. (2007: 240) state that planning is the working out, in a broad outline, of the things that need to be done and the methods for doing them to accomplish the purpose set for the enterprise; this has implications for examining the generic administrative function of planning in care for the aged in Nigeria in comparison to South Africa

The views of Hanekom and Thornhill (1993: 34) that planning is aimed mainly at future activities and has orderly actions as its goal are equally relevant to the study. Hanekom and Thornhill (1993: 34) also identify the basic features of planning as follows: a process which constitutes a series of successive and related activities, the planning activities are action oriented as a starting point, alternative possible ways in which the identified goals may be reached are accepted, and it is a neutral aid that may be utilized for attaining a variety of ends. Hanekom and Thornhill (1993: 34) further write that planning is aimed at determining particular aims to be met in order to achieve the all-encompassing goal of promotion of the general welfare; and that planning is a primary government action, and continuous co-operation between administrators and politicians is necessary to ensure the acceptability of the planning proposals (Hanekom & Thornhill, 1993: 49).

The views of Hanekom and Thornhill (1993: 34) that planning is futuristic, needed to promote public welfare, and that planning is a government action and continuous co-operation between administrators and politicians, have strong relevance to the study context. The care for the aged policy in Nigeria in comparison to South Africa is a continuous one and is determined on the basis of interactions between politicians and administrators.

Gildenhuis (2004:219) also believes that planning is aimed at realizing development goals and objectives at a pre-determined point in the future and involves policy development with long-term goals and objectives. Gildenhuis (2004: 219) summarizes planning as: a future oriented activity that relies on rational thought for future problem-

solving; a process of research which involves weighing alternatives and in which a variety of interrelated decisions must be taken; the use of reason to aim activities at the future realization of development goals and objectives; a public management function for defining a development policy, that embraces development goals and objectives and a development strategy for realizing the development goals and objectives.

The views of Shafritz et al, (2007:240), Schwella (1991:46-47), Hanekom and Thornhill (1993:34) and Gildenhuis (2004:219) are relevant in understanding the administrative function of planning in the context of comparing care for the aged policy in Nigeria and South Africa. Planning, in the context of the study, involves developing broad outlines of the things to do, defining the policy objectives, and giving directions on how to do them.

ORGANISING

Fox (1991:70) is of the view that in order that an organizational role may exist and be meaningful to a person, it must incorporate the following aspects: firstly, veritable objectives - which are the task of planning, a clear concept of the major duties or activities involved, and an understood area of discretion or authority so that the role occupant involved knows and understands expectations in terms of achieving results. This aspect of organizing as identified by Fox (1991:70) is relevant in terms of comparing care for the aged policy in Nigeria and South Africa. Fox (1991: 72) further writes that organising is a process, which implies that the structure must reflect objectives and plans, the authority available to public managements, and organization structure must, like any plan, reflect its environment, which could be social, cultural, economic, political etc, and the organisation must be staffed by people (people with the necessary skills and academic qualifications). The views of Fox (1991:72) are also pertinent to understanding organising as an essential administrative function in the context of the study. Organising structures, in the study context, also reflect the views of Fox (1991: 72) that environmental characteristics play vital roles. The views of Fox and Meyer (1995: 9) are also considered in the study context. Fox and Meyer (1995:9) view organising as:

- i. a co-operative and essential dynamic system in the process of continual adaptation to its physical, biological and social environment, while pursuing objectives;
- ii. an open dynamic and complex system of co-operation that co-ordinates the actions of its members to enhance individual efforts aimed at goal accomplishments;
- iii. accomplishing specific objectives; and
- iv. an open, dynamic, purposeful social system of co-operation designed to enhance individual effort aimed at goal accomplishment, and consists of the human element, and the co-ordination element that transform resources into outputs for users.

The views of Fox and Meyer (1995:9) on organising do not gravitate towards the administrative function in the context of comparing care for the aged policy in Nigeria and South Africa. Hanekom and Thornhill (1993:71) also write on organizing and maintain that due to the very large scale and complex nature of government activities, organizing is necessary, and since more than one person is required to achieve similar goals, order and coherence is needed. The views of Hanekom and Thornhill (1993:71) are similar to the views of Fox (1991:72) in the context of understanding the administrative function of organising care for the aged in Nigeria in comparison to South Africa.

Shafritz et al. (2007: 240) view that organizing is the establishment of the formal structure of authority through which work sub-divisions are arranged, defined, and coordinated for the defined objectives is relevant to the study. The place of organizing in comparing care for the aged policy in Nigeria and South Africa is important.

Cloete (1998: 186-187) identifies the delivery functions of organising as the action parts of organizing rather than the structure-designing parts. According to Cloete (1998:186-187), these involve:

- i. adaptation, which involves the officials being attentive to the organizational arrangements, so as to ensure meeting the changing needs of the people;

- ii. allocation of functions/duties, which involves assigning the duties to officials employed in the units;
- iii. tapping the grapevine, where the supervisor/official maintains the informal communication link, so as to keep abreast with developments in the field of work;
- iv. delegating authority, whereby supervisors/officials will have to delegate functions to continuously meet the daily needs not provided for by the formal delegation of authority;
- v. re-organization which also involves adjusting the organizational arrangements to meet the daily needs of the people and also soliciting the approval of supervisors where the adjustments are beyond the powers of the supervisor;
- vi. co-ordinating different organizational units so as to achieve the prescribed organizational objectives; and
- vii. the supervisor/official has to bring in teamwork to achieve the set objectives of the institution assigned to him or her.

The views of Cloete (1998:186-187) are relevant in understanding the place of organizing as an administrative function in the care for the aged policy in Nigeria in comparison to South Africa. The action parts of organizing as identified by Cloete (1998: 186-187) are relevant aspects in the context of the study.

STAFFING

Cloete (1998: 214) views staffing as being involved in the six generic administrative functions and specifically identifies staffing functions as personnel provision functions, supporting functions, training and development functions and utilization (delivery functions). Shafritz et al. (2007: 240) refer to staffing as the whole personnel function of bringing in and training the staff and maintaining favourable conditions of work is relevant in the context of the study. In the same vein, the views of Du Toit and Van Der Waldt (1999: 15) that staffing is a process which involves performing several other functions for making personnel available to and placing them in suitable positions and

developing them is also relevant in the context of understanding the place of staffing as an administrative function in the context of the study. The views of Shafritz et al (2007:240), Cloete (1998:214) and Du Toit and Van Der Waldt (1999:15) are relevant in the context of understanding the place of staffing as an administrative function in care for the aged policy in Nigeria in comparison to South Africa. Staffing is also involved in performing the other generic functions of public administration in the context of the study.

FINANCING

Botes, Brynard, Fourie and Roux (1996: 140- 141) identify three key issues in state finance as: the scarcity problem, which makes it difficult for government to adequately allocate public funds to provide for all the needs, and desires of the society; the allocation problem, which has to do with prioritizing needs in relation to the allocation of funds; and the redistribution problems, which also deal with how to redistribute public funds so as to attend to the needs and demands of the different segments of the society where government attention is continuously needed. Du Toit and Van Der Waldt (1999: 14) refer to financing as the umbrella process which administers government finances and entails, among other things, obtaining, allocating, spending and controlling public finances. Policy considerations, in the context of the study, involve aspects of financing, thereby making the views of Du Toit and Van Der Waldt (1999:14) relevant to the study.

Allocation of funds is an important consideration in care for the aged policy in Nigeria in comparison to South Africa, thereby making the views of Botes, Brynard, Fourie and Roux (1996:140-141) pertinent to the context of the study. The availability of funds and the judicious allocation of funds play a vital function in the study context.

Writing on the place of the budget in public administration, Hanekom and Thornhill (1993: 58) believe that an increase in public activities produces a corresponding increase in demand on government and that the cost of a service, value considerations and the impact of the services are all considered in the process. The administrator, according to Hanekom and Thornhill (1993: 58), plays a vital role since his mastery of public matters and people's values disposes him to advise the minister appropriately,

and the financial implications of this advice have to be incorporated in the budget. Hanekom and Thornhill (1993: 58) contend that since public activities have political, economic, social and technological implications etc, and for the budget to be used as a policy-making aid, the policy-influencing factors which are relatively complex in nature have to be considered.

Hanekom and Thornhill (1993: 58) further write that in this situation, the administrator requires clear guidelines in the budget preparation so as to ensure that the administrative and functional activities provided for in the budget satisfy the demands of the political office-bearers and the representatives of the voters. Financing is an important consideration in the context of policy-making on care for the aged in Nigeria in comparison to South Africa. Financing, as an administrative function, in the views of Hanekom and Thornhill (1993: 58) is relevant in the context of the study. Care for the aged requires huge funds, and policy considerations in the study context take cognizance of this factor.

PROCEDURE

Cloete (1998:248) writes that after other administrative functions of policy formulation, organizing, staffing, financing are completed, the organizational work commences, and co-operation is needed to attain the institutional/organizational objectives. The views of Du Toit and Van Waldt (1999: 15) that procedure involves drafting specific instructions to be followed in carrying out certain actions, and these instructions are found in legislation and regulations arising from legislation are pertinent to this study. In a similar vein, these views of Cloete (1998:248) are relevant in understanding the place of procedure as an administrative function in the context of comparing care for the aged policy in Nigeria and South Africa. Policy making, in the context of the study, is guided by specific instructions and regulations.

CONTROL

The views of Gildenhuis (2004:210) that control is the final link in the management chain of administration and when everything has been set in motion for executing the programmed activities in terms of the government policies, an immediate need for control is created are reviewed in the context of the study. These views are relevant in the context of placing the administrative function of control in the context of the study. Similarly the views of Fox (1991: 118-119) that control is the process of monitoring activities in order to determine whether individual units and the institution itself are obtaining and utilizing their resources efficiently to accomplish their objectives, and where this is not being achieved, implementing corrective actions are also reviewed and found relevant in the context of the study.

Moreover, the views of Du Toit and Van Der Waldt (1999:15) that control is exercised to ensure that all administrative and functional functions are carried out effectively and efficiently to achieve objectives are found to be pertinent to the context of the study.

The views of Cloete (1998:265) that the exercise of control in the public sector can have one objective, which is to ensure that account is given in public for everything the authorities do or neglect to do, so that people can assess government activities in relation to furthering the public interest is relevant in the context of the study. The view of Hanekom and Thornhill (1993:101) that the application of control is only one of the administrative functions that must be carried out in order to obtain the joint action necessary to realize common goal is relevant in the context of the study. Viewed in the context of the study, control, as an administrative function of ensuring that related institutional activities are efficiently carried to accomplish designated goals, is found relevant (Gildenhuis, 2004:210; Fox, 1991:118-119; & Du Toit & Van Der Waldt, 1999:15). Likewise, the views of Cloete (1998:265) and Hanekom and Thornhill (1993:101) are found to be relevant to the study. Policy making in care for the aged sub-sector in Nigeria in comparison to South Africa was carried out with the intention of achieving the intended outcomes. These can only be achieved through effective control.

As was pointed out earlier, the review of some scholarly work on public administration is relevant in understanding the generic functions of public administration in the context of comparing care for the aged policy in Nigeria and South Africa. In the course of the reviews, the following themes run through the reviewed body of scholarly work.

i. Public policy making is the umbrella process through which a series of actions are carried out to decide on a plan to achieve certain government goals (Du Toit & Van Der Waldt, 1999:14; Hanekom & Thornhill, 1993:18);

ii. Planning is a set of processes carried out to determine the best course of action to undertake to achieve certain goals of the government, and is also aimed at future activities (Schwella, 1991:46; Hanekom & Thornhill, 1993:34);

iii. Organising is the establishment of formal structures through which work sub-divisions are carried out, and has to reflect on the government objectives and plans (Shafritz et al., 2007:240; Fox, 1991:72);

iv. Staffing is the personnel function of hiring and training staff and maintaining good working conditions (Shafritz et al., 2007:240; Cloete, 1998:214; Du Toit & Van Der Waldt, 1999:15);

v. Financing is the administration of government finances to achieve the government policy goals (Du Toit & Van Der Waldt, 1999:14);

vi. Procedure is the drafting of specific instructions or guidelines to be followed in carrying out certain actions to attain institutional objectives (Du Toit & Van Der Waldt, 1999:15; Cloete, 1998:248); and

vii. Control involves maintaining a formal link within the institution so as to monitor work progress (Gildenhuis, 2004:210; Fox, 1991:118-119).

3.4 PUBLICATIONS ON CARE FOR THE AGED POLICY IN NIGERIA

This section reviews scholarly publications on care for the aged policy in Nigeria. The reviews are carried out in the context of the study.

According to United Nations, Sub-Saharan Africa's (SSA), populations are ageing. While the median age and proportion of persons age 60 years and over will remain lower than in other world regions, the absolute number of older persons in SSA is projected to rise sharply from 37.1 million in 2005 to 155.4 million in 2050 – a more rapid increase than in any other world region and for any other age group (United Nations Population Division, 2008). Contrary to misconceptions, moreover, older people in Africa will, on average, live many years beyond age 60. Indeed, life expectancy at age 60 in SSA, currently 15 years for men and 17 years for women, does not differ markedly from that in other world regions (UN, 2006). Within the overall picture for SSA, some clear sub-regional variations exist. The rise in the number of older people will be greatest in East, West and Central Africa (UN, 2008).

A call on administration and policy makers to formulate policy deeds to support older persons' well-being into old age was enacted by recent strategic structure involving the United Nations Madrid International Plan of Ageing 2002, Medicare Improvement for Patients and Providers Act (MIPAA) and the African Union regional Policy Framework and Plan of Action on Ageing 2003 (AU-Plan 2003). They adopted a plan that calls on the international community, including the United Nations system to take joint action and improve efforts to work together at all levels to improve access to reliable and affordable services that will ease the lifestyle of the aged. The reason is that as the senior citizens age, they become vulnerable, lethargic, suffer from schizophrenia, and susceptible to diseases which are symptoms associated with ageing. In 2002, the World Health Organisation (WHO) developed the concept of "active ageing" which is defined as, the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age for both individuals and population groups (WHO, 2002).

According to the WHO (2002), health refers to a state of complete physical, mental and social well-being, and not merely the absence of disease. The framework emphasises the need to realise physical, social, and mental well-being throughout the life course. Active ageing is a rights-based approach to ageing issues based on the recognition of fulfilling older people's rights following the United Nation's Principles for Older Persons

(United Nations, 1991). The Active Ageing Framework outlines suggested policy responses based on three pillars of action.

The first pillar is health. The WHO first addresses the need to prevent and reduce the burden of disabilities, chronic diseases, and premature mortality, which all involve addressing:

- i. Economic influences on older persons' health (poverty, income inequities, and social exclusion, lack of education);
- ii. Age-friendly, safe, clean environments (in and outside of health facilities);
- iii. Enhancing older persons' quality of life;
- iv. Social support through community outreach;
- v. The impact of AIDS on older people; and
- vi. Mental health.

The second pillar of the Active Ageing Framework is participation in society to ensure that older people are involved in the labour market, employment, education, health and social policies and programmes. The older population plays a major social and economic role in society and also constitutes a growing political constituency. Recognising and harnessing their full participation will benefit the health and well-being of individuals, families, communities, and societies. The third pillar is security, to ensure that the social, financial, and physical security needs and rights of people as they age. Failure to ensure the security of older people jeopardises their health and their productive contribution to society. All of these pillars are connected to meet the needs of older men and women.

Nigeria's population is currently estimated at 185.5 million, growing at 2.63 per cent annually; in line with UN definition, the National Policy on Population for sustainable development categorises the elderly as one who has attained the age of 65 (National Population Commission 2006:14). Nigeria has the largest number of people in Sub-Saharan Africa over the age of 60 (UN, 2010).

Aboderin (2008:5) avers that there is a lack of insight on what specific policy have been formulated, approved or executed in Nigeria in terms of care for the aged. Omoresemi (2008:17) views the Nigerian care for the aged is probably one of the most inefficient in the world. According to Omoresemi (2007:17), the poor performance and non-care for the aged has adversely affected the living standard of older persons in Nigeria. Omoresemi (2007: 18) avers that no Aged policy was in place in Nigeria from 1960 to 1989 and confirms its non-implementation or snail pace implementation at various level.

According to Asagba (2005: 3), a national workshop was planned to sensitize government and public to the plan of aged policy – but in the event, this never materialized, nor was the action plan ever implemented, due mainly to a lack of government funds. Asagba (2005: 4) further states that the government's priorities have been firmly fixed on economic development and recovery, specifically linked to the oil, steel and agriculture sector, and on reform of the government's administrative and governance structures. Issues of human development and health, least of all, of older persons have remained a low priority. Ajomale (2007:3) posits that the Nigerian government and political leaders believe that the provision of care is the responsibility of families and, therefore, policy emphasis is more on young people, women and children. He also notes that the decline in the economy, gradual disintegration of the extended family system, unemployment, increasing female employment to complement family income, as well as rural-urban migration all contribute to the noticeable decline in the level of care provided by the family in recent times. The participation of government at all levels, Federal, Regional (States) and Local Councils, in the provision of services to the older person is minimal.

Obashoro-John (2011: 62) avers that the state policies are most likely to affect individuals by way of retirement and health care benefit systems. The financing of retirement has changed significantly over the last five to eight years. Pensions have shifted from the defined pension system to financial plans based on deferred income and investment for financing retirement known as Contributory Pension Scheme. She further stresses that the Pension Reform Act 2004 is a departure from pension schemes in Nigeria and it is faced with all sorts of scepticism. Latest figures from the National

Pension Commission (PenCom) put the total number of Nigerians registered for the scheme at 4.3million (July, 2010) with 15 out of 36 State in compliance with the scheme. Obashoro-John (2011: 63) observes that another policy, Old Peoples Act 2009, states providing basic welfare, maintaining and protecting rights of older persons, recreational facilities for the old, as well as stimulating consciousness towards attainment of higher levels of development and activity for older persons in Nigeria.

It is also stated that the government will be committed to the establishment of the National Center for the Elderly Persons. The informal sector of the economy represents the major employer of labour and those who, perhaps, are most in need of the limited social security benefits that pension schemes provide, but they are yet to be incorporated into the scheme. According to Obashoro-John (2011: 63), some questions are hereby raised that need to be addressed as national markets further open for global entries. How does the artisan benefit from the pension scheme? How will the 'okada' (commercial motorcyclist) open a Retirement Savings Account (RSA)? How would the market woman enjoy the national retirement plan?

These issues and others like housing, changing environmental conditions, family relationship needs and concerns, need for activity provisions, elderly abuse and neglect, end of life and long-term care needs pose great challenges and opportunities for aging in the Nigeria situation. Global aging of population concerns the future of the world. With the estimates that about 60% of that population is 65 years and above, it is mandatory to answer these questions honestly and prepare to address them. Who are these people? What are their needs? How are they coping with the changing scene? What are the implications of these for new learning, policy and provisions? Who will benefit from the provisions of welfare and recreational facilities - the old persons in the low income group, those with no income at all, or the urban elite?

According to Obashoro-John (2011: 64), as the country's aging population continues to increase, there will be greater need for improved information and analysis of the demography. Sufficient knowledge is essential to assist policy makers define, formulate and evaluate goals and programs to effectively raise public awareness, enlighten populace, and mobilize support for needed policy changes and action. The challenges

of aging include accepting its social, biological and economic realities and rejecting its associated stereotypes. She identifies institutional and governance incapacity and corruption, amongst other factors, as contributing to care for the aged policy impasse in Nigeria. These views are relevant in the context of comparing care for the aged policy in Nigeria and South Africa.

According to Omoresemi (2007: 3), the leadership question in Nigeria seem to be at the heart of explaining the prevalence of care for the aged bottle neck in Nigeria. As it concerns older persons, Omoresemi (2007:4) blames the situation on the lack of integrity among leaders, public accountability, transparency, the vision and foresight for necessary transformation. The implementation of aged care policy and programmes are hindered by a constellation of powerful forces of politics and administration. According to Omoresemi (2007: 5), the politico-administrative problems (that hinder effective care for the aged in Nigeria) show in the form of corruption, political instability/policy and lack of commitment in governance. He further writes that the situation impacts negatively on the basic factors of development that constitute policy issues in relation to care for the aged in Nigeria, and this includes employment generation, health conditions, and human capital development implications. These views are relevant in the context of comparing care for the aged policy in Nigeria and South Africa because he places the question of leadership at the heart of policy making on care for the aged in Nigeria. Poor leadership, characterized by corruption, political/policy instability etc negatively affects care for the aged policy process.

Yardua (2009:4) posits that in celebration of the United Nation day of the elderly (jointly organized by the National Universities Commission and the North American Nigerian International Coalition on ageing) providing for the elderly is the responsibility of the Government, the society and the family. She avers that Government of Nigeria is to provide the necessary legislation to formalize and encourage the provision of care for the elderly in Nigeria, to declare 2nd Monday of October, every year “as International Day of the Elderly in Nigeria” to:

“fully empower the Federal Ministry of Women Affairs and Social Development to properly perform its mandate of improving care for the elderly; to initiate massive

campaign/education to increase awareness on the need for all to see the elderly as repositories of our collective wisdom and custodians of our heritage; to support the initiative of the North American Nigerian International Coalition on Ageing for dealing with issues of aging; to ensure prompt payment of appropriate gratuity and pension to every citizen who has served the nation meritoriously; and to ensure periodic review of pension rates to accommodate inflationary trends in accordance with the provision of section 173(3) of the 1999 Constitution; to implement harmonization of pensions to reflect equal earning for retirees of equal status; to return pensions to First Line Charge on the Consolidated Revenue Fund of the Federation in the proposed Constitution, as earlier contained in the 1979 Constitution (Yardua, 2009:4).

According to her, pensioners should be encouraged to continue to participate in the National Housing Fund and benefit from the Scheme.

Yardua (2009:5) posits that society is to initiate welfare programmes for the elderly as part of Government efforts; undertake research activities, and policy analysis research and support networks to care for the elderly; organize conferences and seminars to expose the care needs of the elderly and innovative ways of addressing them; make available soft loans to the elderly and mobilize and integrate the elderly into development as human resource; engage in massive advocacy on issues of interest to older persons.

Yardua (2009:6) further writes that family should actively play its role of ensuring generations of care givers and a tradition of mutual support for the senior citizens and the elderly. The views of Yardua (2009) are relevant in the context of comparing care for the aged policy in Nigeria and South Africa. Ajomale (2007:5) elucidates that there have been policy decisions at the regional level such as: the African Union Policy Framework and Plan of Action on Ageing (2003); and the Bill for an Act to establish a National Centre for Elderly Persons for General Purpose of Providing Welfare and Recreational Facilities For the Elderly and the Designing of Developmental Programmes and Activities for the Advancement of Elderly persons in Nigeria (passed on 14th July, 2009).

Omokaro (2011:8) states that faith-based organizations, non-governmental organizations, private sector and family care have interest in the older persons, but each of these stakeholders goes about the business of delivering services to older persons at various levels without a coordinating structure to collaborate on cross-cutting issues, without exchange of information and knowledge, without training and research to build skilled personnel and little or no focus on the policy aspect by the Government. He further states that corrupt practices among government officials has accounted for delay in care for the aged policy in Nigeria.

According to Abumere (2013:3), the increasing elderly population in Nigeria will result in concomitant increases in demands on welfare services, pensions and health care systems. This will be exacerbated by a shrinking financial base of people in paid employment to fund these initiatives. Abumere (2013:3) continues to state that an ageing population can also generate socio-economic and psychological problems for individuals since retirement represents a loss of status for most people.

Mark (2015:5) posits that Nigeria has to imbibe some policies enacted by other African nations. He further states that the Constitution of Uganda recognises the rights of older people and provides the basis for the enactment of laws to address their rights and needs. Article 32 of the Constitution stipulates, 'notwithstanding anything in this Constitution, the state shall take affirmative action in favour of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them - specifically, the National Objectives and Directive Principles of State Policy of the Constitution state shall make reasonable provision for the welfare and maintenance of the aged.' He observed that in terms of participation of older people in decisions that affect them, the Local Government Act CAP 243 Section 10 (f) and 23 (6) provide for representation of two older people, male and female, elected by older people in Local Government Councils. At the same time, the Equal Opportunities Commission Act (2007) provides for monitoring and evaluating policies, programmes, plans and activities to ensure that they are compliant with equal opportunities and affirmative action in favour of groups marginalised on the basis of sex, age, ethnic origin, religion, social and economic standing and gender. Mark (2015:4) posits that the Ministry of Gender,

Labour and Social Development (MGLSD) is the lead agency for action on ageing and implementing the recommendations of MIPAA.

It, therefore, leads the coordination of policy and because the Government recognises the issues of older people are multi-dimensional and implementation involves the participation of central Ministries, Local Governments, Faith-based Organisations, Non-Governmental Organisations, Community-based Organisations, the private sector, older people themselves and the community. He observes that the MGLSD works closely with Uganda Reach the Aged Association (URAA) and associations of older people from grassroots level to district level. A bottom-up approach is adopted, (which fits with MIPAA review approaches) in planning and implementation of programmes for older people. He further states that the Government recognises that participation of older people in these processes enhances ownership and sustainability of programmes.

Mark (2015: 5) notes the work of the MGLSD and is assisted by the Minister of State for Elderly and Disability Affairs, the political head of the Department for Disability and Elderly. The Department has specific responsibility for policy formulation and designing programmes for older people. The views of Mark (2015) are relevant in the context of comparing care for the aged in Nigeria and South Africa.

The review of care for the aged publications in Nigeria was carried out in the context of the study. In the course of the review, the following themes run through the body of scholarly work on care for the aged policy in Nigeria:

- i. Care for the aged is a national issue that must be addressed by the government in Nigeria (Aboderin, 2005:8; Omoresemi, 2007:17);
- ii. Despite abundant resources in Nigeria, care for the aged is still at its low ebb with little or no recognition (Asagba, 2005: 3; Omokaro, 2011:8);
- iv. Institutional and governance failures and corrupt practices are contributing factors to care for the aged in Nigeria (Omoresmi, 2007:4; Omokaro, 2011:8);
and

iv Government's response to international pressure and influences for improved service standards are part of the reason for reform in care for the aged sector (Yardua, 2009:7)

Next is a review of scholarly publications on care for the aged policy in South Africa.

3.5 PUBLICATIONS ON CARE FOR THE AGED POLICY IN SOUTH AFRICA

Comparatively in South Africa, with 53 million population, 2001 census figures indicate that more than 3 million South Africans were older people, and in terms of percentage of total population, people 60 and over accounted for 7.3%, those aged 70 and over made up 3.2% and those aged 80 and over made up 1% (UN, 2010).

In the South Africa context, Sagner (2000: 523) argues that South African old-age pension policy was, *inter alia*, shaped by three factors: (1) capitalist industrialisation mediated by the character of existing public social provision and – with regard to Africans – segregationist policies; (2) cultural and ideological shifts; and (3) class politics. As a consequence of state initiative, from an early stage, pension money became decisive for the economic survival of many African rural households and contributed indirectly to the increased self-respect and social status of African old-age pensioners. The linking of old-age pensions to chronological age did not lead to the emergence of old age as a chronological need stage of life because pre-industrial life-course models organised around the notion of 'building the umzi (homestead)' were still very much alive. Finally, it is argued that from its inception, the South African state welfare policy had some ageist aspects to it. Sagner (2000:524) further writes that apart from studies on education, housing and health-related matters, the issues of social welfare and social security have not attracted much attention from South African historians.

This neglect is particularly striking in the field of old-age policy. With the exception of a handful of articles by economists and policy analysts that discuss some developmental aspects of South Africa's public pension scheme within the context of South Africa's social security system, Pollack (1981:152) avers that there has been little attempt to write the history of public old-age policy in South Africa. South Africa implemented the

first modern old-age security policy in sub-Saharan Africa. In 1944, the non-contributory means-tested state pension scheme for needy white and coloured elderly (established in 1928) was broadened in 1944 to include the African and Indian populations and Pension Law (1944:10).

The South African state pension legislation, thus, predated the well-known social-insurance based old-age pension schemes in Equatorial Guinea (1947) and Burundi (1956). Mouton (1975:4) writes that this marked a milestone in the development of public old-age security policy in both South Africa and in Africa at large. Given the historical significance of the tangled relationships of race and class in South Africa, Sagner (2000:525) posits that it is hardly surprising that the few studies on the development of the South African pension system have concentrated on the racially discriminatory clauses and benefit levels of the pension legislation.

Sagner (2000: 525) further writes that the pension system has been analysed mainly as a structural mechanism whereby the hierarchical relationship between the races was both vividly expressed and perpetuated, without, however, seriously tackling the issue of the emergence of the pension scheme. Moreover, in focusing on race and class, his literature on social policy is all too often age-blind in its conceptions of race, class and the economy. Lund (1993: 25) avers that despite some recent research into the poverty-alleviating role of African old-age pensions and into the institution of pension sharing in contemporary black South Africa, from a historical perspective almost nothing is known about how old-age social policy shaped the lives of both older and younger people. Neither is it clear how and to what extent the impact of the state's social policy on age relations was tied to other economic and political transformations.

The view of Sagner (2000) is relevant to the study. Sagner (2000: 525) further states that the nineteenth-century South African welfare policy emphasised informal provision based on familial ties. State assistance was confined to supplementing private arrangements through poor relief measures and subsidising mainly denominational charities. Family and church were the main pillars of white social welfare, as they had been in the era of the Dutch East India Company's rule. Searle (1976:70) writes that although the legislature laid the foundation for unemployment insurance schemes and

workers' compensation in the early twentieth century, until the 1920s public assistance remained confined to poor relief which tended to focus on the welfare of destitute children, the chronic sick and the indigent disabled. In the 1920s, newspapers began to carry regular reports about the plight of the white elderly.

The problem of old-age destitution was aggravated by the low priority given to older workers in the labour force and the failure of many of the elderly to provide for their old age (Department of Social Welfare, 1949: 83). Public opinion turned to the government for rescue and claimed state transfers. Bromberger (1982: 165) states that this tendency was exacerbated as it became increasingly evident that the financial support of destitute elderly had become too onerous for the provincial system of poor relief, a system that had 'suffered from inadequacy, ineffectiveness, and lack of experienced investigators, (thereby) prolonging the squalor and misery of destitution.

Sagner (2000: 526) observes that the 1928 state pension scheme tended to be seen as a method of income-maintenance which saved the deserving elderly poor from the stigmatisation of poor relief without adding too greatly to state expenditure. He further observed that the minority report of the Special Committee of Enquiry on Old Age Pensions in 1931, a large number, if not most of the Old Age Pensioners, were formerly in receipt of pauper relief. Sagner (2000: 526) posits that the 1928 Old Age Pension Act was represented as a necessity to fend off hunger and starvation from elderly whites and their adult children. However, need alone is not a sufficient explanation for the introduction of such a costly scheme, despite the sound public finances in 1928. Sagner (2000:527), however, states that public assistance remained limited to marginal or especially 'deserving' groups and catered, therefore, mostly for poverty as a result of the loss of labour power. Hansard (1946:57) writes that by basing its social policy essentially on means-tested benefits, the state's role in social welfare delivery remained residual, despite the increased state expenditure on social security measures.

According to Sagner (2000: 527), the fact that it was the Labour Party that first pleaded for the establishment of statutory Old Age Pensions in Parliament in 1922, it is debatable whether the victory of the Pact Government, a coalition of the organised working class and Afrikaner nationalists, was critical to the establishment of the pension

scheme in 1928. The principle, if not the details of introducing such a system was, from the beginning of the political debate in 1922, supported by both the centre and the Labour and Nationalist Parties. However, early on, unlike other parties, the Labour Party recognised the symbolic value and electoral appeal of such a scheme, and for this reason included it in the party's 1924 electoral platform. Sagner (2000: 527) writes that leaders were well aware that the trade unions regarded old-age pensions as the equal right of all citizens who (had) reached a given age.

The pension rhetoric was undoubtedly useful to strengthen the political claim of the Labour Party, and later that of the Pact Government to represent those most at risk, particularly the white poor and the white worker and at least to some extent, the pension scheme probably contributed to ensuring white working-class loyalty towards the state and to integrating 'poor whites' within it.

Sagner (2000:528) posits that the introduction of the pension scheme was considered as being legitimate and fair since it was ideologically and politically constructed as a return gift. Moreover, a large number of the so-called oudstryders, old soldiers who fought on the Boer side in the Anglo-Boer War (1899-1902), were living in precarious circumstances. For the Nationalists, the main coalition partner in the Pact government, oudstryders were the freedom fighters of the past and were consequently an eminent symbol of popular Afrikaner history and identity Hofmeyr (1987:95). To them and their supporters, the oudstryders' entitlement to state help was all the more evident as their plight was indisputably caused by events beyond their personal control. Incidentally, the latter argument permeated the whole debate on old-age provision and served as an added ideological legitimisation for state help. As the oudstryders' plight was dramatized in the policy discourse, it further legitimated the right of the elderly in general to be supported and added an additional dimension to the politicisation of the pension debate. These ideological underpinnings were vividly expressed in contemporary parliamentary debate on the issue of old-age pensions. Generally, whatever pressures derived from the economic neediness of older citizens, the decisive factors in allocating significant public resources to older people were, arguably: first, political motivations mediated by cultural presumptions about inter-generational equity, and ideological constructions

deployed by nationalist circles; the policy legacy of an ineffective and out-dated poor relief system. However, from the very start, the state pension system was conceptualised as an incentive to induce people to care for dependent relatives rather than as a fully-fledged social programme that would guarantee economic security for the aged.

The government was anxious not to drive out or undermine family help by introducing the old-age pension programme. Sagner (2000: 528) further writes that as the Old Age Pension Act centred on the 'deserving' poor, who, due to age and family circumstances could not be expected to earn a minimal living, the pension legislation did not undermine the policy emphasis on the value of work in gaining social security. The 1931 Pension Laws Amendment Act stated unequivocally that in future, 'in determining whether any person should be granted a pension, the ability and opportunities of applicants to support themselves or contribute towards their support by their own exertions is to be taken into consideration'. (This clause proved to be of utmost importance in the state's efforts to cut down on the number of African pensioners in the early 1950s.) There was another basic similarity between the newly-established pension scheme and the former poor relief system. Ultimately, the 1931 Pension Laws Amendment Act constructed social pensions *de facto* as privileges rather than as a social right.

The amendment gave the pension commissioner far-reaching powers in deciding about pension applications and, more importantly, in calculating individual pension rates, being unencumbered by any legal schedule. The actual amount of old-age pension granted to individuals became a purely discretionary matter in the hands of the commissioner, acting under the direction of the Minister. The old-age pensioners were thus effectively subjected to the state's fiscal interests and thereby subordinated to the requirements of the capitalist order. Moreover, the 1931 Pension Act provided that when, in view of the pension commissioner, children could support their parents, no pension should be awarded. The responsibility was, thus, thrown on the children or rather the parents who were supposed to prosecute their children under the Roman-Dutch common law, in cases of non-support.

Nonetheless, as elderly persons were as a rule not prepared to sue their children to obtain support, the act did not prevent their going in need.

Sagner (2000: 528) further writes that the Pact Government did not deny the neediness of older Africans, i.e. those living in urban areas; it was not prepared to broaden the scheme to include either them or Indians. Some years later, administrative problems, including the ascertainment of age and difficulties in applying any statutory distinction between urban and rural Africans, served as useful justifications for this omission. However, the fact that Africans were subsequently included in the pension scheme in 1944, does not lend much credibility to these excuses. The age-checking system based on identifying important historical incidents, which was developed in the 1940s, was fairly simple and certainly not inconceivable in the late 1920s. The government's decision to exclude Africans in the earlier period needs, instead, to be understood as a part of Hertzog's exclusionist segregation policy that denied Africans access to civil society.

Jones (2000: 528) posits that there was a deep-rooted ideological aversion to public social welfare spending on Africans' behalf in pre-apartheid South Africa, particularly in Pact and Fusion days. He then identifies several reasons for this as:

1. This aversion encompassed the belief that public services and income support schemes would undermine familial and individual responsibilities. D.L. Smith, Secretary for Native Affairs (1934–1945), claimed that 'it may very well be argued that any large scale schemes of social service among the mass of the Native people would tend to destroy this communal spirit and substitute for its reliance on Government assistance'. Jones (1940: 416) interpreted as undermining the indigenous 'native' culture; social welfare for Africans was, thus, regarded as being almost incompatible with segregationist policy thinking and the viability of the migrant labour system;
2. Welfare measures on behalf of Africans were construed as causing a shortage of labour by undermining Africans' willingness to work. The Report of the Native Farm Labour Committee, 1937–1939 posited, for instance, 'that during times of

drought and crops failure, the liberal or ill advised assistance rendered to Natives by the Government makes it unnecessary for them to seek employment’;

3. It was generally assumed that ‘traditional’ sources of social security were still effective in African communities, that is, in rural areas. Although urban social welfare had become a growing area of liberal concern since the 1920s, this initially had no major impact on state policies either. Africans were regarded as being ‘naturally’ part of the land who could thus not claim rights to stay in the cities. The needs of urban Africans were to be met by the rural economies of the reserves. For example, children’s maintenance grants under the 1937 Children’s Act were available to urban African children but only after it had been unequivocally established that the children could not be sent to families in the Reserves for care, or placed in a crèche while the mother worked.

That African welfare services in urban areas were becoming increasingly inappropriate could, thus, be condoned by proponents of segregation as being irrelevant to government policy. This attitude and policy accorded with, and pandered to, white anxieties about African proletarianisation. Many whites feared that any development of urban services would cause more Africans to flood into their cities. Most aid to the African urban poor was, therefore, left to municipalities – some large towns formed social welfare branches and established alms-houses during the 1930s and 1940s – and to a few private charities which relied heavily on public funds.

4. Welfare measures on behalf of Africans were considered to be too costly, given the allegedly poor tax contribution by Africans. Even in pre-apartheid South Africa, and most notably, at municipal level, the ideological maxim that racial groups should be scally independent to the greatest possible extent increasingly held sway. This paradigm, which was to become one of apartheid’s central ‘Native policy’ doctrines, held that the direct tax contribution of different groups should be the norm for public spending. Thus, until 1945, state expenditure on African education was tied to the tax contributions by Africans.

As a consequence, public expenditure on public assistance to Africans tended to be characterised as a burden on the white population and the economy. This view was underpinned by the assumption that welfare needs of Africans were already and best met by economic policy. Thus, the Department of Social Welfare's circular no. 10 of 1939 justified the decision to withhold maintenance grants from rural African children by asserting that because 'large sums of money are being spent by the Government in improving the economic conditions of Natives in rural areas; it is considered that sufficient is being done in this way to enable the Natives to provide for their children. Even though the ideologically-asserted supremacy of economic policy over social policy can also be found in modern welfare states (Sagner 2000:528) in South Africa it served as a further ideological construction to delegitimise any specific African welfare measures.

These arguments also informed the Pact Government's decision not to extend the pension system to Africans. As van der Merwe, Nationalist MLA and member of the Pienaar Commission, which produced the blueprint of the Old Age Pension Act, argued in 1928:

Superficially, it is not right, but when all the difficulties are taken into consideration, we will agree that the Government could not do more than is proposed in the Bill. It is mainly a question of finance. With our small white population and our huge native population, the burden of paying pensions to the latter would be an impossible one. Further, it would be impossible to find out the ages of about 60 per cent of the natives, and in the second place, the payment of pensions would encourage the tendency for natives to de-tribalize themselves. At present, many town natives, when they become too old for work, return to their kraals, but if we paid them old age pensions, very few of them would go back to their homes. (Hansard 1928:11)

Sagner (2000:453) writes that the decision not to allocate public resources to Africans was thus barely influenced by needs of Africans, but was determined by group membership and ideological assumptions, mediated by structural factors. In fact, African poverty, particularly rural poverty, even tended, within limits, to be welcomed as an

important means to satisfy the demand for African labour. Generally, public expenditure on behalf of Africans was mainly looked at from the perspective of social control and, relatedly, of the state's obligation to its white citizens and dominant interest groups. At the same time, there was a growing realisation of the immense (in) direct economic costs caused by African impoverishment. This amalgamation of ideological and pragmatic considerations was particularly evident in public health and housing policy (Sagner, 2000:528).

Sagner (2000: 529) further writes that even liberals coupled their calls for social reforms with observations about the growing danger of social and industrial conflict. It is, indeed, likely that liberals emphasised this argument to win over reluctant white support for welfare expenditures on behalf of Africans. However, many of them genuinely believed that social welfare was a central means to dampen the potential influence of political agitators (Horrell, 1968).

Skweyiya (2005:3) states that the primary purpose of developing policies on the elderly in South Africa is to ensure that quality services to older persons are accessible, affordable, comprehensive and equitable. It further seeks to create an enabling environment to older persons living in the community and within facilities. The policy calls for changes in attitudes and practices at all levels in all sectors so that enormous potential of ageing may be realized. It promotes that older persons should age with security and dignity, and also empower themselves to participate within their families and communities.

According to Lubisi (2010), over 12 million citizens in South Africa derive their income from the system and social security, which is considered to be an effective tool for assisting people who fall under the poverty line. In the past, during the days of apartheid, most elderly blacks were disqualified from enjoying social security. With the adoption of the 1996 Constitution, the state of affairs has changed, and the government dedicated itself to rectify the discrepancies emanated by the apartheid period. Meanwhile, the Constitution of the Republic of South Africa provides that every person has equal right of access to social security and support. Those who are unable to support themselves and their dependants are entitled to appropriate social assistance

(RSA, 1996). The Social Assistance Act (No. 59 of 1992) and the Social Security Agency Act (No. 9 of 2004) were signed into law. These acts provided for the establishment of the South African Social Security Agency (SASSA). The Social Assistance Act of 2004 defines the role of

SASSA ensures the administration and payment of social assistance transfers to eligible poor and vulnerable adults and children (RSA, 2004). According to Skweyiya (2005:5), considerable numbers of the South African population live and work in urban areas, which are said to be growing at approximately 5 per cent per annum. This has resulted in the mushrooming of informal settlements in all major centres of the country.

Brown (1999:4) states that after more than a decade of democracy, South Africa is still a country with high levels of poverty and income inequality. The dysfunctional structure of South Africa's urban areas is an outcome of a number of factors, among them the now-defunct apartheid policy and associated planning approaches and economic forces, which have influenced city, town and township development for many years (Brown, 1999:5). Incontrovertibly, the migration of most South Africans into the urban region has contributed to the neglect of the Aged who are left in the rural areas and in fact, take care of the children of the working class at the detriment of their health and state of poverty.

According to Lubisi (2010:40), the Constitution of the Republic of South Africa provides for the right of access to social support and the creation of the South African Social Security Agency, yet the most vulnerable of the country's aged citizens remain at risk. Lehohla (2011:19) posits that the number and proportion of elderly persons aged 60 years and older relative to those aged 59 and younger has increased over the period 1996–2011 in South Africa. The number has increased from 2.8 million in 1996 to 4.1 million in 2011, and the proportions from 7.1% in 1996 to 8.0% in 2011. Projections show that the older population will continue to increase and by 2030, there will be approximately seven million elderly persons in South Africa. Lehohla (2011:19) avers that the elderly remained and still are vulnerable in many societies. However, of late, there has been commitment at international and country levels to create age-friendly societies that attend to the health and socio-economic needs of the elderly. The

commitment is reflected in the recent spell of international guidelines and country-specific older person legislations and policies. The Madrid Plan calls for the recognition of the contribution of older persons and the promotion of their rights, and emphasises the role of government in providing and ensuring access to basic social services (UN, 2002).

Lehohla (2011: 20) further posits that the South African older person legislations and policies reflect key embedded in the Madrid Plan. The commitment from the government to improve the lives of the elderly is reflected in the establishment of relevant structures and bodies. The South African Older Persons Policy adopted in 2006 (Act No.13 of 2006) provides a framework for providing for the needs of elderly persons. These include the establishment of the Directorate of Care and Services within the Department of Social Development. The government recognises that elderly persons are indeed a vulnerable group, given their health and socio-economic circumstances.

Lehohla (2011: 20) further write that the vulnerability of elderly persons in South Africa is largely determined by pre-1994 policies and inequalities. Older Person Policy 2005 act stipulates that the elderly require social security in the form of an old-age pension as a support mechanism. It has been noted that old-age pension plays a crucial role in supplementing household income and in some instances; it is the only source of income for some households (Stats SA, 2012). The National Development Plan of 2030 emphasises the importance of the social security systems in an attempt to redress the high levels of poverty and inequality experienced in South Africa. Lehohla (2011: 20) notes that the ageing of the South African population has an impact on the ability of the state to respond to the needs of the elderly. He avers that by 2010, a decree by the Minister of Finance allowed for the inclusion of men between ages 60 and 64 according to the new eligibility criteria. By 2011, about two-thirds of the elderly 60 persons aged years and over were receiving an old-age grant (Presidency, 2012).

Lubisi (2010: 45) avers that the South African population is ageing at a rapid rate and will most likely face a plethora of implications, a challenge and opportunities associated with ageing, such as: increased need of care for the growing older population and their

families; increased demand for elderly healthcare services; increased social expenditure; greater provision of elderly household and consumptive needs; and enhanced role of older persons and focus on their needs in the political arena and so on.

In response to such implications, Lubisi (2010: 45) writes that the South African government has installed policies focused on the material and social wellbeing of the older South African population; however, these policy responses are generally only partially successful and are often hampered by several obstacles that contribute to their insufficiency; a primary hindrance being the overall lack of awareness concerning the implications, challenges and opportunities associated with the country's ageing population. Lubisi (2010: 45) further states that programmes which facilitate the awareness of ageing implications need to be implemented and strengthened throughout South Africa, while all ageing concerns must be mainstreamed and prioritised in policy. Sagner (2000: 528) posits that research on the potential socio-economic, fiscal and monetary implications of an ageing South Africa must be initiated so as to improve the drafting and implementation of ageing policy and strategy. The view of (Sagner 2000) is relevant to the study.

For a proper understanding of the issues that affect care for the aged in Nigeria and South Africa, it is noteworthy to take into account the socio-political landscape and history of the two nations. This actually affects governance and decisions by policymakers. The next section delves into socio-political accounts of South Africa and Nigeria.

3.6 SOCIO-POLITICAL ACCOUNTS OF SOUTH AFRICA AND NIGERIA

Care for the aged policy in Nigeria and South Africa can be derived from the accounts of past experiences and the socio-political issues of the two countries. Warwick (2006: 30-34) as cited by (Okafor 2013), avers that the policy-making environment can be viewed in the context of a specific environment which is made up of the political, economic, cultural, technological and religious components and the general environment, and this

can, in turn, affect the aged policy in Nigeria and South Africa. From the South African point of view, subjects like apartheid in South Africa, the reconstruction and development programme, reconciliation and redress, and poverty and inequality are addressed. The Nigerian accounts include the colonial reign, the Federal structure, religious and ethnical structure.

3.6.1 The Socio-Demographic Characteristics of South Africa

According to Wikipedia (2016), South Africa encompasses about 53 million people of diverse origins, cultures, languages and religions. Located at the Southern tip of Africa, with a total land area of about 1, 2221.037km² (471, 445sq miles). Its coastline stretches more than 2, 500km from the desert border with Namibia on the Atlantic (Western) Coast Southwards to the tip of Africa and then North to the border with Mozambique on the Indian ocean (Thompson 2000:265-268). The country is also strategically located in the Southern Africa and is populated by people of different historical, linguistic and cultural backgrounds. The divisions in the country are many. Ross (1999:1) captures it in the African National Congress (ANC) 1994 campaign slogan of “one nation, many cultures” or Archbishop Desmond Tutu’s view of “The Rainbow people of God”.

Colonial South Africa, according to Ross (1999:3) as cited by Okafor (2013) was created by the premier capitalist corporation of the seventeenth century, the Dutch East India Company, and taken over by Britain. In 1762, the Dutch took over these areas. However, economic developments in Europe towards the end of the eighteenth century saw the emergence of Great Britain as a super force. Mackinnon (2004: 46) writes that intensified British imperial activity soon brought South Africa to the centre of these tumultuous changes after Britain acquired the Cape and introduced new settlers and a colonial government. The British seized the Cape colony from the Dutch in 1806 and brought settlers who also saw South Africa as a permanent home. This created tensions between the British and the Dutch settlers and caused most of the Dutch settlers to move northwards to re-establish new communities.

Ross (1999: 38) contends that the coming of the British intensely altered the balance of a relationship between the colony and the South African beyond its borders.

The British style of colonialism was different from the Dutch pattern. The Dutch were concerned with establishing an egalitarian state in the interest of the Dutch only, to the exclusion of the indigenous South Africans. MacKinnon (2004: 46) writes that British policies for South Africa, on the other hand, were conditioned by the two principles of liberalism and humanitarianism which emphasized equality and individual rights and representative democracy that sought the respect of individual rights. These rights, however, were only extended to black South Africans that were able to acquire property and British education, to the exclusion of the overwhelming majority of impoverished South Africans whose traditional socio-economic structures were uprooted and distorted by the inordinate imperial incursions of the Dutch and the British. Mackinnon (2004: 47) further writes that the British commercial orientation was different from the Dutch. This was evidenced in the British abolition of the Atlantic slave trade in 1807 and the use of slaves in the British colonies in 1834. The abolition of the slave trade partly restored the dignity of the African labourers.

The British occupation of the coast of South Africa and their subsequent intrusion into the interior, triggered developments amongst the indigenous South Africans and the initial Dutch settlers. Basically, it created tension and crisis among the traditional kingdoms due to forced migration pressures and competition for material sustenance. On the other hand, it caused thousands of Afrikaner families (Dutch settlers) to move Northeast wards to establish permanent homes in the interior. Gilomee and Mbenga (2007: 108) write that the reasons for the movement called “the great trek” was a combination of burning grievances and good intentions. The rationale was, therefore, to find free land for permanent occupation and seek new economic opportunities away from the controlling hands of the British in the Cape. Subsequently, perceived political marginalization, the British supremacy, intense rivalry, and competition led to the outbreak of war between the British colonialists and the Dutch settlers (the Afrikaners). Ross (1999: 72) writes that the war known to as the “Anglo-Boer war” was referred to by

the Nationalist Afrikaners as the second war of liberation. It was also the greatest military confrontation in the colonial conquest of Africa....”

With the British victory and the annexation of the Afrikaner republics on May 31st 1902, the peace of Vereeniging was signed in Pretoria (Thompson, 1990: 43). This therefore, led to the incorporation of the Afrikaner republics into what later became the Union of South Africa in 1910. Ross (1999: 88) writes that the first attempted implementation of segregation was with regard to the rural areas. The Land Act of 1913 prevented black South Africans from buying land within white areas (or the reverse) except in the Cape Province, where the act was disallowed by the courts because it made it impossible for blacks to acquire the qualifications (properties or education) to vote in elections. Thus, with these developments, black opposition intensified leading to the formations of a political organization known as the South African Native National Congress (SANNC) which later changed to the African National Congress (ANC) in 1923 (Giliomee & Mbenga, 2007: 236). The five basic aims of the SANNC, as spelt out in the Constitution were:

- i. The promotion of unity and mutual co-operation between the government and the black people of South Africa;
- ii. The maintenance of a central channel between the government and the black people;
- iii. The promotion of educational, social, economic and political upliftment of the black people;
- iv. The promotion of mutual understanding between the various chiefs and the encouragement of loyalty to the British Crown and to lawfully constituted authorities and bringing about better understanding between white and black South Africans; and
- v. To seek and obtain redress of any of the just grievances of the black people (Giliomee & Mbenga, 2007: 236).

On 26 May, 1948, a general election was organized in South Africa which the National Party won. Ross (1999: 115) writes that the election was won under the slogan of

apartheid which literally means “separateness” and which was to become the watch word of the government and a worldwide term of abuse among opponents. The political victory of the Afrikaners, coupled with the relinquishing of power by the British, spelt series of negative consequences for the black South Africa population. Basically, there was the disenfranchisement of all South African blacks (the initial British system had enfranchised male citizens who had property or education).

The National party advanced the interest of the Afrikaners and instituted a huge racial divide in the country. Apartheid was formalized and remained the guiding principle of governance, and successive governments formalized and extended the existing system to racial discrimination and denial of human rights into the legal system of apartheid (Williams, 1997:250- 251). Black consciousness grew and the combined activities of both Christian movements (both internal and external), and human rights organizations led to some political transformation. As such, with increasing internal and external opposition to the apartheid government characterized by political negotiations, militant activities, civil unrest and the imposition of social and economic sanctions by the international community, the independence of neighbouring Southern Africa countries, all culminated in changes that led to the unbanning of ANC in 1990, and the release of Nelson Mandela from prison.

After some years of negotiations under the auspices of the convention for a Democratic South Africa (CODESA), a draft Constitutions appeared in July 1993 and contained concessions from all sides, a federal system of regional legislatures, equal voting rights regardless of race and a bicameral legislature (Thompson, 2000:252-254). A national election was conducted in 1994, and the African National Congress won the majority of votes. On 10 May, 1994, Nelson Mandela was sworn in as South Africa’s new president and South Africa became a democratic country, free from the shackles of colonialism and apartheid. Ross (1993: 3) holds the view that the various strands in the country’s history are, of course, not independent of one another; it is out of their interweaving that modern South Africa has been created. Interestingly, several decades of chequered and distorted history characterized by inordinate external incursions, the dehumanization of the indigenous black South Africans, followed by endemic oppression, abuse and

segregation was officially brought to an end. The next section discusses apartheid in South Africa.

3.6.2 South Africa and the era of apartheid

The term *apartheid*, which literally means “separateness”, was officially introduced in South Africa in 1948 following the build-up to the general elections in which the National Party won and the aftermath of the elections. However, racial segregation in South Africa predates 1948 following initial white minority domination over the black indigenous majority. Apartheid, therefore, was a system of racial segregation enforced through legislation by the National Party government, which was the ruling party from 1948 to 1994 in South Africa, under which the rights of the majority black inhabitants of South Africa were curtailed, and white supremacy and Afrikaner minority rule was maintained (Williams, 1997:250-251; Thompson, 2000:190-195). The introduction of apartheid, therefore, created oppressive government over the unwilling and suppressed majority and of resistance on behalf of the oppressed majority to achieve freedom. Thompson (1999: 190) writes that at the heart of the apartheid system were four ideas, namely:

- i. the population of South Africa comprised four racial groups – white, coloured, Indians and Africans -each with its peculiar culture;
- ii. whites, as the civilized race, were entitled to have absolute control over the state;
- iii. white interests should prevail over black interests, as the state was not obliged to provide equal facilities for subordinate races; and
- iv. the white racial group formed a single nation, with Afrikaans and English-speaking components, while Africans belonged to several distinct or potential nations - a formula that made the white nation the largest in terms of population.

The foregoing depicts an ideology formulated on the principles of racial exclusiveness to protect the white nation and their status and further protect and advance their political and economic interests.

Giliomee and Mbenga (2007:314) further explained that apartheid rested on several bases of which the most important were: the restriction of all power to whites, racial classification and racial sex laws, group areas for each racial community, segregated schools and universities, the elimination of integrated public facilities and sports, protection for whites in the labour markets, a system of influx control that stemmed the movement of blacks to the cities, and designated homelands for blacks as the basis for preventing them from demanding rights in a common area.

Apartheid instruments, therefore, divided South Africa between two major racial lines of whites and non-whites. It was further aimed to unite the whites against the non-whites and to strictly maintain white superiority, dominance and control of black labour which is vital to sustain the system. Furthermore, it tended to place restrictions on black political consciousness and agitation for justice and self-determination. According to Mackinnon (2004: 213), two key features of apartheid which undermined the freedom of blacks were: strict limitations on their movements and right to land and their exclusion from political participation. Through these means, the majority black population was isolated from the country's political activities. The blacks were denied access to working in the bureaucracy and holding government positions, movement within the country and involvement in socio-economic and political activities were placed under strict guard.

3.6.3 Legislation of Apartheid in South Africa

Mackinnon (2004: 215) as cited in (Okafor 2013) writes that the Nationalists (the white minority government) developed apartheid as means of social engineering which in their words, was intended to keep the black-man in his place, and that place was working for the white man. Apartheid, to all intents and purposes, was dangerous and destructive to the black race. The perpetrators divided the people along strong racial lines, and manipulated these divisions to secure and consolidate the political power of the minority whites over the majority non-whites, and to further their material and economic interests. As such, soon after taking political control in 1948, the government started the implementations of the apartheid policies so as to impose strict limits on inter-race interactions. The first apartheid law was the prohibition of mixed marriage Act of 1949

and the immorality Act of 1950 which created legal boundaries between the races by making marriage and sexual relations illegal across the colour line (Thompson, 1999:190).

The two pieces of legislation, therefore, made it an offence for people across racial divides to marry and also prohibited sexual relations between unmarried people across colour lines. Mackinnon (2004: 215) writes that the purpose was to punish both white men who strayed from the ideal of race purity and the black women they dominated in those sexual relations. In 1950, the state passed the Population Registration Act of 1950, which formalized the racial divide in the country. This Act, according to Thompson (1999: 190), provided the machinery to designate the racial category of every person in the country.

To achieve this, the government introduced an identity card for all persons over the age of eighteen years, specifying their racial group. Its application led to the breaking of homes especially where one parent was classified as white and the other was classified coloured. Another strong pillar of grand apartheid was the Group Areas Act of 1950. The Group areas Act of 1950 brought to an end the practice of different races living side by side, and therefore, determined where one lived according to race (Thompson, 1999:190). In 1951, the government passed the Separate Representation of Voters Act. According to Mackinnon (2004: 217), the act was to finally bring to an end any direct black voters act in the Cape. The Act also enabled the coloured community to elect four white representatives to parliament rather than to participate in general election procedures on the common voters roll (Mackinnon, 2007: 217). Another grand apartheid law was the Reservation of Separate Amenities Act of 1953. Thompson (1999: 190) writes that the Act followed after a court had ruled that segregation was not lawful in public facilities for different racial groups that were not equal. As such, the Reservation of Separate Amenities Act was passed by the parliament to legislate such inequality. Furthermore, under the Reservation of Separate Amenities Act, municipal grounds could be reserved for a particular race, creating among other things separate beaches, buses, hospitals, schools and universities. Signboards such as “whites only” applied to public areas including parks and beaches. Black people were provided with

services greatly inferior to those of whites, and to a lesser extent, to those of Indian and Coloured people. The government also passed into law some other legislation aimed at suppressing resistance to the apartheid government.

The Suppression of Communism Act of 1950 banned the South African Communist Party, and similar parties with communist ideals. Other laws suppressing resistance such as Unlawful Organization Act of 1960 were used to check the formation of militant resistance organizations. These include the Riotous Assemblies Act of 1956, the Sabotage Act of 1967 and the internal security Act of 1976. Thompson (1999:199) writes that the mass of legislation gave the police vast powers to arrest people without trial and hold them indefinitely in solitary confinement, without revealing their identities and without giving them access to anyone, except government officials.

The government, therefore, tele-guided all activities as it could ban any organization or prevent certain gathering it deemed an unlawful assembly. The government, in a bid to protect the white workers and prevent the influx of blacks seeking employment in the cities and the industrial areas, tightened the system of passes under the 1952 Abolition of passes and consolidation of Documents Act (Mackinnon, 2004: 217). This provided for the creation of a single document book “the dompas,” which all black Africans had to carry. The passbooks had to be presented to state officials on arrival in a city upon which the individual is allowed three days to find a job or “endorsed out” of the area; failure to comply was punished by either fines or jail or both (Mackinnon, 2004: 217). Moreover, through the Bantu Authorities Act of 1952, the government created separate government structures for the white and black citizens. Through this policy, areas of rural South Africa were set aside as “homelands” for the black population who were supposedly given a degree of self-government. The promotion of black self-government Act of 1959 entrenched the National Party’s policy of nominally independent homelands for black people. The government created 10 black homelands. The follow up to this legislation was the Homeland citizenship Act of 1970. It changed the status of black people living in South Africa so that they were no longer citizens of South Africa, but became citizens of one of the ten autonomous territories. The main objective was to ensure a demographic majority of white people within South Africa by having all ten

“Bantustans” achieve independence, and also to deny non-whites the fruits of white labour in commerce and industry. Thompson (1999:191) also writes that in the Homelands, an African nation was to develop along its own lines with all the rights that it was denied in the rest of the country.

The Apartheid government created and enforced numerous pieces of repressive legislation to protect its power base. Those pieces of legislation were crafted with the fundamental ideals of maintaining white and Afrikaners supremacy and control over the indigenous majority black population. These laws harshly divided the country among the racial lines of whites and blacks and others and created a false white majority by splitting the African population into homelands. Furthermore, these laws were used to suppress agitation and resistance to the oppressive government. Ironically, the high degree of repression and development along racial lines was catalytic to increased agitation for systemic change and national self-determination.

3.6.4 Resistance and confrontation against the rule of apartheid

Okafor (2013:171) writes that apartheid was criticized fundamentally on the basis of separateness in administration and development, discrimination and inequality and in the callousness and viciousness of the state. In view of this, Thompson (1999: 204) writes that the South African Council of Churches labelled apartheid a pseudo-gospel in conflict with Christian principles. The Apartheid society was characterized by great dictatorship, instability and stress.

Opposition to apartheid was fundamental, and was basically rooted in the unity of black the population in response to the super forces of deprivation and denials (the apartheid government had declared that majority of the South Africa lands belonged to the white minority through the land Act of 1913). However, the consciousness of the black population was awakened by the unguarded momentum of the apartheid state. As such, mass criticism and opposition mounted through black political organizations, missionary societies, the South African students association, black women organizations, labour unions and the academics that exposed the evils of apartheid through publications.

On the other hand Motlana and Mogoba (1988: 11-12) identify the opposition phases of the apartheid government as the period of negotiation (1912-1950), which was merely marked by consolidating strength and seeking democratic and peaceful resolution to the problem; the period of positive non-violent action (1912- 1960) which was characterized by working out some clear policies of opposing the government, such as the famous Defence Campaign led by Chief Albert Lithuli, the then president of ANC; the emergence of the Congress Alliance movement which introduced other races into the struggle. The next phase was marked by violence (1960-1970) as blacks intensified their resistance to apartheid. It was marked by such incidents as the 1960 Sharpeville protest which resulted in the Sharpeville massacre of blacks by the police; the 1960 burning pass campaign (ANC leaders called for the burning of passes); the 1963 Poqo uprising (a country wide violent uprising which resulted in many arrests) and the 1963 Rivonia uprising which led to many arrests and imprisonments.

The next phase was the period of youth revolt (1970-1988). It was characterized by the emergence of the black consciousness movement and government responded with arrests and imprisonment, the 1976 Soweto uprisings in which the government deployed the police and the army to quell the riots, resulting in the death of more than 1000 people; the period of new organizations and new leadership (1980-1988). This period witnessed the emergence of new opposition organizations in the country. This history of apartheid which was marked by increasing brutality also engineered massive opposition. The African National Congress (ANC) was at the centre of opposition, having mastered a lot of public support over time. The ANC, defiantly, championed the issues of the black elites and the oppressed black majority and mobilized resistance through mass demonstrations and critical campaign. On 26th June 1955, 3000 delegates representing South African black workers, peasants, intellectuals, women, students, and representatives of coloured, the Indian and whites convened in Johannesburg and adopted the Freedom Charter, a vision for a united, non-racial and democratic South Africa. Thompson (1999: 208) writes that the charter started with the ringing assertion that “South Africa belongs to all who live in it, black and white, and no government can justly claim authority unless it is based on the will of the people”. The charter also had other provisions which include:

- i. The people shall govern.
- ii. All national groups shall have equal rights.
- iii. The people shall share in the country's wealth.
- iv. The land shall be shared among those who work in it.
- v. All shall be equal before the law.
- vi. All shall enjoy equal human rights.
- vii. There shall be work and security.
- viii. The doors of learning and culture shall be opened.
- ix. There shall be housing, security and comfort.
- x. There shall be peace and friendship.

Despite some differences, the charter enjoyed majority support. Giliomee and Mbenga (2007: 330) write that the charter retained its *status quo* as ANC's programmatic vision for the next 140 years and even today government policy often echoes its phraseology. As earlier stated, the ANC was banned in 1960, but it continued to operate in exile with the generous support of sympathetic national government in Africa and outside Africa. The international community, comprising international political, social and economic organizations also launched international oppositions against apartheid in South Africa. The United Nations Organization (UNO) adopted series of resolutions that condemned apartheid "as a crime against humanity". In 1973, the UN adopted the Apartheid convention which defined apartheid as a crime against humanity which might lead to international criminal prosecution of the individuals responsible for perpetrating it. The United Nations, also in 1978 and 1983, condemned apartheid in South Africa at the World Conference against Racism, and a significant divestment movement started, pressurizing investors to disinvest from South African companies or companies that did business with South Africa.

Other international organizations such as the Commonwealth and the Organization of Africa Unity were also in strong opposition to the apartheid regime. The Organisation of African Union (OAU) used its platform to campaign against apartheid, and some member countries of the organization also conferred citizenship status on exiled ANC leaders and activists. They also offered financial support to the ANC. At individual states level, the United States and Britain discontinued their arms trade with South Africa and pushed for arms embargo, which became effective with the passing of the United Nations Security Council Resolution 418.

Opposition to apartheid in South Africa was pervasive. It had both internal and external dimensions. Internally, the ANC, which was the arrowhead of the campaign, embarked on politics of demonstrations and armed resistance. Civil society, missionary groups, students and workers organizations and a small group of sympathetic whites also carried out serious campaigns against the cruel principles and practices of apartheid. At the international level, the international community which comprises international political and social organizations, the frontline Southern Africa states and other sympathetic countries of Africa and the world heaped their massive support financially and psychologically on the liberation struggle (Thompson, 2000:221-240).

3.6.5 The Reconstruction and Development Programme (RDP)

The philosophy of the Reconstruction and Development Programme (RDP) was expressed by former President Nelson Mandela in his inaugural address to a joint sitting of parliament on 24th May, 1994 (White Paper on RDP 1994: 6). The then President stated:

My Government's commitment to create a people-centered society of liberty binds us to the pursuit of the goals of freedom from want, freedom from hunger, freedom from deprivation, freedom from ignorance, freedom from suppression and freedom from fear. These freedoms are fundamental to the guarantee of human dignity. They will therefore, constitute part of the center-piece of what this Government will seek to achieve, the focal point on which our attention will be

continuously focused. The things we have said constitute the true meaning, the justification and the purpose of the Reconstruction and Development Programme, without which it would lose all legitimacy (White Paper on RDP, 1994:6).

The victory of ANC in the 1994 general elections and the formation of a government of National Unity set the country on the road to massive socio-political and economic transformation. According to the (White Paper on RDP, 1994: 6), centuries of oppression and decades of formal apartheid required that every talent and energy be brought to the task of reconstruction. It is in view of this that the government adopted the RDP as a policy framework for development to redress the imbalances and mend the devastations created by many decades of apartheid practice. Wessels (1999: 235) refers to the RDP as South Africa's Marshall Plan for reconstructing the country from the remnants of its apartheid past.

The RDP, therefore, became a basic socio-economic and political transformation blue print of the first ANC government. The question arising from the foregoing therefore, are, what is the Reconstruction and Development Programme, and why does South Africa need the programme? The Reconstruction and Development Programme (RDP) is a policy framework for integrated and coherent socio-economic progress. It seeks to mobilize the people and the country's resources toward the final eradication of the results of apartheid. Its goal is to build a democratic, non-racial and non-sexist future and it represents a vision for the fundamental transformation of South Africa by:

- i. developing strong and stable democratic institutions;
- ii. ensuring representation and participation;
- iii. ensuring that the country becomes a fully democratic, non-racial and non-sexist society; and
- iv. creating a sustainable and environmentally friendly growth and development path (White Paper on RDP, 1994:7).

The foregoing recognizes that all-encompassing political and socio-economic development of the country leans on the present democratic context. These aspects of the society were scuttled by colonialism and apartheid which created a segregated and repressive system replete with denials and the suppression of individual's development potentials. The identification and realization of the socio-economic goals through stable and democratic political institutions and the creation of a sustainable and development oriented environment, therefore, becomes imperative. Politically, the RDP fosters a viable and participatory representative democracy with sustained integrative framework, developed on non-racial and non-sexist models. Reconstruction and development require a population that is empowered through expanded rights, meaningful information and education, an institutional network fostering representative and indirect democracy, and participatory and direct democracy (ANC 1994:120).

Socio-economically, Reitzes (2009:5) writes that the RDP decisively relates growth to development, arguing against commonly held notions that development is a marginal effort of poverty. The Reconstruction and Development Programme, which is also founded on the ideals of socio-economic transformation of the society, is basically concerned with addressing the problems of poverty and inequality and to expanding economic opportunities. According to the ANC (1994:6), the RDP integrates growth, development, reconstruction and redistribution into a unified programme. The key to this link is an infrastructural programme that will provide access to modern and effective services such as water, telecommunications, transport, health, electricity, education and training for all the people. The programme meets basic needs and opens up previously suppressed economic and human potentials in urban and rural areas. The ANC government was, therefore, poised to address the backlog of socio-economic problems created by apartheid through the Reconstruction and Development Programme. According to the White Paper on RDP (1994:7), the need for the RDP emanates from the following:

- i. The existence of massive poverty and inequality created by several years of apartheid;
- ii. The economy was systematically built and implemented on a racial sphere;

- iii. There is stifling control and the dominance of the previously minority advantaged in commerce and industrial outfits to the disadvantage of the majority blacks;
- iv. The situation has created serious problems in all spheres of the South African society;
- v. In view of this, all stakeholders in government are committed to the RDP objectives;
- vi. The enormous challenges facing South Africa therefore, need a comprehensive approach;
- vii. Democracy cannot thrive if the people suffer deprivations and are trapped in a poverty cycle;
- viii. A sustainable and integrated programme is needed to achieve the basic objectives of freedom and improved living conditions; and
- ix. The RDP is designed to tackle these issues and provide a framework of choice in the society (White Paper on RDP, 1994:7).

The Reconstruction and Development Programme is, therefore, justified on a fundamental need, an immediate need to address socio-economic imbalances, and a need to comprehensively, create a sustained democratic environment that provides the framework for choices and the fulfilment of potentials of the previously deprived. The RDP, according to the ANC (1994: 2-6), cited in Wessels (1999:236), deals with three core concepts, namely: South African society is in need of transformation and renewal; South African society is in need of a comprehensive redesign and reconstruction of existing activities; and the Reconstruction and Development Programme sets out to integrate growth, development, reconstruction, redistribution and reconciliation into a unified programme. The ANC government, thus, developed the RDP as an integrated policy plan to address the enormous challenges created in the economic, social, legal, moral, cultural and environmental spheres of the South African society.

3.6.6 The 6 Contents Principles of Reconstruction and Development Programme

According to the (White Paper on RDP 1994:6-9), the challenge facing the government is to facilitate and give content to the six basic principles of the RDP, and it is the combination of these principles that ensures a coherent programme. The principles include:

- i. **Integration and Sustainability:** An integrated and sustainable programme is required to overcome the apartheid legacy, thus prompting RDP objectives to be implemented at the various levels of government. Business and organizations within civil society are all encouraged to work within the framework of the RDP;
- ii. **People-Drive:** The programme must be premised on achieving the aspirations and collective determination of the people. The government is, therefore, committed to the welfare of the people;
- iii. **Peace and Security:** The programme is aimed at promoting peace and security for all. The government is also committed to combating all forms of violence and upholds the Constitution and respects human rights;
- iv. **Nation Building:** Government is committed to the task of nation-building through the promotion of unity in diversity;
- v. **Meeting basic needs and building the infrastructure:** As the RDP integrates growth, development, reconstruction, redistribution and reconciliation into a unified programme, the key to this link becomes an infrastructural programme that will provide the people with basic essential services such as, water, telecommunication, transport, health facilities, education, electricity and training etc. The programme will meet basic needs and open up previously suppressed economic and human potentials in urban and rural areas; and
- vi. **Democratization:** A successful reconstruction and development programme leans on a viable democratic process characterized by freedom, participation and representations. The democratization of the society will require a process of transformation of both the state and civil society (White Paper on RDP, 1994:6-9).

Programmes in achieving the RDP outlined above (White Paper on RDP, 1994:9-10):

- i. Meeting Basic Needs: Meeting basic needs of the people such as job creation, land reform, the provision of basic amenities such as water, electricity, housing, telecommunication, good health care, social welfare etc tops the agenda of these programmes. The RDP encourages a participatory decision-making process in the context of managing these projects;
- ii. Developing Human Resources: The RDP encourages the participatory decision-making process. This will empower the people for participation in government and management activities; though necessary education and trainings are needed and the recognition for previously disregarded skills will be advantageous. All forms of discrimination should be removed, and diversities in culture turned into a great national asset;
- iii. Building the Economy: The economy is still controlled by the previously privileged minority group and the poor majority still lacks access to employment, good housing and other amenities of life. Existing barriers to economic growth will be addressed and workers' rights will be adequately addressed. The RDP also solicits the co-operation of Southern African neighbours in building the South African economy; and
- iv. Implementing the RDP: Implementing the RDP is not only exclusive to the government. It also requires the participation of the private and civil society. Its implementation should, as well, be guided by defined procedures (White Paper on RDP 1994:9-10).

The Reconstruction and Development Programme in South Africa was developed on the fundamental principles of reconstruction and development. These principles form the cornerstones for its implementation as it was designed to overhaul previous apartheid arrangements and set the country on the pedestal of reconstruction. Reconstructing and transforming a country of South Africa's status requires the institutionalization of democracy which is characterized by freedom, participation and proper representation. It also involves strong commitment to address the economic needs of the people such as job creation, poverty alleviation, and increased access to

the basic amenities of life, such as water, good health care, electricity, transportation etc. The realization of individual potentials and aspirations and the institutionalization of proper frameworks also become imperative.

3.6.7 The Growth, Employment and Re-Distribution Policy (Gear)

The Growth, Employment and Re-distribution Policy was introduced in 1996. The introduction of GEAR suggests that the government realized that while the social objectives of the RDP were noble, faster economic growth was required to provide resources to meet social investment needs. The emphasis of GEAR was more on increasing economic growth, thereby, paying more attention to the impacts of macro-economic variables such as inflation, interest rates, tax rates etc which determine long-run investment decisions (Reitzes, 2009:10). Another area of focus in GEAR was in employment generation.

The introduction of GEAR was, however, trailed by much criticism, especially from the Congress of South African Trade Unions (COSATU). The government was criticized for masterminding a shift in the basic responsibility of equitable distribution of national resources (noting the socio-economic challenges facing the country) to an uncertain idea of increasing economic growth (Reitzes, 2009:10).

Naidoo (2006:115) identifies the impact of GEAR as macro-economic stability. The introduction of GEAR enabled the economy to grow consistently for 10 years. It enabled the government to reduce borrowings, inflation and interest rates decreased, and the current account deficit moderated and was easily financed. It also led to low external debt, increase in private sector exchange reserves, export diversification etc. On the other hand, the main objective of GEAR, which is increase in employment opportunities, could not be achieved.

3.6.8 The Developmental South African State after Apartheid

According to Okafor (2013:196), the establishment of a developmental state is imperative.

The South African development state involves the establishment of a people-centered state founded on the philosophy of meeting the basic needs, demands, aspirations and fears of the diverse population. Lennan (2010:15) writes that the basic rationality of this approach is that bureaucratic and market forms of public management are inappropriate for dealing with the complexity of delivery in a networked global context. Through clearly identified and defined objectives and national goals, the state intervenes to address the plethora of socio-economic challenges confronting the post-apartheid society. Tsheola (2012:166) writes that the characterization of a developmental state for South Africa has to deliberately portray it as a development facilitator and partner.

The reconstruction and transformation agenda of the post-apartheid state is defined in terms of an integrated and coherent socio-economic progress (White Paper on RDP 1996:7). Levine (2009:946) also writes that the strategy and tactics of the ANC, adopted at its 52nd national conference in Polokwane in December 2007, identifies four attributes of the South African development state. These are:

- i. organizational capacity - ensuring that the structures and system facilitate in achieving a defined national agenda;
- ii. mobilizing capacity - definition of common national agenda, and the mobilization of the different segments of the society to partake in implementation through effective people-oriented leadership;
- iii. a strategic orientation - a people-driven approach and sustained development based on high growth rate and economic restructuring; and
- iv. technical capacity- the ability to translate the broad national objectives into programmes and projects to ensure effective implementations.

Basically, the post-apartheid South Africa state has a vital role to play in addressing the massive inequalities and inequities created by several decades of apartheid. These apparent differences cannot be addressed through the distorted and imperfect market that created it on the first instance. Turok (2008:13) identifies the following as the

functions of the South African developmental state based on the policy documents from the 2008 conference. These are:

- enhancing service to the society through improved public infrastructure, efficient systems and requisite skilled personnel;
- recognizing the crucial role of the state in providing public goods such as health, education, electricity, housing, public transport, education and social security;
- implementing a comprehensive social security system, including initiatives such as free basic services for the poor, passenger transport subsidy, social grants, expansion of the asset base of the poor through housing, small business and reform programme, private retirement savings, unemployment and accident insurance, and medical aids;
- reduction of cases of TB, diabetes, malnutrition, maternal deaths and malaria, violent crime and road accidents;
- reversal and eradication of the HIV and AIDS pandemic;
- implementation of a comprehensive human development strategy, including improving education system, intensifying education in mathematics and natural sciences, promoting social sciences, and expanding the nation's artisanship base;
- improving throughput in research at universities and effective adult basic education;
- specific programmes of redress such as land restitution;
- consolidation of partnerships across society to strengthen social cohesion and ensure the values of a caring society; and
- contribution to the improvement of civil society organizations, including sports, women's and youth bodies, the media and family.

The South African development state project, therefore, depicts the active intervention of the post-apartheid state through mobilization of national resources to achieve the

much needed socio-economic transformations imperative for nation-building and the efficient and effective delivery of public services such as housing, education, water, electricity and other essential public services to the needy population.

3.6.9 Rebuilding and Reconciling

The first post-apartheid government led by President Nelson Mandela, strongly committed to nation building and socio-economic transformations, shrewdly identified the need for reconciliation and redress (in view of ugly past experiences). The strong essence is for people to live together in peace and harmony and with fewer grudges in the new democratic dispensation. Reconciliation, in this context, involves not only telling the truth about past activities, but also requires reparation for material and other forms of deprivations and the restoration of the human community in a spirit of respect for human rights and democracy (Henrard, 2002:18). National reconciliation is captured in the wisdom of seeking forgiveness through truth, and offering redress as consolation. It is intended to keep in check the re-occurrences of past conditions.

3.6.9.1 South Africa's Effort on Rebuilding, Reconciliation and Redress

The search for national reconciliation and redress in South Africa was part of the initial government concern at the beginning of the new democratic dispensation in 1994. In view of this, the government of National Unity led by President Nelson Mandela took a wise and necessary step to facilitate the peace process by inaugurating the Truth and Reconciliation Commission (TRC). Gibson (2006:411) argues that the initiative leans on the assumption that understanding the past will contribute to a more peaceful and democratic future. Peace and stability founded on the pillar of truth and reconciliation are taken to be imperative in the new task of nation building.

Van der Waldt, Franchi and Stevens (2003:252) write that the Truth and Reconciliation Commission emerged as one of the outcomes of the negotiations between political powers that had reached a stalemate in 1990. The resultant negotiated settlement had many consequences which include, an agreement to share power for the first five years of the transitional democracy, within a free market framework; minority rights were

retained and white civil servants were allowed to retain their positions in the state bureaucratic structures; amnesty was promised to all participants for apartheid era acts if they disclose all information regarding the extent of their participation.

Van der Waldt, Franchi and Stevens (2003:252) further write that one vital reason for deliberately overlooking certain contentious issues lies in the intention to establish the new government upon the infrastructure and expertise of the previous regimes for future benefit. However, the ideas and strategies encapsulated in the commission's terms of reference have consequences for real reconciliation and redress within the present context.

Williams (2000:208-209) writes that in terms of section 3, 4, 11, 20 of the Promotion of National Unity and Reconciliation Act, number 34 of 1995, the Truth and Reconciliation Commission was established to disclose the truth about killings and other gross violations of human rights committed between March 1960 (the month when the Sharpeville massacre took place) and May 1994 (when Nelson Mandela became the first President of democratic South Africa). The aim was to promote national unity and reconciliation in the new dispensation by establishing the nature, causes and extent of human rights violations during the apartheid era, and also offering amnesty to culprits who revealed their acts and the extent of their involvement in the past years of suppressions and abuses. According to Walaza (2003:191); the overall aims of the TRC are:

- i. To return the victims to their civil and human rights;
- ii. To restore the moral order of society, i.e. to seek truth and record it;
- iii. To make the truth known to the public;
- iv. To create a culture of human rights and respect for the rule of law; and
- v. To prevent a replication of the shameful events and atrocities of the past.

Norval (2009: 311) also contends that a crucial rationale for this process was to foster conditions under which the articulation of past experiences, losses and traumas could contribute to a transformation of relations amongst the citizens of this new South Africa. The process therefore, makes it possible for the truth to be unravelled by victims relating their experiences in return for reparations and rehabilitation, and also for perpetrators to disclose the nature and circumstances of their participation. Likewise, in this context, Gibson (2006: 410-411) argues that the truth can reconcile a divided nation, at least based on the South African experience. Truth and reconciliation are connected and truth did not undermine reconciliation with any of the groups in South Africa - black, whites, coloured and those of the Asian origin. Gibson (2006: 413) further states that truth is conceptualized and operationalized as the degree of individual acceptance of the collective memory promulgated by the TRC. Reconciliation in the South African context is, therefore, complicated and is viewed in terms of:

- i. inter-racial reconciliation (rejection of inter-racial stereotypes and prejudice);
- ii. political tolerance (willingness to allow one's political foes full rights of political contestation);
- iii. support for human rights principles (and in particular, the rule of law); and
- iv. the extension of legitimacy to the political institutions of the new South Africa (parliament and Constitutional court) (Gibson 2006: 413).

These dimensions of the South African truth and reconciliation - process proffer fundamental conditions of acceptance among the different races – blacks, whites, coloured and Indians. It also helps in building political tolerance and a measure of political co-operation, respect for the rule of law and submission to the political institutions in the country. However, William (2000: 210) contends that judicial forgiveness and exemption from prosecution for telling the truth about apartheid crimes is fraught with verification of truth itself. Furthermore, the idea of exposing the truth for rehabilitative, morally regenerative and humanizing reconciliation is being sacrificed for political expediency.

Nevertheless, as earlier mentioned, the conditions of socio-political change in the new dispensation had been negotiated to at least ensure a balance of all political interests to achieve political expediency.

Reconciliation requires that all South Africans accept moral and political responsibility for nurturing a culture of human rights and democracy within which political and socio-economic conflicts are addressed both seriously and in a non-violent manner (Truth and Reconciliation Commission (TRC) 1998: 435 cited in Gibson, 2004: 6). In view of the foregoing, sustaining the nascent democracy in South Africa is also dependent on building a viable political culture. A viable political culture nurtures reconciliation, since it is characterized by positive political values and attitudes and other inherent features to sustain the entire socio-political process. Walaza (2003:192-193) writes that the Truth and Reconciliation process has some gains that are relevant in the process of nation-building in South Africa. Such achievements are:

- i. the Truth and Reconciliation commission process provided South Africa with a valuable lesson to share with the rest of the world;
- ii. through the TRC process, South Africa developed a way of giving meaning to and addressing past violence and repression;
- iii. it provided a platform for people to tell their stories and explain their pain – breaking a culture of silence, these voices will also provide a permanent challenge to apartheid and racist propaganda;
- iv. the process laid the foundation for building a human rights culture;
- v. it also laid the foundation for building a new and sustainable democracy;
- vi. it contributed to the democratization process through its public inclusive and transparent character;
- vii. it led to the recognition of humanity by every person (both victims and perpetrators);

viii. it also offered South Africans some sense of the human cost of the transition (Walaza, 2003: 192-193).

The Truth and Reconciliation Commission provided a strong platform for establishing national reconciliation in the new South Africa. The articulation of past experiences is perceived to provide some basis for improved relations amongst the different groups (the victims and perpetrators) and, thus, foster emotional and psychological compromise. Moreover, the improved relations could be potent in fostering and sustaining a new socio-political order, upon which national integration and democratic sustenance can stand.

3.6.9.2 Matters addressed after reconciliation process

Okafor (2013:199) further writes that reconciliation is assumed to provide a platform for peaceful and harmonious co-existence, without being distracted by ugly past experiences. Redress, on the other hand, provides a sort of consolation in the form of reparations (this process is also assumed to facilitate healing). The Truth and Reconciliation Commission was conceived to help facilitate these processes. However, the reconciliation and redress process is expected to be comprehensive. As such issues were raised concerning fostering national harmony without fully considering the prevailing economic antagonisms in the country. Van der Walt, Frachi and Stevens (2003: 253) argue that if these strategies prevented the economic and social redress of apartheid inequalities by creating a sustained amnesia, then the TRC only contributed to deferring a potential revolution that could have addressed that which was omitted in the negotiated settlement, namely; the trial and prosecution of those responsible for apartheid oppression on one hand, and on the other, the redistribution of wealth and land. The economic dimension of reconciliation and redress is imperative. Post-apartheid South Africa is, arguably, still trapped in wide socio-economic inequalities and national reconciliation and redress cannot be accomplished if the persisting economic issues are not adequately tackled.

This, therefore, brings one to the view that the national reconciliation and redress process is a continuing one. The Truth and Reconciliation Commission was used to

start the process. According to Dyzenhaus (2000: 490) cited in Norval (2009: 312) the TRC was only the start of the process and it is yet to be concluded. This is basically viewed in terms of certain limitations that were characteristic of the TRC process (making recommendations to the president on measures to prevent future occurrences and also to rehabilitate and make reparations to victims). Norval (2009: 312) argues that the situation presents an unfinished business, citing the instance of emerging groups that are predicating their agitations on three interrelated areas of political life, viz: opposition to the government strategy of trade liberalization and the pursuit of economic growth, struggles focusing on government failure to meet basic needs and address socio-economic issues, and struggles challenging the total enforcement of government policies and resistance attempt at repression. They also seek to obtain redress on outstanding TRC issues in the context of the South African government's failure to fulfil its promises on reparations and to deal comprehensively with the apartheid experiences of victims. Norval (2009: 315-316) further views reconciliation and redress on the following platforms:

- i. any project of national reconciliation has to address the divisions within the South African plural society;
- ii. there should be adequate reparations to the victims of the human rights abuses; and
- iii. the economic system should be structured to fully accommodate victims of these abuses and demands.

The contention, therefore, lies in government adequately addressing socio-economic issues. As such, any form of reconciliation that fails to include substantive measures to address the wide economic disparities in the country may not be sustained. Redress is also premised on addressing the socio-economic contradictions created by several years of apartheid. In this regard (Williams, 2002: 212) suggests that such measures must incorporate strong poverty alleviation measures. Poverty is one of the biggest time bombs in the country which has to be observed and defused, and reconciliation, by its

very nature, is dialectically linked to the elimination of the social conditions that generate the tensions, contradictions and overall destitution.

Poverty creates frustration and hopelessness. It is, therefore, difficult to achieve national reconciliation when it is argued that similar conditions of socio-economic disparities that created poverty and destitutions in the first instance still prevail. It is Walaza's (2003:203) view that real reconciliation and nation building cannot happen unless it is accompanied by the fundamental transformation of the entire socio-economic fabric of the society. National reconciliation is, thus, viewed as a product of social and economic conditions.

Van Der Walt, Franch and Stevens (2003: 264) strongly contend that, as regards the operation of the TRC, the specific period of history chosen side-tracts the discernible character of apartheid which manifested in the denial of economic opportunities and gross human right violations. The inequalities of the past have been expressed, the major issue remains that enough has not been done by the government to implements redress. Furthermore, the various recommendations of the TRC have not been implemented by subsequent governments. The rehabilitation process is still under-implemented and the reparation packages incomplete. Also, the inability of those who perpetrated the injustices to acknowledge their evil deeds poses obstacles to real national reconciliation. According to Henrard (2002: 340), this has left post-apartheid South Africa to adopt a substantive conception of equality but still searches for a balance in achieving that, without alienating the population groups that benefited from the apartheid era. Socio-economic imbalance still persists, and with the level of economic inequalities exacerbated by inadequate opportunities, it becomes difficult to achieve full reconciliation. Part of the truth lies in these disparities. Full reconciliation and redress can be made possible through wealth re-distribution. The transformation of the socio-economic system is, therefore, a strong factor in reconciliation and nation building in the post-apartheid South Africa.

3.6.10 Implications of the Socio-Political Accounts in South Africa

The socio-political matters in South Africa have consequences on the current study, and they are:

- i. The dismantling of the apartheid structure in 1994 and the institution of a democratically elected ANC government led to the identification of care for the aged as a public policy problem. Lehohla (2011:8) writes that the changes in the care for the aged in South Africa over the past years have taken place within a context of radical transformations of political, economic and social institutions in the country. These changes are, therefore, instrumental in the proper identification of care for the aged policy issues in the country; and
- iii. The proper placing of care for the aged on the public policy agenda of the post-apartheid ANC government: Lehohla (2011: 20) further writes that a wide range of stakeholders have participated in shaping the care for the aged reform process.

The socio-political issues in post-apartheid South Africa are arguably, outcomes of the country's historical contexts. South Africa's history is profiled by colonialism and apartheid. Colonialism created distortions and devastations within the traditional socio-economic formations of the indigenous people. It resulted in forced movements, set different groups against each other, and deprived the people of their traditional and natural possessions. Apartheid was further used to consolidate colonialism. The people suffered deprivations and massive cruelty under the perpetrators. Through repressive apartheid policies, the people were divided and separated from the existing bond of one nationhood. The system created a lop-sided socio-economic formation that favoured the minority white population and relegated the majority blacks to pauperism. The majority black population was further excluded from the infrastructural development of the country. The care for the aged policy was, therefore, developed and implemented along racial lines of excluding the majority black population.

However, years of struggles, agitation and negotiations later resulted in political reforms in the early 1990s. In 1994, the apartheid structures were dismantled, thereby, making way for a democratic dispensation. The post-apartheid ANC government which came to

power in 1994 formed a government of “National Unity”. The government was confronted with issues of nation building, national integration and socio-economic transformations. Through the Reconstruction and Development Programme (RDP), the government was committed to fighting poverty, creating opportunities for socio-economic development, and the provision of basic needs to the previously disadvantaged.

3.7 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF NIGERIA

Nigeria’s population is currently estimated at 185.5 million, growing at 2.63 per cent annually; in line with UN definition, the National Policy on Population for sustainable development categorises the elderly as one who has attained the age of 65 (National Population Commission, 2006:14). Nigeria has the largest number of people in Sub-Saharan Africa over the age of 60 (UN, 2010). Nigeria is a large country, strategically located on the Coast of West Africa, commanding an area of 923,768.00 square kilometres with a vertical measure of 1,040 kilometres, and a horizontal measure of about 1,120 kilometres (Afigbo, 1991:16).

The country is characterized by extensive socio-cultural, geographical, religious, linguistic, historical and political diversities. These differences to a great extent have been advanced as the reasons behind the emergence of Nigeria as a unified political entity. However, before the advent of colonialism, the territory that comprise the present day Nigerian state was made up of a multiplicity of ethnic/tribal groups, political arrangements such as empires, kingdoms, chiefdoms, villages etc. Moreover, the socio-political structures in the different societies were characterized by diverse socio-cultural, religious, economic and political practices that held the members together as one integral group. The British occupation of Nigeria was a gradual process. The British imperialists did not come to the area known as Nigeria today for any other strong reason rather than economic survival.

According to Afigbo (1991: 16) the British came to West Africa mainly to trade. Decisions on issues were correct in as much as they were geared towards achieving

selfish economic objectives, and most of these decisions were taken without weighing the long term consequences on the people. Afigbo (1991: 16-17) also writes that the British imperialists, through the application of tact, firstly acquired Lagos and its environs in 1862, and by 1897, the British influence had spread all over the Western axis. The second unit to be acquired in 1885 was the area of the Bight of Biafra (East) with the declaration of the protectorate of the Niger districts.

The Niger Coast protectorate later metamorphosed into the protectorate of Southern Nigeria in 1900. Moreover, the Northern area was acquired and administered through the Royal Niger Company and by 1900; the vast area became the protectorate of Northern Nigeria. By the end of 1900, these territorial interests had resulted in the emergence of three blocks of British colonial territory, each separately administered through the British home government. Afigbo (1991: 17) further writes that each of these colonial administrations came into being purely for administrative convenience rather than out of concern for maintaining the integrity of geographical, cultural or linguistic areas. The three administrations were remarkably different as they were characterized by different political and administrative traditions and peculiarities designed to achieve the much needed administrative convenience for the colonialists.

The development began to create hard feelings and suspicions among the three separate administrations, and by 1906, the protectorate of southern Nigeria was amalgamated with the colony and protectorate of Lagos. This development reduced the administrative traditions into two (the protectorate of Southern Nigeria and the protectorate of Northern Nigeria), and brought the demarcation that subsequently marked the Nigerian colonial politics. In 1914, the Southern and Northern administrations were amalgamated into one administration by the then Governor General, Lord Lugard. The reasons for the amalgamation were administrative convenience and the economy. It would rationalize railway policy that had created disputes between the North and South; solve the problem of border disputes or put it to rest for some time; solve the financial situation in the North by making the resources of the South available for development in the North and also rationalize administrative policy at the center and local levels (Afigbo, 1991: 22). Also, the administrative duality in

Nigeria was strengthened by the introduction of the colonial administrative practice of indirect rule. Indirect rule was first established in the North in 1900 and was later extended to the South and Eastern areas. It was an administrative practice designed to overcome the strategies in personnel and funds by sourcing resources internally.

The amalgamation of Nigeria, rather than serving as a unifying factor, further worsened the feelings of Northern and Southern administrators. Subsequent efforts to construct Nigerian unity on the basis of a unified administrative system also failed due to resistance, suspicions and fear of domination (the Southern part had also embraced Western education and exposure). It is also important to note that the Richards Constitution of 1946 did not introduce divisions into Nigerian politics as these divisions already existed. On the other hand, Suberu (2010: 460) writes that Nigerian federalism was first instituted, under British colonial rule in 1954, to hold together the diverse society, which comprised two historic colonial administrative regions (North and South), three major ethnic groups (Hausa-Fulani, Yoruba and Ibo), hundreds of ethnic minorities, and an almost equal number of Muslims and Christians.

The 1954 Constitution was designed to accommodate these differences and foster unity in diversity as the independence of Nigeria approached. In the same vein, Ademolakun and Ayo (1989:157) contend that the formal adoption of a federal administrative system in Nigeria in 1954 resulted from a consensus decision reached between Nigerian nationalist leaders and the British colonial authorities. Such a system was deemed suitable for accommodating the country's diverse ethnic, religious, linguistic and regional groups and interests with one common politico-administrative entity. However, Afigbo (1991:27) insists that the dichotomies which federalism was designed to hold in check and reconcile arose not from the conflict of primordial pluralities but from the conflict of different traditions of administration and socio-economic development born and nurtured under British misleading. The primordial federal features blossomed with the independence of Nigeria in 1960. These developments led to the formation of political parties and alliances along tribal/ethnic lines, thereby, widening the foundations of sectional, ethnic and religious consciousness that paraded in the Nigerian political terrain after independence in 1960.

The socio-political issues arising from the historical context of Nigeria include issues in the Nigerian federal structure, ethnic and sectional consciousness and religious issues.

3.8 CONCERN ABOUT THE NIGERIAN FEDERAL STRUCTURE

Persisting issues bordering on the socio-political and economic failure in Nigeria is often blamed on the federal content of the country. Nigeria has passed through decades of transformations at both the structural and leadership contexts but threatening the socio-political and economic issues. According to Suberu (2010:459), despite the massive transformation and reorganizations it has witnessed in 50 years of national independence, the Nigerian system of federalism is often denounced as a veritable source of, rather than a variable solvent for, the country's multifaceted crisis of poor governance, ethno-political conflict and socio-economic underdevelopment.

The Nigerian federation is plagued by persistent issues of social coherence, politico-economic-transformations, leadership issues and service delivery, thereby, continually triggering concerns on the sustainability of the federal arrangement. The situation is routinely blamed on the manner in which the federal system was conceived. The amalgamation of the Southern and Northern protectorates (both peopled by more than 250 disparate ethnic groups) in 1914 by Governor General, Lord Lugard to form a united Nigeria has been described as the mistake of 1914. This led Chief Awolowo, the former Premier of the then western region, to conclude that Nigeria is a mere geographical expression (Adebanwi & Obadare 2010: 381). The post-independence era (first Republic) that lasted between 1960-1966, according to Suberu (2010:461) combined a west-minister-style of parliamentary system with the colonially inherited federal structures of three regions, in which a fourth one, the mid-west was added in 1963. This was followed by a military rule between 1966 and 1979, during which the federal unit was further spilt into 12 and later 19 states. Nigeria witnessed four years of civilian administration between 1979 and 1983 that operated on the existing federal structures. The military came back in 1984 and continued till 1999. During this period, the number of states grew to 36.

The military eventually handed over power to an elected civilian government in 1999, bringing to an end years of military predation and devastation. Over the years, there has been a build up to a lot of issues, arising from the federal structure and practice in Nigeria. The concern is that a good number of these issues are persistent, distractive to good governance and service delivery and threatening to the corporate existence of the country.

3.9 CREATION OF STATES IN NIGERIA

Another contradiction of Nigerian federalism prevalent in the extant literature is the lopsided structure of the federalism which was created by the British colonial administration prior to the independence of Nigeria in 1960. This arrangement, over the years, has constituted a part of the national question in the context of initial conflict between the majority and minority ethnic groups and subsequently, perceived domination within the groups. Alapiki (2005: 50) contends that many groups of people were arbitrarily sandwiched into a territorial unit that formed a geographical entity called the nation state, and that there was no identification with the state as a symbol of collective identity (no political community). In view of the foregoing, the state creation exercise in Nigeria is basically intended to achieve national integration. A strategy of integrating the various groups with different sheds of identities into the nation state, and achieving this through the process of breaking up the nation state into subordinate units known as states and also devolving powers to the states.

From a general perspective, Ojo and Adebayo (2008: 334) proffer a number of factors for state creation, among which are:

- i. the need to minimize conflicts between states and among states;
- ii. the need for unity in the country;
- iii. the need for government to be nearer to the people, and
- iv. the need for maintenance of worthwhile cultural peculiarities and economic development.

State creation in Nigeria can, therefore, be understood from the official or state reasons for national integration and bringing government closer to the people, and also for reasons that derive from the socio-cultural and political context of the Nigerian federal structure. Orji (2008: 101) views it in the context of convergence of the interests of the elite groups especially the dominant elite groups and the post-war (civil war) emphasis on equality in the distribution of federal resources. In a bid to maintain effective control after the war, the military government centralized the collection and spending of the national revenue, and uses the states as conduits for distributing federal resources. Nigeria is presently a federation of 36 states.

The country passed through the process of creating new states between 1967 and 1996 out of the old pre-independence and post-independence structure of four regions, notably; the Western, the Northern, Eastern and Midwestern regions. Rustad (2008: 10) views this process as important in understanding the power sharing strategies that Nigeria has established and that the increasing number of states poses serious challenges for both wealth sharing and office distribution arrangements. This view holds, especially since the first effort at creating the Midwestern region in 1963 was perceived with bitterness and rivalry, thereby bringing to question the reason for integration and the geographical balancing it is designed to achieve. In 1967, the federal military government recognized the need to divide Nigeria into smaller units. This according to (Rustad, 2008: 10-11), was to prevent any one state from becoming so strong that it would either control the central government or opt for secession. The five principles put forward by the government for splitting the country into 12 states are:

- i. No state should be in the position to dominate or control the central government;
- ii. Each state should form one compact geographical unit;
- iii. Administrative convenience, the facts of history, and the wishes of the people conceived must be taken into account;
- iv. Each state should be in a position to discharge effectively the functions of the existing regional government; and

v. It is essential that new states are created simultaneously (Elaigwu, 2007:115 cited in Rustad, 2008:11).

The splitting of Nigeria into the 12 state structure temporarily soft-pedalled ethnic pressures for states creation demand, and according to Suberu (2001: 87-88) cited in Rustad (2008: 11), the federal state became more centralized and the federal government gained more power. The creation of the 12 state structure subsequently, opened vistas for the demand for more states. This is due to the realizations that state status has a lot of associated socio-economic and political benefits. In 1976, the federal military government yielding to the demands for new states creation created 7 extra states out of the then 12 states structure, thereby bringing the number of states to 19.

The basic motivation by the government for the creation of the 19 states structure was for economic development and democratic stability of the country. According to Ojo and Adebayo (2008: 342), the basic motivation in the demands for more states is rapid economic development. This was in contrast to the previous exercise that hinged mainly on political and ethnic reasons (to share power among the ethnic groups more equally). However, the 19 states structure was considered inadequate among the ethnic groups that did not get more states as the arrangement placed them at a disadvantage at the national level. The issue is that stability and harmony cannot be achieved unless there is a fair balance between the three major ethnic groups. Rustad (2008: 11) also contends that the new 19 states structure did not satisfy popular demand, especially among the ethnic groups that did not gain much, such as the Ibos who only controlled two states.

The military in 1987 altered the 19 states structure by increasing the number of states to 21 and in 1991 created 9 additional states thereby bringing the number of states to 30. According to Rustad (2008: 12), the main arguments of the federal government for this were the principles of social justice, development and inter-ethnic balance. Another unofficial side of the argument is that the then military head of state used state creation as a strategy to stay longer in power and also prepare grounds for his transformation into a civilian president. Ojo and Adebayo (2008: 346) also write that the 1999 reorganizations in the federal structure trivialized and bastardized the process of

territorial reform in Nigeria, thereby negating the principle of national integration. The reorganizations provoked protests and demonstrations in certain quarters of the country, slowing disapproval and discontentment with the new federal arrangement. In 1996, another structural reorganization was carried out, as six additional states were created by the then military head of state, bringing the number of states to 36. According to Rustad (2008: 12), the military Head of state justified the new structure by arguing that state creation had become a periodic and accepted feature in Nigeria politics.

Between 1967 and 1996, the Nigerian federation passed through several processes of state creation. The justifications lie in number of factors, though these factors are derived from the federal structure in itself. Alapiki (2005: 59) argues that the complex mix of ethnic, economic, and class forces brought about the increase in the number of constituent states in Nigeria. These factors range from governments efforts to accord a strong sense of belonging to the minorities, the desire to curb the powers of the regions and maintain a strong center, equality of units, economic and democratic development, to the selfish desires of the military presidents to strategize political ambitions through state creation.

In addition, with the demand for more states still unabated, the central problem is that state creation outcomes in Nigeria have failed to assuage the very forces that instigate new state demands (Alapiki, 2005: 49). The implication is that each state creation exercise results in the emergence of a new set of minorities, thereby sparking the agitations for new states. State creation, therefore, turns out to be a means of merely devolving political and economic powers to assuage the demand of groups rather than an instrument of national integration and uniform socio-economic development.

State creation in Nigeria has the following implications:

- i. it produces a continuous demand/agitation for more states, as each state creation exercise produces new minorities;
- ii. it has resulted in the idea of statism, whereby issues of national concern are viewed from a state perspective. The phenomenon of statism also affects labour

mobility, and non-state indigenes find it difficult to get employment in government establishments in other states;

- iii. it increases distrust and suspicion among constituent states;
- iv. in the power relations between the central government and the constituent states, the states turn out to be weak in terms of checking the abuse of power or the overbearing influence of the center;
- v. in the fiscal context, only a few states are viable enough, with the majority of the states dependent on the center for fiscal sustenance. The revenue base of most of the states is too low;
- vi. it continues to create disputes among states in terms of asset sharing and boundary adjustments; and
- vii. it also affects policy development in the context of the study.

The Nigerian federal structure is characterized by different issues. These issues are generated by the nature of the federation in itself. Nigeria is a federation of plural societies and socio-political differences keep generating issues that border on the nature of the federal structure. These issues are persuasive in content and also threatening in form. The next issue is ethnicity and sectional consciousness.

3.10 NIGERIA'S ETHNICAL DIVERSITY AND INTEGRATION

Ethnicity is another feature of the Nigerian state. As a socio-political issue, it generates persistent problems and challenges not only for national governance but also for the citizens of the country. The issue of ethnicity is a serious concern, since after several years of corporate existence as one united and indivisible unit the political class has failed to knit together the various ethnic forces and sensibilities that pervade the country. Rather, the mechanism of ethnicity is constantly used to advance and negotiate for selfish group political interests. As such, ethnicity in Nigeria according to Ojie and Ewhrudjakpor (2009: 8) has become a vehicle in the attainment of the ethnic groups fair share of the national cake, catalysing serious conflicts and truncating the

sustainability of socio-political development in Nigeria. The issue therefore, adds to the mounting questions that probe the levels of unity and social cohesion in the country.

Jinadu (1985:73) refers to ethnicity as identity relationships which are based on a common language, religion, culture, caste or race (which are sometimes referred to as primordial attachments). This view predicates the concept of ethnicity on the basis of social relations. Ojie (2006: 547-548), therefore, opines that ethnicity as a natural social phenomenon derives from the tendency of ethnic groups to project and glorify their distinct primordial features at the expense of others. Its features are:

- i. ethnicity exists only within a political society consisting of adverse ethnic groups;
- ii. ethnicity is characterized by a common consciousness of being one in relation to other relevant groups;
- iii. it tends to be exclusive as acceptance and rejection on linguistic cultural grounds characterizes social relations; and
- iv. it is characterized by conflict (Ojie, 2006: 548).

Ethnicity is always pronounced in plural societies like Nigeria with more than 250 language groups. With a language divide of such magnitude, the language factor becomes salient as people tend to relate more with those they share common language with and adopt a different attitude to people outside the language group. Other predominant identity relations such as religion and culture are also facilitated by the language divisions. It, therefore, produces the feeling of loyalty and attachment by people within the same ethnic group, and also makes people suspicious of others outside the immediate relational domains. Jinadu (1985:73) further contends that ethnicity, per se, need not generate conflict, but once it is situated in a particular type of social or plural diversity, it assumes potential conflict significance. Ethnic relations in Nigeria exist in the context of pronounced social and plural diversity that constantly generates conflictual relationships. Thus, ethnicity, as a phenomenon, is behavioral in form and conflictual in content, in the sense that people from different ethnic groups see each as competitors in the quest for resources rather than compatriots (Attoh &

Soyombo, 2011: 40). It is the aggregation of ethnic feelings and the politicization of ethnicity that degenerates into the ethnic discrimination, intense rivalry and prejudice that is found in Nigeria. The discourse, therefore, looks at the ethnic background of Nigeria, ethnicity and power struggle, and the implications of ethnicity on Nigerian states.

3.10.1 The root of ethnicity in Nigeria

A fundamental fact of the Nigerian state is its composition by multi-ethnic groups. Nigeria is an ethnically heterogeneous society comprising more than 250 ethnic nationalities. The three major ethnic groups are the Hausa-Fulani group, found in the Northern part of the country; the Ibos, in the East; and the Yorubas in the West. The view that Nigeria is a product of colonialism, derives firstly from the fact that the British Colonial administration out of selfish ambition rather than concern for national integration, administratively subdivided Nigeria along three main regional lines of North, West and East with these major ethnic groups and clusters of minority groups drawn along these lines. However, before the incursion of colonialism, the various ethnic groups had related and interacted mutually on different socio-economic platforms such as trading and exchange of visits during cultural expeditions.

According to Ojie (2006:550), the arrangement by the British colonists laid the foundation for separate political developments in Nigeria as the different ethnic groups treated each other with suspicion and fear of domination. Existing under separate administrative commands, therefore, led to the development of sectional biases as each ethnic group perceived itself as different from the other. Nnoli (2003: 3) propounds that the colonial state also seized available opportunity to spread the propaganda that Nigerians did not have a common destiny with respect to political freedom and independence because they were separated by differences of history and tradition. The colonial administration then encouraged the different ethnic groups subsisting along the North, West and East geographical divides to maintain and nurture socio-political and economic development along their various peculiarities.

Nnoli (2003: 3) further writes that it is against this backdrop that in 1910, the colonial government in the Northern part of the country promulgated the Land and Nature Rights ordinance. This policy was aimed at segregating Southerners from Northerners, as the colonists believed that the Southerners were capable of undermining the alliance between the Fulani ruling class that they deemed crucial for the colonial enterprise in Nigeria. This policy therefore, created bifurcations in the Northern part of the country thereby, facilitating ethnic consciousness to the extent that people from the Southern part of the country who came to live in these settlements were separated from the Northern indigenes and referred to as “native foreigners”.

In 1914, the colonial administration amalgamated the Southern and Northern protectorates into one political entity with a unified administration. The amalgamation brought the separate administrations of the North and South together and regional leaders had to come together. This unification exercise often referred to as the mistake of 1914 was done without considering the existing pattern of relations existing among the composite groups. Anugwom (2000: 65) also states that the British exercise at unification was over-ambitious and showed little regard for the so called natural boundaries. The unification exercise imposed on Nigeria by the colonial administration was however, merely a bid to use Constitutional and administrative power to address the socio-political and linguistic differences that had constituted problems to the administration and the people.

The arrangement, ironically, instilled more sectional consciousness in the leaders, as the different leaders in the regions perceived each other as competitors. Moreover, it resulted in an increase interactions amongst Nigerians at both individual and group levels, thereby, increasing the competitive tendencies of people over access or control of scarce resources such as political appointments, employment in the bureaucracy, government contracts, allocation of funds for development, siting of government projects, education scholarships etc.

The various political and Constitutional reforms embarked on by the colonialists also helped in widening sectional consciousness in Nigeria. This is evidenced in the provision of the 1922 Clifford Constitution, where the legislative council made laws for

the South and the governor made laws for the North by proclamation, the Richards Constitution of 1946 which ironically introduced more divisions in the guise of federalism, the 1951 Macpherson Constitution which further widened these gaps with the introduction of regionalism (the Constitutional division of the country into three regions of the North, West and East).

In addition, the build up to independence in 1960 was characterized by perceived suspicion and distrust among the various ethnic groups in the regions and the minorities as each feared marginalization and domination in the post-colonial era. It is also important to note that often, the background to ethnic relations in Nigeria is defined in the context of power play among the three major ethnic groups, thereby, neglecting or excluding colonial influences on the orientation of the minorities that constitute a large proportion of the Nigerian state.

3.10.2 The outcome of Ethnicity and Its Effect in Nigeria

The politicization of ethnicity and the attendant implications of the intense struggle for power among the various ethnic groups in Nigeria - majority and the minorities - have far-reaching consequences for the Nigerian state. The consequences are pervasive and affect national integration and policy development in the study context.

The impact of ethnicism on national integration in Nigeria manifests in the following ways:

- i. Primordial sentiments: due to the heterogeneous nature of the Nigerian state, the politicization of ethnicity has enabled the different groups to manifest their primary group identity of primordial attachments. Since these groups are united by factors of culture, religion, defined geographical area, and common socio-economic values, they relate well and adopt attitudes of suspicion and mistrust of other groups. This, according to Nnoli (2003:3), was encouraged by the initial colonial policies that tended to secure the right of each ethnic group to main its identity, individuality, nationality and a chosen form of government and the peculiar social institutions that evolved from the expectations of

past generations. This is the reason why the colonialists adopted different patterns of administration among the three major groups of the West, North and East;

ii. Socio/political conflicts: The distributive nature of Nigerian politics, where the perception is that access to government enables each group to control and allocate the states resources to its advantage increase conflict and tension among the different groups. Conflicts therefore, arise because each group struggles for control over the scarce resources of the state such as political appointments, government contracts, distribution of social amenities, siting of government projects etc. Jinadu (1985:73) argues that scarcity being a major constraint in politics; ethnicity becomes a crucial criterion for regulating political conflict and distributing public goods in situations of plural diversity.

This phenomenon has resulted in intense power struggles by the various ethnic groups to control the Centre. It has resulted in power tussles within the political and even the military class and has had serious negative effects on national integration and development. Salawu (2010: 332) also suggests that such conflict in Nigeria results in political instability and the inability to plan objectively for the generality of Nigerians, regardless of ethnic or religious affiliations. This has, therefore, affected the government's carrying capacity. Government efforts at national integration and development are constantly sabotaged by groups that feel neglected at the moment;

iii. Affects the electoral process and democracy: Cases of military intervention in Nigeria politics, annulment of national elections, rigging of elections and other electoral malpractice are effects of ethnicism. Each group tends to employ every possible machination to grab power and control the centre;

iv. Agitation for state and local government creation: The different ethnic groups are continually locked in the agitation for more states and local governments. The perception being that the more states and local governments a given group controls, the larger the share of national resources they are disposed to have. However, Osaghae & Suberu (2005:10) opine that the creation of and multiplication of states and local government areas which have replaced the broader regions has led to the emergence

of new majorities and minorities. The development, therefore, continually leads to increased agitation and increased multiplications of states and local governments. Osaghae and Suberu (2005:10) also state that the creation of more states and local governments has sharpened communal identities and conflicts thereby, producing a resultant system of discriminatory citizenship. In view of this, demarcations are created resulting in the refusal to accept of citizens from other states in the bureaucracy and other socio-economic and political activities in another state;

v. Exacerbates feelings of marginalization in the federal fiscal arrangement. The salient issue here is the perceived marginalization by some groups in the federal fiscal structure. Marginalization, according to Anugwom (2000:73), exists when an ethnic group or any other kind of group feels disenchanting with the working of things in a society of which it is a constituent part. The ethnic minorities of the Niger Delta have over the years been agitating for a pattern of fiscal federalism that will benefit them more. The crude oil, which is the mainstay of the Nigerian economy, is from this area. The people are therefore, exposed to environmental degradation due to the mining activities of the oil companies. In view of this, they are agitating against marginalization and the perceived fiscal imbalance in Nigerian federalism. They want more of the applications of the derivative principles otherwise they want to be allowed to control their resources. Other groups who feel their contributions to the national wealth are not adequately compensated for are also agitating for increased revenue allocation; and

vi. It affects the stability and corporate existence of the country. The complexity and divergence of ethnic group activities threatens the stability and corporate existence of the country. Ethnic group orientations and perceptions are instrumental to series of negative political developments that affect stability and peaceful coexistence in the country. Such issues as flawed electoral processes, ethnic militarism, civil disorder and other forms of political violence, economic sabotage etc are often prompted by ethnic sentiments. The aggregation of these factors undermines governance, political stability and makes the political environment uncertain.

3.10.3 Direct Impact of Ethnicity on Public Policy and Care for the Aged

The politicization of ethnicity has serious implications on public policy development in Nigeria. These implications are observed in the following ways:

- i. **Policy development:** This involves the proper identification of policy challenges and the formulation of appropriate policies to achieve the intended outcomes. Ethnicism impacts negatively on certain areas of policy development in respect of socio-economic development challenges. Ugoh and Ukpere (2011: 980) suggest that the politicization of government policies have resulted in ethnic and regional tension. This is evidenced in the siting of major government projects and the development of social amenities. The politicization of policies has resulted in certain projects being cited in the wrong places because the policy makers come from that particular area. Some areas are deprived of social amenities such as electricity and good roads because the people are not in control of the national government. Moreover, policy issues of national significance are ignored because the implementation may not favour a particular group or may favour a particular ethnic group more than the others;
- ii. **Affects the performance of the bureaucracy:** Politicization of ethnicity affects the performance of the bureaucracy in the study context. Firstly, it leads to nepotism, where unqualified people are hired to work because their people control the national government, and the qualified ones are marginalized. Such developments have affected efficiency and output in the implementation of policies in the study context. Secondly, the implementation of national policies is viewed from the ethnic perspective of which group it may favour more than the others. It, therefore, leads to sabotage of policies of national significance, and often causes policies crafted with honest intentions to fail;
- iii. **It also stifles constructive inputs in policy formulation.** The views of certain groups are not factored in policy making. This is not because these views are not right or because the groups don't have the right to be consulted, but that the policy makers feel that such views may clash with certain majority views. This has paced certain groups, especially the minorities in disadvantageous positions on certain issues of national significance;

iv. It also affects inter-governmental policy development. The federal and state governments are expected to cohere in certain areas of policy development, especially on care for the aged. However, due to the attachment of these states to their ethnic umbrella, it makes it difficult to solicit the cooperation of the state governments;

v. Formulation of discriminatory policies: It has resulted in the formulation of certain discriminatory policies, especially, by the state governments. The phenomenon of indigenship has led to the implementation of discriminatory policies in the education and bureaucracy, etc, thereby affecting the chances of Nigerians to achieve fulfilment in any part of the country they may choose to reside in; and

vi. It also affects policy making and implementation in the context of the study.

Nigeria is a heterogeneous society comprising different ethnic groups. Before the advent of colonialism, these groups existed separately, though they interacted mutually. These various groups are united by common identities. However, the colonial experience resulted in the arbitrary lumping together of these groups of different sizes. The result is a union of strange bed fellows. The union of different ethnic nationalities lumped together into the Nigeria federalism due to colonial over-ambition has generated different questions on the corporate existence of the country.

Ethnicity has been politicized in Nigeria, resulting in intense ethnicism and sectional consciousness. Ethnic group leaders have manipulated sectional sentiments to their selfish advantage. The effect is burdening the Nigerian state and creating suspicion and fear among the different groups, owing to the high level of primordial attachment created by ethnicism. The implications are pervasive and affect national integration and policy development especially in the context of the study.

3.11 THE INFLUENCE OF RELIGION IN NIGERIA

Religious identity is an issue that comes next to ethnicity in Nigeria. Religion interestingly plays a pivotal and sensitive role in the daily lives of Nigerians, and a very high percentage of the population share one form of religious attachment or the other (Okafor, 2013:173).

Christianity and Islam are the two principal religions in Nigeria, and although the two have co-existed for close to 200 years, the distrust, competition and rivalry between them is profound and therefore, threatening to the corporate existence of the country. Strong attachment to religion by Nigerians has made it a politically active instrument in both national politics and the country's external relations which at times, assume a destructive dimension (Muhammad, 2008:121). The politicization of religion has therefore produced deep religious conflict situations thereby, constituting a serious threat to the socio-economic and political stability of the country.

Christianity and Islam constitute the two dominant religions in Nigeria. Approximately, half of the population is Christian, with an almost equal number of Muslims, and less than 10 per cent are adherents of traditional African religion. Geographically, most of the Christians live in the Southern part of the country and most of the Muslim populations live in the Northern part. However, some states in the North have both Christians and Muslims. Like ethnicity, the background to religious tension in Nigeria was due to her colonial experiences. Colonialism led to the lumping together of people with diverse religious and socio-cultural backgrounds into one administrative entity called Nigeria.

Muhammad (2008: 122) further observes that the sowing of the seed of antagonism between Islam and Christianity dates back to the pre-independence period when the British colonialists embarked on the policy of protecting the Muslims in the North from the destructive influence of the Christian South. Furthermore, the then colonial government found in the Islamic religion relevant social and political structures of governance. The Islamic religion operated through a defined system of social cohesion characterized by well-defined political authority and a co-ordinated socio-economic arrangement.

Ojo and Lateju (2010: 32) comment that the colonial government inherited the social cohesion and supporting administrative structures generated by Islam and maintained it largely for the sake of expediency, given the colonial administrations lack of manpower for creating extreme new layers of administration of the "Indirect Rule" system of administration.

It thus facilitated the implementation of this administrative system in the Northern part of the country where the Islamic religion had laid the relevant structures. Ojo and Lateju (2010: 32) further write that colonial policies towards Muslim and Christian communities institutionalized religious differences in Nigeria. This initially manifested in the provision of Western education by the Christian missionaries in the non-Muslim areas and imposing restrictions on Christian advances into Northern Nigeria, partly to preserve the internal social integration strategies in the North that formed the basis of Muslim ruler ship. A strong Christian-Muslim dichotomy, therefore, lingered during the pre-independence era and blossomed with full intensity as a result of series of socio-political developments in the country after independence in 1960.

3.11.1 Infiltration of Politics in the Nigerian Religion and Governance

Salawu (2010: 345) writes that Nigeria since independence has produced a catalogue of ethno-religious conflicts which have resulted in an estimated loss of over three million lives and unquantifiable psychological and material damage. The Christian-Muslim relationship in Nigeria over the years has produced serious conflict situations. Besides, the antagonism is deepening and constitutes a serious threat to the corporate existence of Nigeria.

An insight into this perennial conflict situation reveals the preponderance of political undertones. Before, and after independence in 1960, the religious factor was weaved into ethnicism by members of the political class in the Northern and Southern parts of the country to achieve selfish political interests. Muhammad (2008: 123) opines that the political class finds in religion a potent instrument that is used along with ethnicity to advance their self-serving political interests. The Nigerian state is challenged by a wide range of political and socio-economic issues, and these issues most often find expression and definition through religious platforms. These issues also produce conflict situations as different religious groups tend to employ possible machinations to advance their parochial socio-political and economic interests. In this context, religion, therefore, is used as a means to an end through the manipulation of religious sentiments of the less privileged. Issues of national relevance and concern are addressed in the context

of some selfish and parochial religious sentimentalism. The situation has created distrust, rivalry, competition and wide suspicion between the two dominant religious groups and also resulted in violent conflict situations. The different attitudes of the two religions and the geographical factor (predominance of Muslims in the North and predominance of Christians in the East and the South – South, and West, with a little mix of Muslims in the West), has equally engendered this conflict situation. Muhammad (2008: 124) further writes that within this context of ethno-geographical leaning of Islam and Christianity, one can explain the prevalence of religious conflicts in the North and its consequent reprisal attacks in the Southeast and South-South, whereas, the Southwest appears less prone to such attacks.

The political salience of religion in Nigeria therefore, finds explanation in the manipulation of religious sentiments by adherents located in the various parts of the country to advance their selfish political interests. As such, the relationship between Muslims and Christians located in different parts of the country have become volatile resulting in intense violence. The political context of religion has therefore, deepened bigotry and chauvinism with manifest implications on political leadership and governance, and public-policy making in the study context in Nigeria.

Religious conflicts impacts negatively on the Nigeria state in the following ways:

- i. It is a threat to national security and corporate existence. Perennial religious conflict in Nigeria constitutes a major internal threat to national security and corporate existence. It has resulted in the growth of ethnic militarism and these groups operate under the guise of religious chauvinism to unleash terror on the nation state, thereby causing serious embarrassments to the national government;
- ii. It has resulted in the loss of lives and property. Many lives and property worth billions of naira have been lost since independence in 1960 due to religious violence. It is in this line that (Salawu 2010: 345) writes that it has resulted in estimated loss of over three million lives and caused unquantifiable psychological and material damage;

- iii. Religious conflict in Nigeria also undermines the government's security capacity. It constantly undermines the capacity of the national government to maintain order and peaceful co-existence in the country;
- iv. It also brings divisions within the government rank and file. This affects the capacity of the government to function with strength and purpose. Some of the government functionaries are linked with these causes in terms of financial sponsorship and other support;
- v. It also affects the foreign image of the country. The violent religious conflicts in Nigeria affect the foreign image of the country in terms of driving away foreign investors and denting the corporate image of the country in the community of nations; and
- vi. It equally has negative implications in the context of the study.

3.12 IMPLICATIONS OF THE SOCIO-POLITICAL ACCOUNTS IN NIGERIA IN THE CONTEXT OF THE STUDY

- i. It has implications on the identification of care for the aged as a public policy problem that demands strategic national action. It has negatively affected the proper placing of care for the aged on the public policy agenda (Salawu 2010:332);
- ii. A mix of the historical and socio-political issues also has negative implications in identifying the policy issues that affect care for the aged. Policy issues are generated from limited and parochial perspectives, lacking broad based national appeals;
- iii. It also affects the policy impacts and initiatives from the subordinate units and other stakeholders such as the private sector, professional groups and the academic sector. Such impacts are most often guided by ethno-religious sentiments; and
- iv. It affects the policy initiative from the bureaucracy. The performance of the national bureaucracy is affected by ethno-religious and other particular interests, thereby negating broad based impacts on national care for the aged policy development.

Nigeria is confronted with aggravating issues of socio-political and economic failures. These issues are routinely blamed on the federal context of the country. As such, the failure of the country to resolve these threatening issues after 50 years of independence is arguably attributed to the country's colonial experience. The Nigerian federation in the first instance, was a colonial creation that resulted in the arbitrary lumping together of people with disparate historical, socio-political and cultural backgrounds.

The British colonialists started the Nigeria colonial adventure by initially maintaining three separate administrative traditions in the North, West and Eastern parts. This was basically for colonial administrative convenience and not out of the concern to maintain the socio-political, cultural and linguistic separateness of the people. The subsequent amalgamation of the different colonial administrations was intended to facilitate colonial administration without considering its psychological suitability on the people.

Besides, a series of political and Constitutional developments later led to the independence of Nigeria in 1960. As a result, Nigeria Constitutionally became a federation comprising of many constituents units. Since independence in 1960, a series of socio-political issues have characterized the Nigerian state and these are issues arising from the nature of the federal arrangement, ethnic and sectional issues, and religious issues. These issues have persistently imposed serious challenges on the nation state. Issues in the Nigerian federal structure include: the nature of the federating units and the federating units are also plagued by conflictual issues; others, such as issues in the Nigeria federalism, the politics of resource control, issues of inter-governmental fiscal relations, sub-national aggression and state creation, all constitute issues that have persistently ignited a series of national questions.

Nigeria is also characterized by ethno-religious issues. These issues are pervasive and create serious conflict situations. The ethno-religious sentiments of people, (especially the less privileged) are manipulated by the political class for selfish political reasons. The situation has created suspicion, fear and distrust among Nigerians and has resulted in series of violent situations that have destroyed millions of lives and properties. The general implications are enormous on the state and the study context.

3.13 COMPARISON OF REVIEWS

This study was enthused by observed gap in the literature on care for the aged in Nigeria in comparison to South Africa. Known scholarly work in this area centres mainly on comparisons based on institutional enactment and not considering the policy perspective. The objectives of exploring the similarities and differences in care for the aged and also examining the policy issues that affect the aged in the two countries were to know if it aligns with the United Nations requirement with regards to providing good quality lifestyle for older persons. A comparison of reviews of policy documents, the socio-political history of the two nations and scholarly work in the context of the study is carried out in this section.

In the course of the reviews, similarities and differences are observed to exist in care for the aged policy and the policy issues in Nigeria and South Africa. Care for the aged has been found to be an issue of concern in Nigeria and South Africa. In Nigeria, care for the aged, according to Ajomale (2007:3) posits that the Nigerian government and political leaders believe that the provision of care for older persons is the responsibility of families and therefore policy emphasis is more on young people, women and children. Similarly in South Africa, Lubisi (2010:46) argues whether or not South African Government policies and laws mitigate the vulnerability of the elderly in South Africa and of the opinion that it requires an examination of the adequacy of public policy responses to the susceptibility of the elderly.

Care for the aged is a policy challenge in Nigeria. According to the reviewed policy documents (Draft National Policy on Ageing for Nigeria 2007:8) government is committed to caring for the aged. Similarly, in South Africa, the government is committed to caring for the aged as evident in the following documents (South African Policy for Older Persons document, 2005: 4). In South Africa, care for the aged is seen as public concern which must be placed on public policy agenda for good policy making (Skweyiya, 2005:3)

However, in the course of the review, notable differences exist in terms of care for the aged policy and policy issues in Nigeria and South Africa.

In Nigeria, the bottlenecks are military coup, political and institutional intervention. This situation is blamed on poor governance, dishonesty, fraud, deception, the insensitivity of government to the public benefit agenda and policy inconsistency (Angwe, 2012:3; Okoye, 2013:2; Ajomale, 2007:6) However, in the South African context, the barriers were generated by apartheid policy due to racial differences (Sagner, 2000:528).

In Nigeria, often, the policy-making framework in the context of care for the aged is inadequate in addressing relevant issues (Aboderin, 2010:5). In South Africa, strong Constitutional and regulatory issues drive and sustain care for the aged. Such issues are the recognition by government that care for the aged is a primary social welfare function (Sagner, 2000:528). The review further reveals that in South Africa, care for the aged policy-making process is democratic and involves policy actors from the public, private sector and stakeholders (Sagner, 2000:526; Skweyiya, 2005: 4) The comparison of reviews was carried out in the context of the study. It brought into focus the similarities and differences in the reviewed policy documents and other scholarly work on care for the aged policy in Nigeria in comparison to South Africa.

3.14 CONCLUSION

This chapter reviewed the current body of scholarship on care for the aged policy in Nigeria, in comparison to South Africa. To implement this research, a wide range of scholarly work in the fields of public policies, public administration and care for the aged policy in Nigeria and South Africa were reviewed regarding problems as per comparing care for the aged in Nigeria and South Africa, from a policy perspective. The reviewed theoretical context formed part of scholarly effort was on comparative public administration theory and advocacy coalition framework. The reviews were done in the context of examining the theoretical approach to the study. The advocacy coalition framework involves focus of policy deciders with the goals of attending to concerned citizens. The advocacy coalition framework deals with theoretical support for the study as it recognises the relationship of factors like the changes in external influence to the environment of policy making, the effect of unchanging limitations in public policy making and policy actors.

These set of factors were observed to shape policy issues that drive care for the aged in Nigeria and South Africa. Comparative public administration theory explains the cross-national nature of the study. The body of scholarship in comparative public administration theory and advocacy coalition framework produces an integrated explanatory framework for comparing care for the aged in Nigeria and South Africa from a policy viewpoint. Reviews of scholarly work on public administration studied observations on developments which make up the functions of public administration in respect of care for the aged in Nigeria and South Africa.

These functions include: organizing, staffing, policy making, determination of work procedures, financing and control. The reviews showed that public administration has a place in care for the aged policy in Nigeria and South Africa. The study also reviewed scholarly work on public policy making in the context of care for the aged policy in Nigeria and South Africa. Generally, the public policy process involves policy actors and issues; the policy stages include: problem or issue identification, agenda setting, policy decision and policy implementation. The reviews showed that care for the aged policy process are outcomes of some of the general public policy practice in Nigeria and South Africa. The reviews also indicated that care for the aged policy in Nigeria and South Africa, are influenced by many policy concerns, with no scholarly study pertaining to comparing care for the aged in Nigeria and South Africa, from a policy point of view.

The views of Sagner (2000) are relevant in the context of comparing care for the aged policy in Nigeria and South Africa. The views which draw heavily on the policy and institutional contexts of care for the aged in South Africa include:

- i. the dismantling of the apartheid government in 1994 which had amongst other things promoted a policy of racial differentiation in infrastructure provision to the people;
- ii. the recognition by the ANC government that came into power in 1994 that care for the aged is a basic need to the whole society;
- iii. the establishment of care for the aged as a public problem which depicts the existing institutional arrangements as inadequate in realizing the present national goals for care for the aged; and

iv. the proper placing of care for the aged on the public policy agenda.

The socio-political accounts are found relevant in a comparative study of the care for the aged policy in Nigeria and South Africa. The pre-colonial experiences of the two countries, and issues arising there from, and the present socio-political contexts have influenced care for the aged policy in the two countries. South Africa, like Nigeria, passed through colonial experiences, though in a rather excruciating form. Colonialism and apartheid distorted the traditional socio-political and economic formations of the indigenous South Africans and imposed a dehumanizing apartheid system characterized by racial segregation. The apartheid government which lasted for several decades caused a lot of devastations to the people of South Africa.

Through different exploitive apartheid laws, the majority black populations were separated from the socio-economic development of the country. The blacks were divided into homelands, a policy designed to alter their unity and keep them away from the mainstream affairs in the country. The blacks were further denied opportunities of proper economic and educational development. After several years of struggle, resistance and negotiation, apartheid and its repressive system came to an end in 1994. The collapse of apartheid was made possible by a combination of internal and external factors. With the victory of ANC in the 1994 general election, apartheid came to an end. The ANC formed a government of national unity.

Furthermore, at independence in 1994, the South African government was confronted with serious socio-political issues which include issues of balancing socio-economic development through the Reconciliation and Development Programme, issues of reconciliation and redress, poverty and inequality. These issues are outcomes of the past socio-political experiences. As such, the first post-apartheid ANC government which assumed power in 1994 was confronted by the challenges of nation building and socio-economic transformation. The government was committed to addressing the imbalances created by previous years of colonialism and apartheid. The socio-political issues still constitute challenges to the government. However, these issues have implications for the care for the aged policy in South Africa. Care for the aged issues is generated within the contexts of these socio-political accounts.

Similar account is experienced in the Nigerian context but not with brutality as witnessed by South Africa. Nigerian state is a colonial creation which is the outcome of inordinate and over ambitious British imperialism in the 18th century. The British imperialists used their military and psychological advantage to subdue the people who constitute the present day Nigerian state. Moreover, in order to achieve their selfish economic interests, they not only distorted the traditional socio-economic institutions of the people but at the same time, forced groups with disparate characters (diverse historical, socio-political and cultural backgrounds) into one political union.

As such, at independence in 1960, the Nigerian state epitomized the phraseology of constructed unity in diversity. The Nigerian state is therefore, profiled by different socio-political issues. These issues such as the Nigerian federal structure, ethnicity and religious issues have proved irreconcilable so far, thereby, negatively affecting the corporate existence of the country. The Nigerian federal structure persistently generates such issues as the nature of the federating units, issues of fiscal federalism, politics of resource control, issues on intergovernmental relations, sub-national aggression and issues on state creation. The complexities and challenges by these issues constitute the uncertain and delicate character of the Nigerian federal structure.

The corporate existence of the country is also heavily threatened by ethno-religious issues. Ethnicity and religion are politicized and used to pursue selfish and inordinate sectional interests. Ethno-religious issues generate persistent concerns and challenges for the Nigerian state. They intensely undermine peace, unity and the corporate existence of the country. The historical and socio-political issues have an impact on care for the aged policy in Nigeria. Care for the aged policy issues are generated within these historical and socio-political contexts.

REFERENCES

Books and Journals

- Ajomale O.O. 2007. Socio-Economic factors that determine the Health and Social Well Being of the Elderly in Ibadan in Nigeria. The need for Social Work Intervention. Discussion Paper Series. ISA RC11. Sociology of Aging.
- Aboderin, I. & Ferreira, M. 2008 "Linking Ageing to Development Agendas in sub-Saharan Africa: Challenges and Approaches" WDA-HSG Discussion Paper Series. No 2008/1, World Demographic Association, Switzerland.
- Abumere, F. 2013. Specific Policies to Protect the Welfare of Older People in Britain. *The Open Access Journal of Science and Technology AgiAI Publishing House* 1 (2013), Article ID 100003: 5.
- Adebanwi, W. & Obadare, E. 2010. Introducing Nigeria at 50: The nation in narration. *Journal of Contemporary African Studies*, 28(4):379-405.
- Adejumobi, S. 2004. Civil Society and Federalism in Nigeria. *Regional and Federal Studies*, 14(2): 211-231.
- Adele, B.J. 2008. Inter-governmental Relations and Political Opposition in Nigeria's Fourth Republic, 1999-2004. *Ozean journal of Social Sciences*, 1(1).
- Afigbo, A.E. 1991. Background to Nigerian Federalism, Federal Features in the Colonial state. *Federalism in Nigeria: toward Federal Democracy*, 21(4).
- African National Congress (ANC) 1994. The Reconstruction and Development Programme: A policy framework. Umanyano, Johannesburg. <http://www.upetd.up.ac.za>.
- Aigbepue, S. & Ainabor, A.E. 2011. Issues and Challenges of Nigeria Fiscal Federalism. *Interdisciplinary Journal of Research in Business*, 1(10): 26-31.

- Akinrinade, S. 2003. Constitutionalism and the resolution of conflicts in Nigeria, The Round Table. *The Commonwealth Journal Of International Affairs*, 92(368): 41-53.
- Alapiki, H.E. 2005. State Creation in Nigeria: Failed Approaches to National Integration and Local Autonomy. *African Studies Review*, 48(3): 49-65.
- Anderson, J.E. 2006. *Public Policy Making* (6th ed.). U.S.A: Houghton Mifflin Company.
- Anugwom, E.E. 2000. Ethnic Conflict and Democracy in Nigeria: The Marginalization Question. *Journal of Social Development in Africa*, 15(1): 61-78.
- Apartheid in South Africa. 2000. [http://en.wikipedia.org/wiki/Apartheid in South Africa](http://en.wikipedia.org/wiki/Apartheid_in_South_Africa).
Apartheid in South Africa. <http://msc.cc.sunysb.edu>.
- Armstrong, P., Lekezwa, B. & Siebrits, K. 2008. Poverty in South Africa: A profile based on recent household surveys. <http://www.ekon.sun.ac.za/wpapers/2008/wp042008/wp-04-2008pdf>. Accessed on 10th October, 2015.
- Arowosegbe, J.O. 2009. Violence and National Development in Nigeria: The Political Economy and Youth Restiveness in the Niger Delta. *Review of African Political Economy*, 36(122): 575-594.
- Asagba, A. 2005. Research and the Formulation and Implementation of Ageing Policy in Africa: The Case of Nigeria. *British Society of Gerontology Generations Review*, 15(2): 39-41.
- Attoh, F. & Soyombo, O. 2011. The Politics of ethnic balancing in Nigeria. *International Journal Of Sociology And Anthropology*, 3 (2): 40-44.
- Bassey, C. & Akpan, F. 2012. The Politics of Resource control in Nigeria. *European Journal Of Social Sciences*, 27(2): 222-232.

- Br Brans, M. 2007. Comparative Public Administration: From General Theory to General Frameworks. In B.G. Peters & J. Pierre (ed). *The Handbook of Public Administration*. London: Sage Publications.
- Brynard, P. 2006. Policy Decision Making. In F. Cloete, W. Wissink & C. De Conning (eds) *improving Public policy from theory to practice*. Pretoria: Van Schaik Publishers.
- Burstein, P 1991. Policy Domains: Organization, Auditing and Policy outcomes. *Annual Review of Sociology*, 17: 327-350.
- Cairney, P. 1997. Advocacy Coalitions and Policy Change - Policy Studies: Theory and Practice. <http://www.psq.ac.uk/journal/pdf/5/1997/cair.pdf>. Accessed on 15th March, 2016.
- Chandler, J.A. 2000. *Comparative Public Administration*. London: Routledge.
- Cline, L. E. 2011. Today we shall drink blood: internal unrest in Nigeria. *Small Wars and Insurgencies*, 22(02): 273-289.
- Cloete, J.J.N. 1998. *South African Public Administration and Management*. Pretoria: Van Schaik.
- Cloete, F. & Meyer, I.H. 2011. Policy Agenda Setting. In F.Cloete, H.Wissink, C. De Coning (Ed.), *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik.
- Colebatch, H.K. 2006. What Makes Policy? *Policy Sciences*, 39(4): 309-321.
- Dahl, R. 1982. *Dilemmas of pluralist democracy: Autonomy vs. control*. London: Yale University Press.
- De Conning, C. 2006. The Nature and Role of Public Policy. In F. Cloete, H. Wissink, C. De Conning (eds). *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik Publishers.

- Dror, Y. 2003. *Public Policy Making Re-examined*. New Brunswick, New Jersey: Transaction Publishers.
- Du Toit, D. & Van Der Waldt, G. 2008. *Public Administration and Management*. Kenwyn: The Grassroots Juta & company Ltd.
- Dye, T. R. 2002. *Understanding Public Policy*. USA: Eaglewood Cliffs.
- Elaigwu, J.I. 2002. Federalism in Nigeria's Democratic Polity. *The Global Review of federalism*, 32(2): 73-95.
- Fenger, M. & Jan Klok, P. 2001. *Policy science*. Netherlands: Kluwer Academic Publishers.
- Fox, W. 1991. *Organizing In Public Management*. Kenwyn: Juta & Co. Ltd.
- Fox, W. & Bayat, M.S. 2006. Managing Policy. In Fox, Bayat & Ferreira (eds). *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Fox, W. & Meyer, I. 1995. *Public Administration Dictionary*. Juta & Co Ltd; Kenwyn.
- Freinkman, L. 2007. Intergovernmental Relations in Nigeria: Improving Service delivery in core sectors. <http://mpira.ub.uni-muenchen.de> Accessed on 18th November, 2015.
- Geographical location of Nigeria. 2011. www.onlinenigeria.com/geography.asp. Accessed on 10th February, 2015.
- Gerston, L.N. 2010. *Public Policy Making, Process and Principles*. New York: M. E. Sharpe, Inc.
- Gildenhuys, J.S.H. 2004. *The Philosophy of Public Administration*. Stellenbosch: Sun Press.
- Gibson, J.L. 2006. The Contributions of Truth and Reconciliation: Lessons from South Africa. *The Journal of Conflict Resolution*, 50(3).

- Giliomee, H. & Mbenga, B. 2007. *New History of South Africa*. Cape Town: Tafelberg Publishers.
- Hamon, M. 1992. *Administrative Policy Formulation and the Public interest: Public administration in Action, Readings, Profiles and Cases*. U.S.A.: Brooks/Cole Publishing.
- Hanekom, S.X. 1986. Public Policy-making and Public Policy Analysis. In X. Hanekom, R. W. Rowland & E. G. Bain (eds), *Key Aspects of Public Administrations*. Johannesburg: Macmillan Publishers.
- Hanekom, S.X. & Thornhill L. 1993. *The Functions of the Public Administrator*. Durban: Butterworth Publishers (Pty) Ltd.
- Hansard, 1946. Union of South Africa, First Report of the Commission on Old Age Pensions and National Insurance (U.G. 21 — 1927).
- Heintz, T.H. & Jenkins-Smith, H. 1998. *Advocacy Coalition and the practice of policy analysis*. Netherlands: Klumer Academic Publishers.
- Hendericks, R. 2006. Actors in Public Policy Making. In Fox, Bayat & Ferreira (eds), *a Guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Henrard, K. 2007. Post-apartheid South Africa's democratic transformation process: Redress of the past, reconciliation and unity in diversity, Global Review of Ethno-politics, <http://dx.doi.org/10.8080/14718800208405103>. Accessed on 17th December, 2015.
- Howlett, M. 2002. Understanding National Administrative style and their impact upon Administrative reform. A neo-Institutional Model and Analysis. *Journal of policy and society*, 21(1): 1-24. <http://ozlacademy.com> Accessed on 18th March, 2016.
- Ijeoma, E.O. 2010. *Africa's New Public Policy: Imperatives for Globalization & Nation-Building in Nigeria*. Pretoria: Africa Institute of South Africa.

- Ike, R.M. 2009. Advocacy Coalition Framework: An approach to Critical Theory and Belief Systems in Policy making. <http://www.psq.ac.uk/journals/pdf/5/2009/ike.pdf>. Accessed on 8th August, 2015.
- Jinadu, L.A. 1985. Federalism, the Consociationalism, and Ethnic Conflict in Nigeria. *Federalism and consociationalism*, 15(2): 71-100.
- Kelly, N.J. 2005. Political Choice, Public Policy, and Distributional Outcomes. *American Journal of Political Science*, 49(4): 0865-88.
- Kirlin, J.J. 1984. Policy Formulation. In Gilbert G. Ronald (eds), Marcel Dekker, *Making and Managing Policy Formulation, Analysis and Evaluation*. New York. Sage
- Koliba, C., Meek, J.W. & Zia, A. 2011. *Governance Networks in Public Administration and public policy*. U.S.A: CRC Press.
- Kun Yung, Y. & Roy Young, C. 2008. Beyond the Advocacy Coalition Framework Policy Process. *International Journal of Public Administration*, 31(6):668-689.
- Lawson, P.S. 2011. Nigeria's 1999 Constitution and Intergovernmental Relations (IGR): need for improvement. *Ozean journal of Social Sciences*, 4(3).
- Lehohla, P. 2007. Community survey 2007. The RDP Commitment: What South Africans Say <http://unpanl.un.org/intradoc/groups/public/documents/CPSI/UNPAN027977.pdf>. Accessed on 22nd December, 2015.
- Lehohla, P. *Profile of older persons in South Africa / Statistics South Africa: Census 2011*. Pretoria: Statistics South Africa.
- Lubisi, M. 2010. The Right to Social Security and Social Assistance with Particular Reference to Older Persons in the Eastern Cape Province: A Case Study. A Dissertation Submitted To The University Of Fort Hare.
- Lund, F. 1993. State Social Benefits in South Africa. *International Social Security Review*, 46: 5–25.

- Mackinno, A.S. 2004. *The Making of South Africa, Culture and Politics*. Upper Saddle River, New Jersey: Pearson Education.
- Mark, O. 2015. Government Policy on Care for the Aged; Symptoms and prevention of dementia in the elderly. Paper presentation at the World Elders' Day Lagos-Nigeria.
- May, J. 1998. Poverty and Inequality in South Africa. Centre for Social Development Studies. <http://www.info.gov.za>. Accessed on 17th December 2015.
- May, J. 2010. Poverty Eradication. The South African Experience. Paper prepared for Department of Economic and Social Affairs, Division for Social Policy and Development and Economic Commission for Africa, Economic Development and NEPAD Division. <http://www.un.org/esa/socdev/social/meetings/egm10/documents/may%20paper.pdf>.
- Metumara, D.M. 2010. Democracy and the Changing Ethno-Nationalism in Nigeria's Fourth Republic: Interrogating Institutional Mechanics. *Journal of Peace, Conflict and Development*, 15. <http://www.peacestudiesjournal.org.uk>. Accessed on 16th March, 2015.
- Motlana, N. & Mogoba, S. 1998. Apartheid and the Challenges of African Leaders. <http://www.africanleadership.org>. Accessed on 20th November, 2015.
- Muhammad, A.A. 2008. Religious Conflicts in Nigeria and Its Implications for Political Stability. *The Social Sciences*, 3(2): 121-125.
- Nnoli, O. 2003. Ethnic Violence in Nigeria: A historical perspective. <http://indiana.edu>. Accessed on 1st June, 2016.
- Norval, A.J. 2009. No Reconciliation without Redress: Articulating political demands in post-transitional South Africa. *Critical Discourse Studies*, 6(4):311-321.
- Obashoro, O 2010. *Ageing Gracefully*. Lagos: Concept Publications.

- Ojie, A. E. 2006. 2006. Ethnicity, and the Problem of extra-judiciary killing in Nigeria. *Journal of Black Studies*, 36(4):546-569.
- Ojie, A.E. & Ewhrudjakpor, C. 2009. Ethnic Diversity and Public Policies in Nigeria. *Anthropologist*, 11(1): 7- 14.
- Ojo, E.O. & Adebayo, P. F. 2008. The Politics of States and Local Governments Creation and Nigeria's Search for Geo-Political Balancing. *African Research Review*. 2(3): 334 – 367.
- Ojo, M.A. & Lategu, F.T. 2010. Christian-Muslim Conflicts and Interfaith Bridge: building efforts in Nigeria. *The Review of faith international affairs*, 8(1): 31-38.
- Okafor, C. 2013. Electricity generation, transformation and distribution policy: A comparative study of Nigeria (1960-2011) and South Africa (1994-2011). An Unpublished Doctoral Thesis. University of Fort Hare.
- Omokaro, E. 2008. Some Non-Cultural Determinants of Adult Children Care of Elderly Parents. Proceedings of the 1st Conference of Stakeholders on Care of the Elderly in Nigeria. Pub. A.A. Communications Calabar-Nigeria.
- Omoresemi, A 1989. Older Persons and the environment. Paper presentation at World Elders' Day . Lagos, Nigeria
- Omotola, J. S. 2009. Liberation Movements and Rising Violence in the Niger Delta. The New Contentions Site of Oil and Environmental Politics. *Studies in Conflict & Terrorism*, 33 (1): 36-54.
- Opeskin, R.B. 2001. Mechanisms for Intergovernmental Relations in Federations. *International Social Sciences Journal*, 53(167): 129-138.
- Orji, N. 2008. Power-Sharing: The Element of Continuity in Nigerian Politics. Doctoral Research Study, Department of Political Science, Central European University, Budapest.

- Osaghae, E.E. & Suberu, R. T. 2005. A History of Identities, Violence, and Stability in Nigeria. Centre for Research in Inequality, human Security and Ethnicity. <http://www.afid.gov.uk>. Accessed on 18th March, 2016.
- Oxford. 2008. *Oxford Advanced Learners Dictionary*. Cape Town: Oxford University Press.
- Pollack, H. 1960. Social Development since Union (Johannesburg, 1960): State Social Pensions, Grants and Social Welfare', In S. van der Horst (ed), *Race Discrimination in South Africa* (Cape Town,1981), pp. 152–185;
- Roskin, et al .1991. *Political Science an Introduction*. New Jersey: Prentice Hall Inc.
- Ross, R. 1999. *A Concise History of South Africa*. Cambridge, United Kingdom: University Press.
- Roux, N.L 2006. Policy Design. In F. Cloete, W. Wissink & C, De Conning (eds), *Improving Public Policy from theory to practice*. Pretoria: Van Schaik Publishers.
- Rustad, S. A. 2008. Power-Sharing and Conflict in Nigeria. Power-Sharing Agreements, Negotiations and Peace Processes. Centre for the Study of Civil War. <http://www.prio.no>. Accessed on 20th December, 2015.
- Sabatier, P.A 1991. Towards Better Theories of the Policy Process. *Political Science and Politics*, 24(2). 147-156.
- Sagner, A. 2010. Ageing and Social Policy in South Africa: Historical Perspectives with Particular Reference to the Eastern Cape. *Journal of Southern African Studies*, 26(3).
- Salawu, B. 2010a. Ethnic factor and Development Question in Nigeria. A consideration of its implication for the transformation of rural Nigeria. *European Journal of Scientific Research*, 41(3):328-335.
- Salawu, B. 2010b. Ethno-Religious Conflicts in Nigeria. Causal Analysis and Proposals for New Management Strategies. *European Journal of Social Sciences*, 13 (3).

- Samuel, J .2007. Public Advocacy and People Centered Advocacy: Mobilizing for social change. *Development in Practice*, 17(4-5): 615-621.
- Schwella, E. 1991. Introduction to Public Management. In Fox, Schwella & Wissink *Public Management*. Kenwyn: Juta & Company, Ltd.
- Seekings, J. 2007. Poverty and Inequality after Apartheid. Paper prepared for after apartheid <http://www.yale.edu/macmilian/apartheid/seekingsp2.pdf>. Accessed on 15th April, 2016
- Sklar, R.L. 2004. Unity or Regionalism: The Nationalities Question. In *Crafting the New Nigeria: Confronting the challenges* <http://rsklar.bol.ucla.edu>. Accessed on the 18 December, 2015.
- Skweyiya, T. 2005. South African Policy for Older Persons. Social Development Department. Smith College studies in social work. Pretoria
- Suberu, R. 2010. The Nigerian federal system: Performance, Problems and Prospects. *Journal of Contemporary African Studies*. <http://tandfonline.com>. Accessed on 23rd October, 2015.
- Thompson, L. 1990. *A History of South Africa*. U.S.A: Yale University Press.
- Thornhill, C. & Dijk, G. 2010. Public Administration Theory: Justification for conceptualization. *Journal of Public Administration*, 45(1).
- Triegaardt, J.D. 2006. Poverty and Inequality in South Africa: Policy Considerations. [http://www.dbsa.org/Research/Documents/Pverty%20ad%20inequality%in%20South%20Africa%](http://www.dbsa.org/Research/Documents/Pverty%20ad%20inequality%in%20South%20Africa%20). Accessed on 28th December, 2015.
- Ugoh, S.C. & Ukpere, W.I. 2011. Public Policy: Myths and Realities in Nigerian nationhood since independence. *Africa journal of Business Management*, 5(23): 9800-9807.
- United Nations Population Division (UNPD). 2006. Population Ageing 2006 Chart. New York: UNPD.

- United Nations Population Division (UNPD). 2008. World Population Prospects: The 2006 Revision. New York: UNPD. Accessed January 8: <http://esa.un.org/unpp/>
- United Nations, Economic and Social Council. (2007). Regional implementation of the Madrid International Plan of Action on Ageing, 2002. Note by the Secretary General. E/CN.5/2008/2, United Nations, New York
- Walaza, N. 2003. Reconciliation with partial truths: An assessment of the dilemmas posed by the reconciliation process in South Africa. *Smith College studies in social work*, 73(2): 189 – 204.
- Walters L. C., Aydolette, J. & Miller, J. 2000. Putting more Public in Policy Analysis. *Public Administration Review*, 60(4): 349-359.
- Warwick, M. 2006. The Environment of Public Policy. In Fox, Bayat and Ferreira (ed), *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Weible, C.M., Sabatier, P.A. & McQueen, K. 2009. Themes and Variations: Taking stock of the Advocacy Coalition framework. *The Policy Studies Journal* 37(1).
- Wessels, D, 1999. South Africa's Reconstruction and Development Programme. A Better Life for All. *Journal of Social Sciences*, 3(4):235-243.
- White Paper on Reconstruction and Development, 1994. Government Gazette, Notice No 1954. <http://info.gov.za>. (Accessed May 2nd 2016)
- White Paper on Reconstruction and Development. 1994. Government Gazette, Republic of South Africa, <http://www.info.gov.za>. Accessed on 25th April, 2015.
- White Paper on Reconstruction and Development 1994. Government Gazette, Republic of South Africa. <http://www.info.gov.za>. Accessed on 25th November, 2015.
- Williams, J.J. 2000. Truth and Reconciliation – Beyond the TRC process and findings, *Ecquid Novi. African Journalism Studies*, 21(2): 207-219.
- Wissink, H. 1991. Policy-Making. In Fox, Schwella & Wissink, *Public Management*. Kenwyn: Juta & co. Ltd.

Woodford, M.R & Preston, S. 2011. Strengthening citizen participation in public policy making: A Canadian Perspective. Parliamentary Affairs, pp 1-19. <http://www.oxfordjournals.org.warmseal.ac.sz/pa/gsr065>. Accessed on 27th January, 2016.

World Health Organization (WHO). 2006. The Health of the People: The African Regional Health Report. WHO Regional Office for Africa, Brazzaville.

Yardua, A. 2009. Paper presentation at the celebration of The United Nation Day of the Elderly Oct 2009. www.globalaging.org. Accessed on 27th January, 2016.

CHAPTER FOUR

METHODOLOGY, FINDINGS AND ANALYSIS

4.1 INTRODUCTION

The previous chapter dealt with literature review of this study. This chapter presents and describes the research design and methodology used in the study, findings and analysis. This study's research design is modified by the researcher to mean procedures of inquiry and the specific research methods of data collection, analysis and interpretation (Creswell, 2014:3).

4.2 RESEARCH DESIGN

A research design provides a framework or plan of action for the research (Zikmund, Babin, Carr & Griffin, 2013:64). The plan involves how the researcher will systematically collect and analyse the data that is needed to answer the research questions (Bertram & Christiansen, 2015:40, Durrheim, 2014:34, Wild & Diggines, 2013:54, Zikmund, Babin, Carr & Griffin, 2013:64).

In this thesis, the researcher modified research designs from various authors from Durrheim (2014:34), Malhotra and Birks (2007:64) and Saunders, Lewis and Thornhill (2016:11).

According to Durrheim (2014:34), research may be viewed as a process consisting of the following five stages:

- 1) Stage 1: Defining the research question;
- 2) Stage 2: Designing the research;
- 3) Stage 3: Data collection;
- 4) Stage 4: Data analysis; and
- 5) Stage 5: Writing a research report.

Malhotra and Birks (2007:64) offer a six-step research process, namely:

- 1) Step1: Specifying the information needed;
- 2) Step 2: Type of design;
- 3) Step 3: Methods and measurement;
- 4) Step 4: Data collection;
- 5) Step 5: Sampling techniques; and
- 6) Step 6: Data analysis.

Saunders *et al.*'s (2016:11) research design comes from their research onion as seen below.

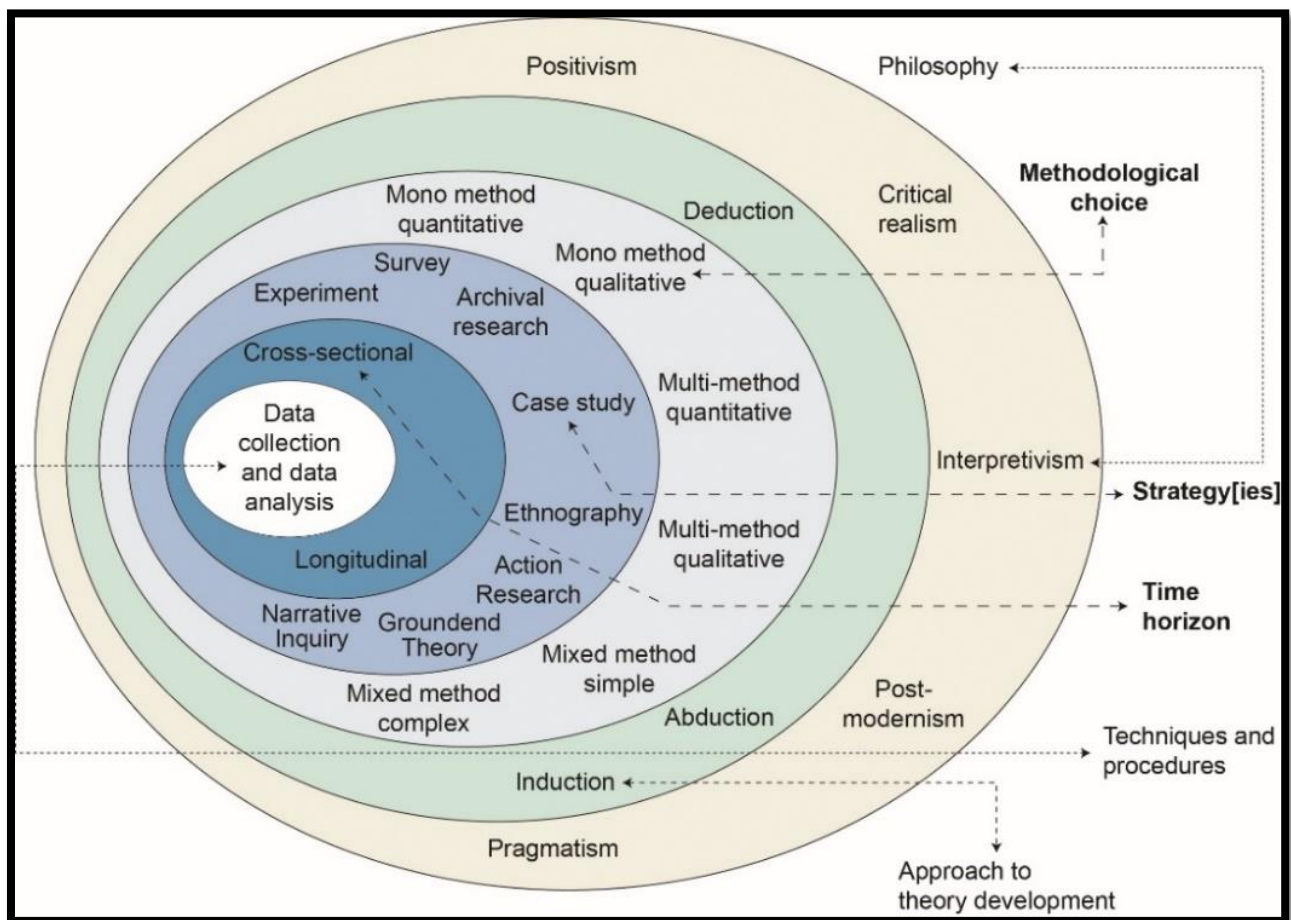


Figure 3: Saunders *et al.*'s (2016:11) research design

Accordingly, Saunders *et al.*'s (2016:11) research design takes the following steps:

- 1) Step 1: Data collection and data analysis techniques used;
- 2) Step 2: Time horizon;
- 3) Step 3: Research strategies;
- 4) Step 4: Methodological choice;
- 5) Step 5: Approach to theory development; and
- 6) Step 6: Philosophy.

The modified steps of this study's research design are seen in Table 6 below.

Table 6: 9-step research design process modified from various authors

Step	Design	Seen in	Sources
Step 1	Defining the research question	See point 4.2.1	Stage 1 of Durrheim (2014:34)
Step 2	Time horizon	See point 4.2.2	Step 2 of Saunders <i>et al.</i> (2016:11)
Step 3	Approach to theory development	See point 4.2.3	Step 5 of Saunders <i>et al.</i> (2016:11)
Step 4	Research strategy	See point 4.2.4	Step 3 of Saunders <i>et al.</i> (2016:11)
Step 5	Methodological choice	See point 4.2.5	Step 4 of Saunders <i>et al.</i> (2016:11)
Step 6	Data collection	See point 4.2.6	Step 3 of Durrheim (2014:34), step 3 of Malhotra and Birks (2007:64) and step 1 of Saunders, Lewis and Thornhill (2016:11)
Step 7	Data analysis	See point 4.2.7	Stage 4 of Durrheim (2014:34), step 6 of Malhotra and Birks (2007:64) and Step 1 of Saunders <i>et al.</i> (2016:11)
Step 8	Philosophy/Paradigm	See point 4.2.8	Step 6 of Saunders <i>et al.</i> (2016:11)
Step 9	Writing the research report	See thesis	Malhotra and Birks (2007:64)

Sources: Durrheim (2014:34), Malhotra and Birks (2007:64) and Saunders *et al.* (2016:11).

This chapter includes other aspects not included in Table 6 above. These are from the research process suggested by Hofstee (2013) in Figure 4 below. These aspects are:

- Limitations;
- Ethical considerations; and
- Conclusion.

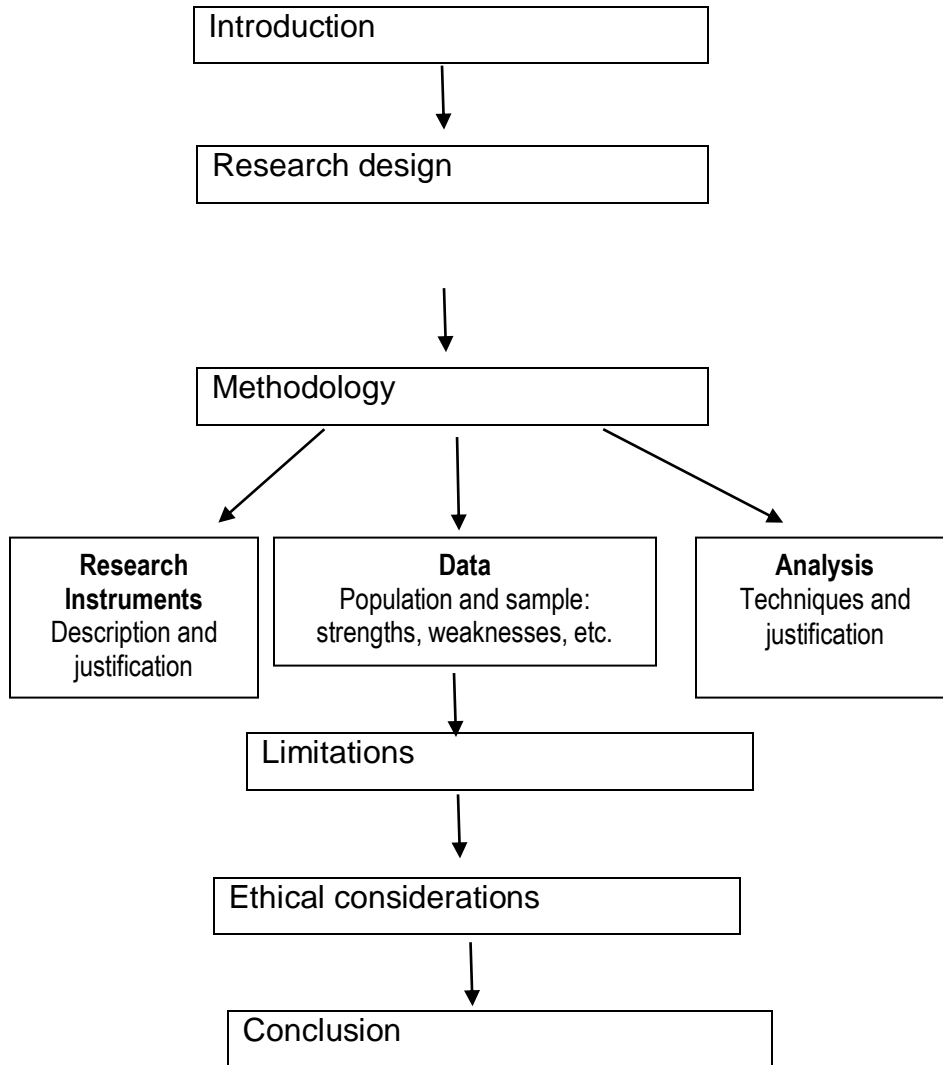


Figure 4: Generic research layout

Source: Hofstee (2010:112)

4.2.1 Step 1: Defining the research question

A research question is an answerable inquiry into a specific concern or issue. It is the initial step in a research project. The 'initial step' means after you have an idea of what you want to study, the research question is the first active step in the research project.

4.2.2 Step 2: Time horizon

As mentioned in chapter one, the research was conducted between November 2015 and June 2016. The researcher reviewed documents of Nigeria and South Africa with regards to policy through desktop research. In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria and consequently made comparisons, looked for gaps and drew conclusions.

The study reviewed these materials to identify the similarities and differences in the policy documents to elucidate and understand the policy issues that affect the aged as well as the impact of the policy.

4.2.3 Step 3: Approach to theory development

This study used an inductive approach. An inductive approach is used when a researcher collects data to explore a phenomenon, often in the form of a conceptual framework (Saunders *et al.*, 2016:145).

4.2.4 Step 4: Research strategy

There are several qualitative research designs that can be used, depending on the type of study being undertaken. Alphabetically, these are:

- Action research (Bertram & Christiansen, 2015:41; Henning, 2013:49);
- Case study (Bertram & Christiansen, 2015:41; De Vos *et al.*, 2013:313; Du Plooy-Cilliers *et al.*, 2014:178; Henning, 2013:49; Johnson & Christensen, 2014:50; Leedy & Ormond, 2014);
- Content analysis (Leedy & Ormond, 2014);
- Discourse analysis (Bless *et al.*, 2014:353; Henning, 2013:49);

- Ethnography study (Bertram & Christiansen, 2015:41; Bless *et al.*, 2014:353; De Vos *et al.*, 2013:312; Du Plooy-Cilliers *et al.*, 2014:176; Henning, 2013:49; Johnson & Christensen, 2014:49; Leedy & Ormond, 2014);
- Ethnomethodological studies (Henning, 2013:49);
- Grounded theory study (Bless *et al.*, 2014:352; De Vos *et al.*, 2013:313; Du Plooy-Cilliers *et al.*, 2014:178; Henning, 2013:49; Johnson & Christensen, 2014:51; Leedy & Ormond, 2014);
- Historical research (Bertram & Christiansen, 2015:41; Johnson & Christensen, 2014:50);
- Narrative inquiry/analysis (Bless *et al.*, 2014:353; De Vos *et al.*, 2013:313; Henning, 2013:49; Johnson & Christensen, 2014:50);
- Phenomenological study (Johnson & Christensen, 2014:49; Leedy & Ormond, 2014) or phenomenology (De Vos *et al.*, 2013:313); and
- Qualitative evaluations (Henning, 2013:49).

With the above in mind, this study used a case study of nations focusing on South Africa and Nigeria's policies. The following section describes case study research in general, including the types of case studies and the advantages of case studies.

Although case studies are defined in various ways, a standard does not exist. Although experienced case study researchers have not reached unanimity in the definition of case study (Toloie-Eshlaghy, Chitsaz, Karimian & Charkhchi, 2011:120), in a case study, sometimes called idiographic research (Leedy & Ormond, 2014:143), a limited number of units of analysis is studied intensively (Leedy & Ormond, 2014:143; Welman *et al.*, 2005:193). The unit of analysis includes individuals (Leedy & Ormond, 2014:143), groups, institutions (Durrheim, 2014:41), programme or event (Leedy & Ormond, 2014:143) and social artefacts (Babbie, 2013:99-100).

To qualify as suitable for case study research, it is crucial that the thing to be studied has some distinctive identity that allows it to be studied in isolation from the context (Denscombe, 2014:54). If the case has no end-point and no limits, then it blends into other social phenomena and cannot be viewed as a 'case'. Denscombe (2014:54) alerts us that there are a wide range of social phenomena that meet the case criteria which

can be studied using the case study approach. These are: (i) Event: Strike, street riot, ceremony, music festival (ii) Organisation: Commercial business, hospital, school (iii) Policy: New health intervention, change to pension schemes (iv) Location: Shopping mall, nightclub, accident hotspot and (v) Process: In-service training, recruitment procedure.

According to Babbie and Mouton (2014:281), although the origins of case studies are unclear, there are six types of cases studies. These are expatiated hereunder (1) Individual case study (2) Studies of organisations and groups (3) Community studies (4) Social group studies (5) Studies of events, roles and relationships and (6) Studies of countries and nations.

The study adopted a causal comparative case study design using a desktop approach. The choice of the case study (comparative design) used in this study was meant to facilitate an understanding of a particular problem on how the policies in South Africa and Nigeria are implemented towards the care of the aged.

The purpose of a case study, as articulated by Denscombe (2007: 251), is to review, discuss and compare intensively the information of the phenomena that constitute policy in care of the aged. In the same manner, the current study uses a case study design to compare and review, through desktop research; care for the aged. Denscombe (2007:250) posits that the case study design enables the researcher to get in-depth and detailed understanding of patterns and trends emerging from document reviewed used within the study which, in turn, gives the researcher appropriate opportunities to better understand the phenomena. Kura (2012) and Denscombe (2007:253) state that sometimes a case study uses multiple data sources such as internet, journals, newspaper publication and reviewed document and document analysis to improve on internal validity.

This case study focused on analysing factors such as Government policy on care for the aged, social groups and other factors linked to the phenomena that the researcher was investigating (Denscombe, 2007:249). On the other hand, Denscombe (2007:256) also states that a case study focuses on secondary data. It is for this reason that

Denscombe (2007:259) confirms that a case study is a study of a single unit. Its data collection is purely qualitative. A case study typically focuses on the unique aspects of the case that help the researcher to investigate complexities arising from the reviewed document with regards to Government policy on care for the aged.

For the purpose of this comparative study on Government policy on care for the aged in Nigeria and South Africa, the study adopted a causal comparative design. Specifically, the study made use of the retrospective causal-comparative design. Retrospective causal-comparative research requires that a researcher begins investigating a particular question when the effects have already occurred, and the researcher attempts to determine whether one variable may have influenced another variable (Gay, Mills & Airasian, 2006:40). This design explored cause and effect relationships which already exist between South Africa and Nigeria's care for the aged policy.

The research design is, therefore, necessary for the management of the entire research endeavor since it necessitates, specifically, development, organizing, leading, controlling including managing, thinking, visualization of data and the problems associated with the utilization of such data in the entire research project (Hooper, 2005:20; Leedy, 1994:93). In the context of this study, the choice of the two countries is based on their good disposition of human prowess. The two countries, at different times in their political history, gained the political freedom to make and implement policies within their respective domains. In 1960, Nigeria gained independence while South Africa gained its independence in 1994. Nigeria and South Africa also have similar care for the aged policy (Mouton, 2011:65). Therefore, the process of care for the aged in Nigeria and South Africa is influenced by the policy process enacted, but the South African policy, as will be discussed, is more rooted and implemented. The study examined these policy documents to identify similarities and differences between them. A cross-national comparative study of aged policy in Nigeria and South Africa based on the causal comparative design enabled the selection and discussion of the aged policy documents in the two countries, and intended to:

- Compare the aged's policies in Nigeria and South Africa;
- Review the policy issues that affect the aged in Nigeria and South Africa; and

- Review if the policy issues align with the United Nations universal goal on quality care for the aged.

4.2.5 Step 5: Methodological choice

Research methodology is the logic through which a researcher addresses the research questions (Mason, 2002:30) and gains data for the study (Denzin & Lincoln, 2000:157). Brynard and Hanekon (1997:27) define research methodology as ways of collecting data and the processing thereof, within the framework of the research process. According to Mouton (2011:65), research methodology focuses on the research processes and the kind of tools and procedures to be used; the point of departure is the specific task at hand. It also focuses on the individual steps in the research process and the most objective procedures to be employed. Research methodology, according to Leedy and Ormrod (2005:135), has two primary functions, which include: to dictate and control the acquisition of data and, to correlate the data after their acquisition and extract meanings from them, that is, interpretation of the data.

Of the three types of research approaches, namely: quantitative, qualitative and mixed methods (Creswell, 2014:4; Creswell & Plano Clark, 2014:3), this study made use of a qualitative research approach. Also known as research paradigms (Johnson & Christensen, 2014:31), research approaches are plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Creswell, 2014:3).

Johnson and Christensen (2014:33) highlight the reality that pure qualitative research relies on the collection of qualitative data. According to Wild and Diggins (2013:86), qualitative research is the collection, analysis and interpretation of data that cannot be meaningfully quantified. Creswell (2014:4) upholds the view that qualitative research is an approach for exploring and understanding the meaning that individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participants' setting, data analysis inductively building from particulars to general themes and the researcher making interpretations of the meaning of the data (Creswell, 2014:4). According to

Creswell (2014:4), the final written report has a flexible structure, and those who engage in this form of inquiry support a way of looking at research that honours an inducting style, a focus on individual meaning and the importance of rendering the complexity of a situation.

According to Remenyi and Money (2012:75), two top-level research methods are theoretical or empirical methods. Theoretical research relies on secondary data and the discourse from a knowledgeable informant and has been defined as: research which draws on ideas and concepts through a process of reflection and discourse which develops, extends or in some other way, qualifies the previous work to create a new explanation, which provides better or fuller explanations of the issues and the relationship involved. On the other hand, empirical research methods rely on primary data and are defined as: research involving the acquisition of primary data described by researchers as sense-perceived data. Remenyi and Money (2012:76) further state that within the empirical approach to research, there are two major options or research orientations: positivistic or quantitative (an approach essentially derived from the natural sciences) and interpretivist or qualitative (an approach essentially derived from the social sciences).

This study adopted the qualitative research methodology to review policy on care of the aged in Nigeria and South Africa. The qualitative research methodology is referred to by the authorities such as Leedy and Ormrod (2005:136) as the study that serves one of the following purposes: Description, Interpretation, Verification and Evaluation. It means that qualitative research helps the researcher to verify documents and also test the validity of certain assumptions, claims, theories, or generalizations within real-world contexts (Leedy & Ormrod, 2005:136). According to Alasuutari (2010:153), qualitative research methodology is a method of reviewing documents and policy with regards to care for the aged in the society. This means that qualitative research provides an understanding and descriptions of policy review as situated and embedded in local contexts (Creswell & Plano Clark, 2014:13). The current study used the qualitative research method because it was the most relevant approach to answer the research

questions on comparing Government policy on care for the aged between Nigeria and South Africa.

According to Tech (1990:6), qualitative research is an explanatory approach because the researcher has the privilege of collecting data within the natural setting; the researcher sought to review, discuss, analyse and compare the data which addresses issues such as care for the elderly in the society. Additionally, Leedy and Ormond (2005:136) aver that qualitative research focuses on the review of the text to discover embedded meanings on how South African and Nigerian policies affect care for the aged in the community. The current research aimed to understand the review of the document on care for the aged in South Africa and Nigeria. Denscombe (2007:254) states that qualitative research methods are used in social sciences, management and commerce, in the field of public administration, and their usage is determined largely by the nature of research area.

Furthermore, qualitative research methodology also sets up research opportunities designed to lead scholars into the field such as desktop where they can be in a position to review perceived documents (Denscombe, 2007). In this context, Maree (2007:50) maintains the above view and comments that the researcher in qualitative studies usually reviews and collects data that will help him record, present, analyse, interpret, analyse, compare and describe data. Creswell (2009) also states that qualitative analysis provides a review by which a researcher can judge the effectiveness of particular policies, practices or innovations. The researcher in qualitative research usually collects data in natural surroundings. Therefore, the data and the conclusions in qualitative research are not based on the statistical numbers but are reviewed and compared (Leedy & Ormond, 2005:136).

In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria and, consequently, makes comparisons, looks for gaps and draws conclusions. The mode of observation or data source(s) was, therefore, secondary sources. Data sources included policy documents on care for the Aged in Nigeria and South Africa, relevant information/data from newspaper publications, textbooks magazines, professional journals, the internet and other related textual

materials were used to review the study. The study reviewed these materials to identify similarities and differences in the policy documents to elucidate and understand the policy issues that affect the aged and their impact. More on this is elaborated below.

- *The library (Secondary: Qualitative)*

According to Hofstee (2011:55), although librarians are among the most under-rated people in the world, they can help a researcher immensely. Accordingly, doing secondary research becomes easier if you make friends with a good librarian (Hofstee, 2011:55). Using the assistance of the librarian at the University of Fort Hare library, the researcher was able to undertake an extensive study of relevant literature and documentation within and across databases and the world-wide web. These are expatiated hereunder:

- **The World Wide Web:** Internet-based data collection tools can be an efficient and cost-effective way to study. Internet is proven to be a very efficient method which has the ability to suit the changing environment. The websites the researcher used are listed in the bibliography;
- **Library Search engines:** Library search engines such as the University of Fort Hare Institutional Repository, Dissertations and Theses Full Text Proquest, E-books Ebrary Academic Complete, Academic Search Complete, EBSCOhost, JSTOR, KEESING, ALUKAA, LexisNexis Academic, NEXUS, ResearchPro, Sage Publications (Sabinet Online), SAGE, Taylor and Francis Online, and Wiley Online Library, while also using OpenDOAR (Directory of Open Access Repositories), books and a number of theses and dissertations provided the researcher with a multitude of relevant and up-to-date articles on many subjects. The researcher made good use of such opportunities to collect relevant data on the topic.
- **The internet:** In utilizing the internet, particularly Google scholar.com to access scholarly articles and reputable websites, the researcher was able to expand the sources of documentation.

Maree (2007:20) articulates that the benefit of qualitative research is to be quite specific on one particular social phenomenon within the entities being reviewed and compared. In this current study, the advantage of using the qualitative method was to get in-depth information on whether there were similarities and differences between the two countries (Nigeria and South Africa) with regards to policy on care for the elderly.

The disadvantage of using qualitative research methodology is that reviewing and comparing data for the research was restricted due to inaccessibility of some information from the entities, that is, governments (Maree, 2007). In addition, it is difficult to use qualitative methods to handle large sets of data since data analysis is often time-consuming (Moriarty, 2011). This was experienced in this study, especially in comparing and reviewing the data through desktop study. These took time because most of the documents were government-related.

This study rejected a quantitative research approach because it tends to be associated with: numbers as the unit of analysis; analysis; large scale studies; a specific focus; researcher detachment; and a predetermined research design (Denscombe, 2007:248-250).

According to Leedy and Ormond (2005:182), this type of research involves either identifying the characteristics of an observed phenomenon or exploring possible correlations among two or more phenomena. Generally, in quantitative research, the researcher strives to be as objective as possible in assessing the behaviour being studied. Bryman (2004:75) identifies four distinctive preoccupations that can be discerned in quantitative research. They include:

1. Generalization: In quantitative research, the researcher is usually concerned to be able to say his or her findings can be generalized beyond the confines of the particular context in which the research was conducted;
2. Causality: Quantitative researchers are rarely concerned merely to describe how things are but are keen to say why things are the way they are;
3. Measurement: Issues of reliability and validity pose a serious concern for quantitative researchers, and they strive to achieve this;

4. Replication: The result of a piece of research may be unaffected by the researcher's special characterizations or expectations. If biases and lack of objectivity were pervasive, the claims of the scientist to provide a definitive picture of the world would be seriously undermined.

Table 7 below gives a comprehensive comparison of quantitative and qualitative research.

Table 7 Major distinguishing features of quantitative and qualitative research

Distinguishing features of quantitative and qualitative research	
Quantitative	Qualitative
Focuses on a relatively small number of concepts (concise and narrow).	Attempts to understand the phenomenon in its entirety, rather than focusing on specific concepts (complex and broad).
Begins with preconceived ideas about how the concepts are interrelated.	Has few preconceived ideas, and stresses the importance of people's interpretations of events and circumstances, rather than the researcher's interpretation.
Uses structured procedures and formal instruments to collect information under conditions of control.	Collects information without formal structured instruments.
Collects information under conditions of control.	Does not attempt to control the context of the research, but rather tries to capture that context in its entirety.
Emphasizes objectivity in the collection and analysis of information.	Assumes that subjectivity is essential for the understanding of human experience.
Analyses numeric information through statistical procedures.	Analyses narrative information in an organized but intuitive fashion.
Incorporates logistic, deductive reasoning.	Inductive and dialectic reasoning are predominant.

Source: Based on Burns & Grove (2011) and Polit and Beck (2008), cited in Brink *et al.* (2014:11)

A comparison of the quantitative and qualitative approaches in social research

Quantitative approach	Qualitative approach
Epistemological roots in positivism.	Epistemological roots in phenomenology.
Purpose is testing prejudice and cause-effect hypotheses about social reality.	Purpose is constructing detailed descriptions of social reality.
Methods utilise deductive logic.	Methods utilise inductive logic.
Suitable for a study of phenomena which are conceptually and theoretically well developed; seeks to control phenomena.	Suitable for a study of a relatively unknown terrain; seeks to understand phenomena.
Concepts are converted into operational definitions; results appear in numeric form and are eventually reported in statistical language.	Participants' natural language is used in order to come to a genuine understanding of their world.
The research design is standardised according to a fixed procedure and can be replicated.	The research design is flexible and unique and evolves throughout the research process. There are no fixed steps that should be followed and design cannot be exactly replicated.
Data are obtained systematically and in a standardised manner.	Data sources are determined by information richness of settings; types of observation are modified to enrich understanding.
The unit of analysis is variables which are atomist (elements that form part of the whole).	The unit of analysis is holistic, concentrating on the relationships between elements, contexts, etc. the whole is always more than the sum.

Source: De Vos *et al.* (2013:66)

Comparison of quantitative and qualitative research

Criterion	Quantitative	Qualitative
Structure/design.	Rigid.	Flexible.
Size of the study.	Often big.	Likely to be small in size.

Personal involvement of the researcher.	Objective/neutral.	Subjective.
Reasoning.	Seeks to generate findings and generalize from sample to population (deductive).	Seeks to understand the phenomenon under study from the sample (inductive).
Sample/s.	Representative of the population	Not representative of the population
Type of collected data.	Measurements; scores; counts.	Oral and written expressions of opinions, feeling, etc.
Theory.	Tests a theory.	Theory emerges as the study continues or as a product of the study.
Hypothesis.	Tests whether a statement of relationship between variables can be confirmed.	May generate more theories and hypotheses.
Data analysis.	Statistics	Coding, text analysis.
Analysis.	Uses numbers and statistics.	Uses recurrence of themes.
Variables.	Seeks to find relationship between variables (independent and dependent variables).	Seeks to understand the variables.
Literature study.	Extensive literature study is done at the beginning of the study.	Literature study is sometimes delayed until data has been collected.
Source: Bless, Higson-Smith and Sithole (2014:16)		

Distinguishing characteristics of quantitative and qualitative approaches

Question	Quantitative	Qualitative
What is the purpose of the research?	<ul style="list-style-type: none"> To explain and predict To confirm and validate To test theory 	<ul style="list-style-type: none"> To describe and explain To explore and interpret To build theory
What are the data like, and how are they collected?	<ul style="list-style-type: none"> Numeric data Representative, large sample Standardized instruments 	<ul style="list-style-type: none"> Textual and/or image-based data Informative, small sample Loosely structured or non-standardized observations and interviews
How are data analysed to determine their meaning?	<ul style="list-style-type: none"> Statistical analysis Stress on objectivity Deductive reasoning 	<ul style="list-style-type: none"> Search for themes and categories Acknowledgement that analysis is subjective and potentially biased. Inductive reasoning
How are the findings communicated?	<ul style="list-style-type: none"> Numbers Statistics, aggregated data Formal voice, scientific style 	<ul style="list-style-type: none"> Words Narratives, individual quotes Personal voice, literary style (in some disciplines)

Source: Leedy and Ormond (2014:98)

A comparison of qualitative and quantitative research

Comparison dimension	Qualitative research	Quantitative research
Types of questions.	Probing.	Non-probing.
Sample size.	Small.	Large.
Information per	Much.	Varies.

respondent		
Administration.	Interviewers with special skills are required.	Fewer special skills required of interviewers.
Type of analysis.	Subjective, interpretive	Statistical, summarisation
Hardware required.	Tape recorders, projection devices, video, pictures, discussion guides.	Questionnaires, computers, printouts.
Ease of replication.	Difficult.	Easy.
Researcher training necessary	Psychology, sociology, social psychology, consumer behaviour, marketing, marketing research.	Statistics, decision models, decision support systems, computer programming, marketing, marketing research.
Type of research.	Exploratory.	Descriptive or causal.
Validity.	High.	Low.
Data presentation.	Words.	Numbers.
Researcher involvement.	Researcher learns more by participating and/or being immersed in a researcher situation.	Researchers is ideally an objective observer who neither participates in nor influences what is being studied.
Source: Wild and Diggins (2013:87-88), adapted from Proctor (2000)		

In the context of the study, the use of quantitative research methodology proved unsuitable. This research cannot be quantified since it addressed an issue that affects the evaluation of Government policy on care for the Aged in Nigeria and South Africa, within a specified period of time. This subject matter is dynamic and cannot be subjected to any standard form of measurement.

Ijeoma, Nzewi and Sibanda (2013:213) state that Governments are in the position to process and assist the public in accessing information. Therefore, a qualitative research

methodology was used to carry out this comparative study on Government policy on care for the aged from the Ministry of Social and Youth Development in Nigeria and Department of Social Welfare in the Eastern Cape of South Africa, respectively. The researcher is Nigerian and was able to access policy documents at the Federal Ministry of Social, and Youth Development in Nigeria. Moreover, the researcher is resident in South Africa, so he could access policy documents at the Department of Social Welfare in Eastern Cape, South Africa.

4.2.6 Step 6: Data collection

The emphasis of this section is to elaborate on how data were collected by the researcher for the purpose of this study. Data collection entailed using desktop research. The qualitative data collection procedure was used to review documents on care for the aged so as to determine similarities and differences on the South African and Nigerian Government policies with regards to care for the aged.

In qualitative research, data is most often collected via questionnaires, document analysis, focus group and individual interviews. However, the researcher in this study made use of documentary analysis. He consulted various tools such as internet, journals, published and unpublished articles, papers and conference papers to collect secondary data. Bryman and Bell (2000:69) point out that secondary sources broaden the understanding of the key concepts, definitions and theories of any study. The researcher made use of several documents such as journals, published and unpublished articles, publications research literature, conference reports, internet sources and theses as secondary sources of collecting data for this research. Bless and Higson-Smith (2000:97) opined that data from other scholars should be reviewed in order to add to the body of knowledge in relation to designed topics. Accordingly, the source of this information was a desktop research, with reference to the following:

- Nigeria's Draft National Policy of Ageing (2007);
- South African Policy for Older Persons - Department of Social Development, March 2005;

- National Population Commission Population, Census of the Federal Republic of Nigeria Preliminary Report (2006);
- United Nations (2010), World Population Ageing (2009), New York Department of Economic and Social Affairs of the United Nations Secretariat;
- United Nations (2013), World Population Ageing (2013), New York Department of Economic and Social Affairs of the United Nations Secretariat; and
- United Nation Population Development (Department of Economics and Social Affairs), Population Division (2013), among other documents.

Therefore, from the above related documents, review and comparison of research on Government policy on care for the aged was carried out. As mentioned in Chapter one, the researcher started by building relationships with the identified departments in their settings via desktop research method. In the desktop research method, the researcher reviewed care for the aged policies of South Africa and Nigeria looked for gaps, made comparisons and consequently drew conclusions.

Document Analysis as a data collection method

Documentary research method is a way of collecting data by making use of all types of written communications to shed light on the research being undertaken (Maree, 2007). The documentary method takes different formats, for example, content analysis, text analysis and reviews of documents (Bless & Higson-Smith, 2000:99). This method usually uses primary and secondary sources of data that can be obtained from the documentary method (Cohen, Manion & Morrison, 2007:138).

Document analysis was used in this study to review and compare the documents on Government policies on care for the aged in South Africa and Nigeria. The method was used to classify, deduce and compare secondary sources, especially published written documents initiated from governments and other parastatals of both nations. This study reviewed and compared written documents on Government policy on care for the aged by comparing South Africa and Nigeria in order to see whether there are similarities and difference between the two nations. Primary sources are unpublished work or original documents such as agendas, public administrative reports, documents, letters, articles, any other document that is linked to the study (Maree, 2007).

Furthermore, secondary sources are published work for example books, journals, research reports, Government reports, censuses, weather reports, interviews, the Internet, reference books and organizational reports (Mertens, 2010:467).

In this study, the researcher used the secondary method such as - Nigeria's Draft National Policy of Ageing (2007); South African Policy for Older Persons: Department of Social Development, March 2005; National Population Commission Population Census of the Federal Republic of Nigeria: Preliminary Report (2006) to obtain data. These documents assisted in shedding light on Government policies on care for the aged in South Africa and Nigeria. In particular, the researcher was looking for similarities and differences in care for the aged in South Africa and Nigeria to ascertain a policy lesson learnt from the comparison and to also determine if these align with United Nations' demands on quality health for older persons.

The documentary technique was very useful in the reviewing of data where the researcher also checked for evidence of both South Africa and Nigeria's policies so as to ascertain if it aligns with the United Nations goals on quality care for the elderly. In the interest of qualitative data, documents could serve to support the evidence from other sources (Cohen, Manion & Morrison, 2007:140). This implies that document review was a good method choice in carrying out reviews on Government policies with regards to care for the aged in Nigeria and South Africa.

In terms of the advantages of document analysis, this research made use of the notion that some un-captured notable sources of information on older person's health, housing, advocacy and other policies can be captured. In this study, the researcher applied the review of existing documents based on its added advantages, as suggested by prevailing literature. Some of the advantages highlighted in the reviewed document from other literatures validate the authenticity of work done (Bryman, 2012). According to Babbie (2010:5), less time is required for data collection than any other form of research methods due to accessibility of readily available information either through internet, journals, newspapers etc. Documentary research was more useful in this study than observation, questionnaires, focus group discussion and interviews.

Secondly, the advantage of using reviewed documents is that it allowed the researcher to collect data for answering questions without the involvement of participants as per Government policy on care for the aged in the two countries. This was relevant in the study because the researcher's interest was in finding similarities and differences on Government policy with relation to older people (Maree, 2007). Against this background, data from desktop research were reviewed and served as written evidence from the sources of reviewed document (Cohen, Manion & Morrison, 2007:150).

Thirdly, documents can be easily accessed via internet sources and websites. For example in South Africa, policy documents on care for the aged were accessed through the electronic media. This is supported by Bamgbose (2011) who avers that to be abreast of facts and figures, modern day technology must be embraced in this day of information, communication and technology advancement in any part of the world.

One of the disadvantages of document analysis is that some of the reviewed documents might be obsolete, which eventually distorts study results (Creswell, 2009). On the contrary, with the advent of technology, some documents are placed on the internet or through use of electronic storage devices to preserve information (Creswell & Plano Clark, 2014:15). Secondly, the researcher might be limited in accessing and reviewing documents as a result of the unwillingness of stakeholders to release viable information based on insecurity and laxity (Bryman, 2012). This is a case with some of the African countries such as Nigeria where policy documents were not easily accessible.

4.2.7 Step 7: Data analysis

According to Fox and Bayat (2007:104), data analysis means interpretation of data that has been collected, thus leading to the knowledge that has to be gained by the researcher. It is, therefore, the responsibility of the researcher to analyze data, translate the raw data into some meaningful information, communicate the research results in the form of charts, tables, graphical representations and so on as a way of displaying findings. The researcher needs to be guided in analysing the data by the objectives of the study (Fox & Bayat 2007:104). The reviewed data were thematically analyzed during this study.

According to Creswell and Plano Clark (2014:12), to have a better understanding of data analysis in qualitative method, analysing data is pertinent. Data is organized and transformed into manageable items in search of patterns and deducing what is valuable and what is to be learnt. Data analysis can, therefore, be referred to as the process of bringing order, structure and interpretation to the mass of collected data in generation of patterns, themes, constructs and inferences (Creswell & Plano Clark, 2014). The researcher is guided by initial concepts and interpretations in the process of reducing, organizing and giving meaning to the collected data. Punch (2005) asserts that methods of data analysis need to be systematic for data to be analyzed and described.

According to Maree (2007:5), in qualitative research, written documents are grouped into themes according to the research objectives or questions. The themes, however, were developed from the categories of emerging patterns of the transcribed and discussed data, questions, theoretical frameworks and literature review. In this study, the data from written and reviewed documents were grouped into themes according to the research questions. The researcher analyzed reviewed data from the Government policy on care for the aged in South Africa and Nigeria.

Study report

A research report was used in this study to present reviewed and compared documents on Government policies on care for the aged in the South Africa and Nigeria. A research report is defined by Jaideep (2016:6) as a research document such as text, manuscripts, and letters and minutes of the meeting that contains different information aspects of the research project which means that research report involves relevant information on the research work carried out. It may be in the form of hand-written, typed, or computerized format. The study report combined research design of data reviewed which entails:

- Clarification of the underlying principle for the study which involves studying the policy perspective of care for the aged in Nigeria in comparison to South Africa;
- Description of the data obtained, which involves the study of care for the aged policy documents in Nigeria and South Africa; and

- Explanation of the contribution that this research will make to the existing body of knowledge in the discipline of Public Administration.

4.2.8 Step 8: Philosophy

The term *research philosophy* refers to a system of beliefs and assumptions about the development of knowledge that concerns a particular phenomenon. Additionally, various philosophies are used in relation to what researchers want to accomplish (Saunders *et al.*, 2016:125). There are various kinds of philosophies upon which various researchers base their respective scientific investigations. These include positivism, realism, interpretivism, objectivism, subjectivism, pragmatism, functionalism, radical humanist and radical structuralist (Saunders *et al.*, 2016:135).

Before researchers design their research, they need to consider the philosophical assumption(s) that underpin either positivism or interpretivism to determine whether the study's orientation is broadly positivist or interpretivist (Collis & Hussey, 2014:46). This study used an interpretivist research paradigm. Interpretivists start from the premise that the subject matter of the social sciences is fundamentally different from that of the natural sciences and are critical of the application of scientific models to the study social world. Interpretivism, therefore, requires social scientists to grasp the subjective meaning of social action (Bryman *et al.*, 2014:14). Saunders *et al.* (2016:141) inform us that the purpose of interpretivist research is to create new, richer understanding and interpretations of social words and context.

4.3 SCOPE

The research was carried out in Nigeria and South Africa and does not extend to other African countries. The basic focus of the research is on Government policy on care for the Aged in Nigeria and South Africa. The chronological age of 65 years and above has been posited as the acceptable definition of elderly or older persons by World Health Organization (WHO). Therefore, the scope of age for this study was 65 and above.

The study compared Government policy in Nigeria from 1960 to 2016 and South Africa, from 1994 to 2016 respectively.

The study was done in these countries because the researcher is originally from Nigeria and resides in the Eastern Cape province of South Africa. The Eastern Cape is one of the South African provinces where the University of Fort Hare is located and houses the majority of the black race with most disadvantaged older persons and also served as a point where the researcher collected data.

4.4 LIMITATIONS OF THE STUDY

The study is restricted to the qualitative desktop research method which does not include the whole of Africa, but rather limited to the policy documents obtained from the Ministry of Social, Sport and Youth Development (MSYD) in Nigeria and the Department of Social Development in the Eastern Cape province of South Africa. Secondly, collection of both primary and secondary data proved to be a difficult exercise for this research. Thirdly, obtaining or securing appointments with government officials in the Department of Social Development of both countries posed some limitations. Fourthly, travelling within the two countries in order to obtain required information was costly due to transportation cost.

4.5 ETHICAL CONSIDERATIONS

Since this is an academic research study, the researcher sought approval and clearance to carry out research from the Research Ethics Committee of the University of Fort Hare (UFH) in South Africa before any data were collected (Brink et al., 2014:49; Creswell, 2014:93,95). Approval was granted by the Govan Mbeki Research and Development Centre (GMRDC) by means of a letter asking for permission to conduct the research in Nigeria and South Africa (Appendices 1 and 2). The clearance certificate, which is an officially authenticated document from the University of Fort Hare addressed to government officials who may assist in the document to be reviewed was also received.

Additionally, in keeping with ethical standards, the researcher applied the basic principles of ethics for social research since for a secondary research approach to the study. This research project complied with all the ethical considerations that guide research in the discipline of Public Administration such as: transparency, objectivity, confidentiality, co-operation with other researchers and so on. The general rules, guidelines and standard for conducting research in the discipline were also observed and respected. The researcher's personal limitations were further acknowledged, and the research findings shall be made available for academic reference.

4.6 FINDINGS AND ANALYSIS

This section is concerned with the findings and analysis of the comparative study of government policy on care for the aged in Nigeria from 1960 – 2016 and South Africa from 1994 – 2016. The first step addressed one of the three research questions posed: What are the policy issues that affect care for the aged in Nigeria and South Africa? The second step addressed another research question: What are the similarities and differences as regards care for the aged policy in Nigeria and South Africa? Finally, the third step addressed the last research question: Do the policy issues reviewed in South Africa and Nigeria align with the United Nations universal goals on quality care for the aged?

In Nigeria, the study focused on the following care for the aged policy documents:

- i. The Constitution of the Federal Republic of Nigeria 1979;
- ii. Social Development Policy for Nigeria 1989; and
- ii. Draft National Policy on Ageing 2007.

In South Africa, the study discussed the following care for older person's documents:

- i. The Constitution of the Republic of South Africa;
- ii. White Paper on Reconstruction and Development 1994;
- iii. South African Policy on Older Person 2005;
- iv. Implementation of the Older Person's Act, No 13 of 2006; and

- v. Contribution by the South African Government to the Proposals, Practical Measures, Best Practices and Lessons Learned contribute to Promoting and Protecting the Rights and Dignity of Older Persons, June 2015.

The study discussed these documents and identified policy issues geared towards achieving care for the aged policy goals in the two countries.

4.6.1 Care for the Aged Policy in Nigeria (1960 – 2016)

Due to political instability and the inability of the erstwhile civilian and military governments to place care for the aged on the national public agenda, the policy issues regarding older persons remain on the drawing board in Nigeria. It is noteworthy that apart from studies on education, housing and health-related matters, the issues of Social welfare and social security have not attracted much attention from the Nigerian government. Moreover, few policy decisions on care for the aged during the period were available at the ministry of social welfare department in Nigeria up to 1989. The government also acknowledges that the care for the aged sector is very capital intensive and that government, with its numerous responsibilities, needs funding in that department.

4.6.1.1 The Constitution of the Federal Republic of Nigeria (1979)

The Constitution protects the right of every citizen, inclusive of the aged and further states that its policy shall be directed towards ensuring:

- a) all citizens without discrimination on any ground, whatsoever, have the opportunity for securing adequate means of livelihood as well as adequate opportunities to secure suitable employment (section 3:a);
- b) there are adequate medical and health facilities for all persons (section3:d);
- c) children, young persons and the aged are protected against any exploitation whatsoever, and against moral and material neglect (section 3:f); and
- d) provision is made for public assistance in deserving cases or other conditions of need (section3:g)

According to the Social Development Policy for Nigeria (1989), the following policies apply:

Main Objectives

The main objectives of this policy are guaranteeing an improvement in the quality of life of the elderly in Nigeria to: ensure total integration in the society; provide adequate income security; and strengthen existing traditional institutions for the care of the elderly.

Specific Objectives

- i. Making available to every elderly Nigerian adequate physical and mental health care facilities whenever he may be living;
- ii. Providing geriatric services to the very old;
- iii. Arranging job-retraining in various occupations;
- iv. Ensuring that the mass media produce programmes which project and enhance the image and dignity of the elderly;
- v. Ensuring the provision of adequate and accessible re-creational facilities for the elderly;
- vi. Ensuring the type of recreational activities for the elderly which will enhance inter-generational interaction and co-operation;
- vii. Providing adequate and decent accommodation for the elderly both in urban and rural areas;
- viii. Ensuring the integration and participation of the elderly in the mainstream of national life;
- ix. Promoting the spirit of belongingness and harmony among the elderly;
- x. Guaranteeing adequate income security for the elderly;

- xi. Strengthening the traditional support systems for the elderly such as the neighborhood, kinship and extended family systems;
- xii. De-emphasizing the use of Old People's Home while emphasizing community-based support system; and
- xiii. Conducting research on identified specific problems the elderly.

a) Instrumental Provisions

- i. Ensure the provision of medical care for all elderly persons of 65 years and above;
- ii. Encourage the training of geriatric doctors, nurses and social workers to provide needed specialized services to the elderly;
- iii. Encourage the media houses to produce and disseminate information and programmes that enhance the image and dignity of the elderly;
- iv. Provide accessible recreational facilities in rural and urban areas;
- v. Provide counseling and physiotherapy services in Day Centres established for the elderly
- vi. Encourage philanthropic and business organizations to support the cause of the elderly in their communities; and
- vii. Provide fund for research on the problems and needs of the elderly

Distribution of Responsibilities:

a) Federal Government

The Federal Government shall be responsible for:

- i. Formulation and periodic review of national policy and legislation on the elderly;
- ii. Monitoring and co-ordination of State and Inter-governmental policies and programmes on the elderly;

- iii. Provision of technical advice to State and Local Governments in the areas of programmes and project selection, formulation and management;
- iv. Organization and conduct of staff training and development activities to strengthen the operational capacity of relevant personnel at all levels;
- v. Promotion of publicity programmes for the mobilization of resources in support of the elderly;
- vi. Monitoring and co-ordination of National Voluntary Organizations responsible for the care of the elderly and provision of subventions to the recognized ones within the limit of available resources;
- vii. Organization and conduct of research, planning and other activities necessary for the effective implementation of this policy; and
- viii. Ensuring collaboration among relevant Ministries on matters affecting the elderly.

b) State Government:

The State Government shall be responsible for:

- i. Formulation and implementation of State Programmes for the elderly;
- ii. Monitoring and co-ordination of Intra-State activities on the elderly;
- iii. Establishment of training facilities for the care of the elderly;
- iv. Organization of participatory activities for the elderly;
- v. Promotion and organization of economic support activities such as vocational training, income-security measures and employment promotion;
- vi. Promotion and organization of home-visiting and counseling for the elderly;
- vii. Organization and provision of recreational facilities for the elderly;

- viii. Promotion and organization of recreational activities;
- ix. Public enlightenment campaigns in respect of the status and needs for the elderly;
- x. Monitoring and co-ordination of the formulation and implementation of programmes assigned to the Local Government and inter-Local Government programmes;
- xi. Organization and conduct of research and planning activities on the care of the elderly;
- xii. Establishment of Day Centres for the elderly;
- xiii. Provision of educational programmes for the elderly;
- xiv. Provision of adequate medical facilities for the elderly;
- xv. Inclusion of enlightenment information on the elderly in the school curriculum; and
- xvi. Enactment of enabling laws for the promotion of services for the elderly

c.) Local Government:

The Local Government shall be responsible for:

- i. Co-ordination of the activities for the care of the elderly at the Local Government level;
- ii. Establishment of Day Centre facilities for the elderly;
- iii. Provision of recreational facilities for the elderly;
- iv. Provision of adequate medical facilities for the elderly;
- v. Promotion of community-based care for the lonely elderly;
- vi. Organization of home-visit counseling;

- vii. Organization of public enlightenment campaign at the community level; and
- viii. Collection of data and statistics on the situation of elderly.

d). Voluntary Organizations

Voluntary Organizations occupy a unique position in serving the elderly within their local communities because of their close association with the latter, thereby resulting from the understanding of their needs.

In this regard, voluntary organizations shall encourage:

- i. Self-help projects for the elderly and public enlightenment programmes; and
- ii. Innovative enterprises to enhance the quality of life for the elderly.

In summary, the 1989 policy guidelines for older persons in Nigeria were put in place by the government to promote the welfare of the senior citizens. The government intends to achieve this by engaging the services of voluntary organizations and other stakeholders to become partners in caring for older persons. In 2007, the government put up another draft policy to beef up the existing policy on the aged. As at the time of this research, the draft policy is yet to be adopted by the senate for approval. In Chapter two of this research, the government, in its quest to address the issue of older person in the 2007 draft policy for the aged, states that the elderly are important members of the Nigerian Society and are entitled to respect and dignity that citizenship confers on all Nigerians.

4.6.1.3 Draft National Policy for Ageing (2007)

The government came up with a legal framework and emphasized that older persons' rights are not privileges but human rights which include: Equality before the law, Prohibition against unfair discrimination on the grounds of sex, age, gender, disability, Freedom from all forms of violence and Protection against arbitrary deprivation of property.

Policy Objectives:

The Government shall:

- Ensure that fundamental rights of older persons are recognized by all citizens;
- Commit itself along with stakeholders to abolishing all forms of discrimination based on age, gender, and disability;
- Ensure that the rights of older persons are protected by appropriate legislations;
- Promote the rights of older persons to organize themselves into groups in order to advance their interest;
- Provide opportunity for older persons to be integrated in the society and participate actively in the formulation and the implementation of policies that directly affect their well-being;
- Guarantee for older persons opportunity to benefit from community care and protection in accordance with Nigerian cultural values;
- Guarantee for older persons, fundamental freedom and access to social and legal services, to enforce their rights and enhance their independence, participation, self-fulfillment, protection and care;
- Make provision for specific and direct legal assistance to older persons to defend their rights;
- Enact legislation which makes it an offence for family members, the community or other persons to abuse older persons;
- Elaborate and adopt an additional protocol to the African chapter on Human and People's Rights relating to the rights of older persons;
- Review and amend, as appropriate, the Constitution or legislation to guarantee the fundamental rights of older persons and ensure that their rights are protected;

- Include older persons in the development, review and implementation of a comprehensive and integrated national policy to meet the needs of older people;
- Ensure that the UN Principles for Older Persons (independence, dignity, self-fulfillment, participation and care) are legally binding and implemented;
- Develop and review legislation to ensure that older persons, especially women, receive equitable treatment from customary and statutory laws including reviews of legislation on property and land rights; inheritance laws; social security legislation and so on;
- Enact legislation requiring adult children to provide support for their parents;
- Enact legislation to ensure that when children are left in the care of older relations, the parents of the children provide adequate levels of financial and/or material support;
- Enact legislation that pays particular attention to the needs of older persons with disabilities;.
- Ensure that information is collected regarding the number of older persons who are victims of crime;
- Implement programmes of civic and public education, including schools to address issues arising from witchcraft allegations and other human rights abuse;
- Improve older persons access to legal services through public education targeting:
 - (i) Older persons to ensure they are aware of their rights; and
 - (ii) Communities to ensure that they understand the rights of older persons.
- Ensure that sensitization and information programmes relating to the rights of older persons involve older persons at all levels;

- Ensure that the training of all public servants and private sector based personnel includes information on the rights of older persons; and
- Develop and review the training curricula for social workers, care givers and all those working with older people to ensure that they adequately include the rights of older persons.

The points above imply that policy issues, as enumerated above, are concerns and solutions by the government to meet care for the aged's needs in Nigeria. The policy, therefore, serves as the intention of the government to address the issues in order to provide quality service to the elderly. The policy focus is, therefore, to achieve the United Nations goals on care for the aged universal agenda in Nigeria. The policy documents sought to obtain a balance between several objectives as reviewed.

4.6.2 Care for the Aged Policy in South Africa (1994 – 2016)

The care for the aged policy in South Africa is discussed in this section with a view to understanding its contents. The elderly in South Africa face a number of challenges, many of them arising from their vulnerability to poverty. The level of poverty in South Africa is widespread, and poverty is inherent among the rural dwellers whose majority are older persons. Most elderly blacks who grew up under apartheid were marginalized by that system and were excluded from accessing social security protection. With the change of government in 1994 and the adoption of the 1996 Constitutional order, the situation has changed. The government committed itself to redress the imbalances caused by the apartheid system. The preamble to the Constitution recognizes the injustices of the past and spell out the following four objectives, namely, to:

- Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;
- Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by the law;
- Improve the quality of life of all citizens and free the potential of each person; and

- Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.

An extensive Constitutional protection of rights is available in South Africa, and this is reinforced by various statutory protections. A cursory look at the preamble to the Constitution, as highlighted above, reveals that the Constitution is an important document for the protection of rights of individuals.

4.6.2.1 The Constitution of South Africa (1996)

The Constitution of South Africa protects 'everyone', including elderly persons. It recognizes:

a) Housing

- (1) Everyone has the right to have access to adequate housing;
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of this right; and
- (3) No one may be evicted from their home, or have their home demolished, without an order of court made after considering all the relevant circumstances. No legislation may permit arbitrary evictions.

b) Health care, food, water and social security

- (1) Everyone has the right to have access to (a) health care services, including reproductive health care; (b) sufficient food and water; and (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance;
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Furthermore,

The right to social security is closely connected with other rights such as dignity and equality. The problem with the social security system and other welfare rights is that they are not absolute and can be limited. However, such limitations must be effected by a law of general application, must be reasonable, as well as justifiable in an open and democratic society based on equality, human dignity and freedom. Section 36, of the Constitution, which is the limitation clause, provides:

(1) The rights in the Bill of Rights may be limited only in terms of law of general application to the extent that the limitation is reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom, taking into account all relevant factors, including -

- (a) the nature of the right;
- (b) the importance of the purpose of the limitation;
- (c) the nature and the extent of the limitation;
- (d) the relation between the limitation and its purpose; and
- (e) less restrictive means to achieve the purpose.

(2) Except as provided in subsection (1) or in any other provision of the Constitution, no law may limit any right entrenched in the Bill of rights.

4.6.2.2 The White Paper on Reconstruction and Development, 1994

The government (White Paper on Reconstruction and Development 1994) offers the background for the post-apartheid care for the aged policy in South Africa. The developmental programme inculcates growth, reconciliation, redistribution, reconstruction and development into a unit. Through this programme, the government deemed it fit to clear most of the bottlenecks that prevailed during the apartheid period. It is acknowledged that social security is one important mechanism for the alleviation and prevention of poverty.

The White Paper on Social Welfare recognizes that social security is an integral part of the national developmental social welfare strategy and should be targeted towards the elderly and disabled people. The latter live in poverty, are vulnerable, and have special needs arising from their age and physical condition. Socio-economic rights involve rights and duties which ensure that everyone has access to social services. The aim and justification for the existence of social security is to protect the personal dignity of the individual.

a) The White Paper on Reconstruction and Development 1994 of section 3:12 on Social Welfare states that:

South Africa has inherited a fragmented and inequitable welfare system which requires restructuring. For strategic state intervention to reach the most vulnerable groups and eradicate present gaps, for welfare to empower the community and foster community care, and for service delivery to be equitable, a transparent and consultative approach is necessary. Co-ordination of programmes alleviating the needs of people living in poverty and marginalized circumstances is essential to maximize individual potential and minimize the extent of dependency on the State. A management plan for a tailor-made social security net should be developed to enhance the psycho-social, economic and physical well-being of all citizens, with special emphasis on those financially and otherwise disadvantaged. Access to modern and effective welfare services should also include services rendered by the various social welfare agencies.

It is unfortunately true that many communities and families depend almost entirely on the cash from social grants. Even though there has been a high level of dependency upon these services, many who are entitled to social grants do not receive them. Old people in rural areas and the mentally ill are particularly vulnerable in this respect. Technology and the creativity of local and provincial authorities need to be harnessed to ensure that social grants are delivered where people live, in order to eliminate excessive travel and long waiting periods. The government has to act decisively against corruption in the welfare system through a system of audit trails. The efficiency of delivery of welfare to all who have an entitlement can then be improved.

Existing welfare services and facilities should be enhanced, maintained and be made accessible to all the people of South Africa.

4.6.2.3 South African Policy for Older Persons 2005

According to this policy, integrated community based care and support services to older persons vary according to the level at which they are required. The broad categories of services in this regard are as follows:

- **Prevention**

This is the most important aspect of service delivery. Services delivered at this level are aimed at strengthening and building the capacity and self-reliance of the client. At this level, the client is functioning at an adequate level, but there is a possibility of at-risk behaviour at a later stage.

- **Early intervention (non-statutory)**

Services delivered at this level make use of developmental and therapeutic programmes to ensure that those who have been identified as being at risk are assisted before they require statutory services, more intensive intervention or placement in alternative care.

- **Statutory intervention/residential/alternative care**

At this level, an individual has either become involved in some form of court case or is no longer able to function adequately in the community, and services are aimed at supporting and strengthening the individual involved. At this level, a client may have to be removed from his/her normal place of abode, either by court order or on the recommendation of a service provider, to alternative care (e.g. foster care), or placed in a residential facility.

- **Reconstruction and aftercare**

The previous intervention is aimed at providing alternative care which should, wherever possible, be a temporary measure, followed by reconstruction/aftercare

services to enable the client to return to the family or community as quickly as possible. Services delivered at this level are aimed at re-integration and support services to enhance self-reliance and optimal social functioning.

1. Preferential treatment of older persons

As a developing country, South Africa needs to take seriously every aspect of development in its broadest sense, including the impact of and opportunities presented by the growing population of older persons. Although more people are reaching greater ages, many live in poverty and experience poor health, disabilities and discrimination. Nevertheless, older persons make a significant contribution to development through their families and communities. Careful attention should be given to the voices of older persons, and their desire to be of continued worth to society should be harnessed and utilised.

Section 9.3 of the Constitution indicates that “the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.” The government should overtly recognise the maturity, wisdom, dignity and restraint that come with a lifetime of experience. The role of older persons as attractive, diverse and creative individuals making vital contributions should be promoted.

The mass media should be encouraged to promote images that highlight the wisdom, strengths, contributions, courage and resourcefulness of older persons, and ageism in the workplace or any other context should be eliminated.

2. Poverty and Food Insecurity

Differences in quality of life and household income between urban and rural areas are stark. Almost three-fifths (59%) of urban but only 9% of rural households have a water tap inside their homes (Statistics SA, 1999). Half (50%) of urban but only 10% of rural households have telephones. Nineteen percent of town dwellers are sometimes not able to feed their children every day. This is the case with 28% of rural households. Such poor living standards impact heavily on older persons who are disproportionately represented in certain rural areas, notably the Eastern Cape and to a lesser extent,

Limpopo, where they are frequently left to care for grandchildren by their adult children who migrate to urban areas for work. Overall, poverty is distributed unevenly among the nine provinces of the country.

The Eastern Cape, Limpopo, KwaZulu-Natal and the Free State have by far the highest poverty rates. Reflecting this poverty distribution, 72% of poor people in South Africa live in rural areas, and 70% of all rural people are poor. Within both urban and rural areas, the situation is highly stratified, either spatially (i.e. with pockets of extreme poverty), or by target group (e.g. women and children, older persons and the disabled). Rural communities are also highly dispersed, and this presents difficulties of accessing appropriate levels of support or service. Some of the noticeable ways in which poverty manifests itself relate to issues of food insecurity, low income levels, unemployment and underemployment, social crime and HIV/AIDS, limitations of existing social assistance and reduced asset bases. It is estimated that 39% of the population is vulnerable to food insecurity (Statistics SA, 1999) in spite of the state injection of cash into the household budgets of poorer people.

Older persons, therefore, should be explicitly targeted in government poverty relief programmes. Sustainable development of the agricultural sector, together with improvement of market opportunities and access to food by low-income people are critical. The availability of sufficient nutrition to older persons (specifically, should be ensured through appropriate food schemes and the encouragement of older persons in the development of food production.

Older persons should be targeted in information campaigns in respect of correct nutritional and eating habits. A balanced and affordable diet to prevent dietary deficiencies, disease and disability should be facilitated through the development of national minimum dietary goals.

3. Emergency situations

Older people are especially vulnerable in emergencies, including food emergencies that arise from natural disasters such as floods and droughts. Emergencies usually pose a major risk to food security, access to food supplies, shelter and medical health care. In rural areas, emergencies may pose an even bigger threat to older persons than in urban

areas, owing to the lack of infrastructure and basic services. Older persons are generally much less able to cope with emergencies because of their physical vulnerability; they should, thus, be consciously and deliberately targeted to ensure their equal and easy access to food, shelter and life-sustaining services and facilities during and after natural disasters and other humanitarian emergencies.

4. Social grants

Current policy on social grants is based on Section 27(1) (c) of the Constitution which entitles all citizens to social security, and if they are unable to provide for themselves, to social assistance. The term *social security* is often used to include social assistance. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution. Many issues related to social security are sensitive as they touch on material interests of organised workers and the unorganised poor, as well as the insurance industry and employer organisations.

The current forms of social assistance in South Africa include: Old Age Grants, Disability Grants, Foster Care Grants and Child Support Grants. Although social assistance is not aimed at meeting the total needs of recipients, it is a means of enabling them to meet their most basic needs. People who are unable to support themselves are eligible for social assistance grants. People who have applied for grants are eligible to receive social relief of distress until their grants are paid. The current Social Assistance Act No. 59 of 1992 discriminates between men and women on the basis of age. Subject to the means test, the age criterion for eligibility to the Old Age Grant should be 60 years and above, irrespective of gender.

There should be collaboration with the Financial Services Board to synchronise legislation and policies on contributory pension schemes to provide for a safety net continuum for older persons, thereby addressing the causes of dependence on social assistance.

A new comprehensive social security system should:

- Provide for public education programmes to promote retirement planning amongst all adults, young and old;
- Establish a contributory retirement scheme for the self-employed and informally employed;
- Institute a mechanism to enforce all employers to contribute to an approved retirement fund;
- Provide for the transfer of benefits between retirement funds in the event of change of employment, to prevent continuous withdrawal of benefits by members when changing jobs; and
- Minimize taxation on contributions to pension and retirement annuity funds in terms of the Income Tax Act as an incentive to saving for retirement.

5. Immigration

The Immigration Bill (par. 13) proposes that a retired person permit may be issued for a period exceeding three months to a foreigner who is older than 60 and intending to retire in South Africa, subject to two financial criteria. Firstly, the person should have the right to a pension from his/her country of origin, or an irrevocable annuity or retirement account. Secondly, the person should have a minimum prescribed net worth. The Bill proposes that such a person may be permitted to work under terms and conditions determined by Home Affairs but would not be eligible for an Old Age Grant. The permit would have to be renewed at least every four years. Programmes that facilitate the integration of older migrants and refugees into the social, cultural, political and economic life of South Africa should be encouraged. In particular, language (including sign language) and cultural barriers to older migrants in public services should be eliminated.

6. Work and the ageing labour force

Early retirement effectively constitutes loss of valuable human resources to the economy.

In a developing country like South Africa, this contention must be balanced against the critical shortage of formal employment opportunities and the consequent massive unemployment levels, especially amongst youth.

Social security and employment policies regarding retirement age should be coordinated in order to eliminate disjuncture. In South Africa, few people retire with sufficient means to live independently, and comfortable retirement is a rare luxury. The employability of older persons can be improved by lifelong learning, especially information technology (IT) training and ensuring adequate and safe working conditions. Age diversity should be used as an enhancement by business.

In line with the provisions of the Constitution, older persons should have the right to work and retire, and there should be no discrimination against older persons in the labour market. No employer should be permitted to discriminate against any older person in relation to the advertisement of or recruitment for employment or the creation, classification or abolition of jobs or posts. Similarly, age should have no bearing on the determination or allocation of wages, salaries positions, accommodation, leave or other such benefits; the choice of persons for jobs or posts, training, advancement, apprenticeships, transfer, promotion or retrenchment; or the provision of facilities related to or connected with employment. Properly trained medical staff in occupational medicine should be available to protect and treat employees.

Further provisions to facilitate employment for older persons would be that the retirement age should not be lowered except on a voluntary basis, and measures should be taken to prevent industrial and agricultural accidents and occupational diseases. Pension and provident funds should introduce greater flexibility in their policies in order to accommodate members who wish to work beyond the age of 60 or 65 and to continue contributing to such funds. Employers should be required to take measures to ensure a smooth and gradual transition from active working life to retirement and make the age of entitlement to a pension more flexible.

7. Access to knowledge, education and training

A high proportion of older persons from poor urban and rural backgrounds never had the opportunity to attend school or dropped out at an early age. They are typically marginalised within an education system that favours youth, even within the adult basic education and training (ABET) sector. However, older persons have a variety of literacy needs, depending on their personal circumstances and contexts. For the urban and rural poor, these needs include form-filling in order to acquire identity documents and to access government services such as Old Age and Disability grants; basic numeracy for the purposes of shopping; household budgeting; income generating activities and managing a pension; reading the Bible, hymn books and newspapers; and assisting children with homework, since older persons are often also primary care-givers. There is a need for customised, context-sensitive literacy programmes that address these requirements.

Lifelong learning entails continuous learning throughout life in both formal and informal environments. It is essential for effective personal and social development and contributes to economic and social well-being. As a consequence of the pace of technological development and change, it becomes increasingly difficult for older persons to keep up with new information, communications and other technologies. Their full participation in all dimensions of social, economic and political life thus becomes impossible. In order to combat the marginalisation and dependence that is a consequence, attention should be given to the provision of lifelong learning programmes that target older persons in particular.

The capacity of ageing farmers should be strengthened through continued access to financial and infrastructure services and training for improved farming techniques and technologies. Opportunities should be provided within educational programmes for the exchange of knowledge and experience between generations, including counselling on issues such as sexual behaviour. Older persons should act as mentors, mediators, advisors, teachers and transmitters of knowledge, culture and spiritual values. Older persons should be encouraged to volunteer their skills in all fields of activities.

The differential needs and skills of female and male older persons should be recognised in the design of volunteering programmes. Government and civil society should facilitate volunteering activities. Older persons should have access to the Skills Development Fund, which should be used to finance the acquisition of skills that will enable them to remain in, or re-enter the open labour market.

8. Access to information

Awareness campaigns should be implemented to inform older persons about the grants for which they are eligible and the documentation that is required in order to apply for such grants, including the child support grant and foster parent grants for which many older persons caring for grandchildren qualify. Similarly, such campaigns should inform older persons of their rights in terms of the Constitution. Proactive engagement with older persons on such issues is a critical prerequisite to enhancing their quality of life.

9. Recreation

Older persons have a right to access recreation facilities and programmes. Sports and recreational activities that are suited to older persons should be organised so as to enrich their lives and encourage creative use of time. Recreation clubs should be located for easy access to offer a range of activities such as music, reading, theatre, dance, gymnastics, swimming, yoga, walking, exercise, keep fit classes, relaxation, art and craft and educational and social activities. Older persons should be provided with easier physical access to cultural institutions. Such centres should organise workshops in fields like handicrafts, fine arts and music, where older persons can play an active role both as teachers and participants. Subsidised transport should be provided.

10. Consumer protection

Many pensioners rely on loans to survive between pension payout days. There are many reported incidences of pensioners being confronted with different types of funeral policies and micro-loans by “loan sharks” (*oomashonisa*) at pay points.

Most of these loan sharks are not registered with the Micro Finance Regulatory Council, which recently implemented new rules requiring standard written agreements, including information on interest rates being charged. Some micro-loan companies are accessing direct deductions from pensions. In addition to small loans, other service providers are providing food-parcels, funeral policies and other products, the cost of which is deducted from the pension. High interest rates are charged in spite of it being a very secure loan.

Protection of vulnerable older persons should be provided by various methods:

- Deductions of premiums for funeral cover policies from grants should be subject to the discretion of the Minister;
- Companies offering loans and funeral insurance policies should be regulated and monitored in terms of uniform norms and standards. They should be required to provide transparent and jargon-free consumer education about their products and services that enable older persons to make informed decisions;
- The practice of micro-loan companies being allowed to confiscate the identity documents of pensioners once they have received their grants should be outlawed; and
- Government and banking institutions should address the issue of high bank charges that discourage low-income older persons from operating accounts. Banks should be made more accessible to residents of rural areas and officials should more actively encourage transfers to banks.

11. Government services at reduced tariffs

Water, electricity, municipal rates, transport, health and other public services should be provided at reduced tariffs for older persons in receipt of social grants or fixed pensions. Preference should be given to older persons in the implementation of land reform and restitution processes.

12. Inter-generational Solidarity

Inter-generational ties are valuable for everyone. Older persons, through their life experiences, have accumulated knowledge and wisdom.

They should, therefore, be afforded opportunities to share their knowledge and skills with younger generations in families, communities and in society as a whole. This will boost achievement in the society for all ages. Care for the aged policy in South Africa clearly addresses the post-apartheid government's intention to address the imbalance caused during the apartheid period. Care for the aged was meant for the minority few whites and excluded the majority black population. The independence of South Africa identifies care for aged as an equal right irrespective of racial difference.

4.7 FINDINGS ON CARE FOR THE AGED IN NIGERIA

A very important issue on the support of the elderly emanating from this analysis relates to the extent in which the government has relegated care for the aged to the responsibility of the family in Nigeria. Besides, lack of a working policy and programmes for the growing elderly population can only aggravate their poor conditions. Developing a working policy also requires a holistic approach in which cutting-edge evidence as well as input from all stakeholders is well integrated and translated. Moreover, from the document analysis, there is need to culturally understand the dynamics of the elderly and their social orientations in order to make such a policy valuable and functional.

The support and care of the elderly traverse financial issues and involve other important considerations. The necessity to recognize and develop social responses to address some of these issues will assist in alleviating the suffering of some of the vulnerable elderly ones. This can be extended to those in the rural areas in addressing their immediate needs. Community extension workers in rural areas can be further trained in providing basic care for the frail elderly population. There is need for timely active policy development and action in this regard. Although decline in care and support for the aged has been recognized as a critical problem in Nigeria, planners, until recently, have not confronted it as such; it is, therefore, not surprising that the ageing issue is ranked very low in government's priority and development. Unlike the developed countries where social security for the aged is a priority, the policy or government welfare systems for the aged in Nigeria is still at the developmental state since 1989.

4.8 FINDINGS ON CARE FOR THE AGED IN SOUTH AFRICA

The care for the aged policy in South Africa from 1994 – 2016 aims to address care for the aged people's needs in South Africa. Prior to the independence of South Africa and the expiration of apartheid structures in 1994, care for the aged policy was created along the lines of racial exclusiveness. The end of apartheid and institutionalization of a democratically elected government in 1994 paved way for care for the aged policy at all levels in South Africa. In view of this, the government undertakes care for the aged to address the backlog of racial discrimination in the country; implements the policy on quality life programme as a means of poverty alleviation for the aged; achieves equitability of distribution and service efficiency; implements the care for the aged policy programme as a means of social upliftment; implements a uniform programme throughout the country for equity purpose and facilitates the general care for the aged goal of access to quality lifestyle.

The policy issues on Older Persons include, but is not limited to:

- enabling older persons to enjoy active, healthy and independent lives;
- creating an enabling and supportive environment to older persons; and
- providing continuous care to those older persons in need.

The policy issues recognize the following core values and principles that:

- The family, in its diverse forms, is the fundamental unit of the society, linking generations and should therefore be maintained, strengthened and protected in accordance with traditions and customs;
- Older persons should have access to primary health care, curative care, social services and other care and support systems in order to maintain their optimal level of physical, mental, spiritual and emotional well-being;
- Services should be provided in an inter-sectoral and collaborative manner;
- Throughout their lives, all persons have a personal responsibility to contribute to their social and financial independence;

- Where independence is unattainable, the family, community and all tiers of government (national, provincial and local) have a shared responsibility to provide the necessary care and support;
- Services should enable older persons to remain independent and self-supporting for as long as possible;
- Older persons should be treated fairly and with respect regardless of gender, racial, cultural or religious backgrounds, and services must be non-discriminatory;
- The individuals' right to privacy and confidentiality must be respected;
- The self-determination and the autonomy of individuals of older persons must be;
- Service providers must have personal and professional integrity when providing services;
- Acknowledgements of the right of beneficiary older persons to information; and
- Commitment to engage in a collaborative multi-sectorial service.

In summation, the post-apartheid aged care policy in South Africa is fundamentally concerned with addressing the care for the aged care bottlenecks created by previous apartheid regime. Previous governments had pursued a racially guided care for the aged policy to the few privileged minority whites, thus denying access to the majority black and coloured population.

Policy focus, therefore, concerns addressing the basic issues of right for all aged South Africans to enjoy the same privileges after independence.

4.9 COMPARISON OF FINDINGS

This section compares the findings on care for the aged policy in Nigeria from 1960 – 2016 and South Africa from 1994–2016. The findings are discussed in the context of policy problems and policy issues.

4.9.1 Nigeria's public problem

The care for the aged policy in Nigeria from 1960 – 2016 emanates from the intention of government to address care for the aged.(Social Development Policy for Nigeria 1989: 7). The study findings show that previous governments (both civilian and military) had failed to address the disparity that has persisted for more than fifty years in care for the aged sector with respect to other sectors. The effect is that as at the year 2000, out of the 36 states of Nigeria, only about 3 states in the federation have a working policy put in place on care for older persons (Omoresemi, 2007: 8).

This imbalance has continually affected the marginalized older persons and alienated them from enjoying the basic needs of life, thereby inducing frustration amongst their family members. The care for the aged policy in the study context is, therefore, intended to address the gap.

Policy Issues

The care for the aged policy in Nigeria is focused on ensuring that the government can meet the needs of older persons. It is, therefore ,premised on the total well-being of the elderly (Social Development Policy for Nigeria 1989: 10). The following policy issues are discernible:

- i. to ensure the provision of medical care for all elderly persons of 65 years and above;
- ii. to encourage the training of geriatric doctors, nurses and social workers to provide needed specialized services to the elderly;
- iii. to encourage the media houses to produce and disseminate information and programmes that enhances the image and dignity of the elderly;
- iv. to provide accessible recreational facilities in rural and urban areas;
- v. to provide counselling and physiotherapy services in Day Centres established for the elderly

vi. to encourage philanthropic and business organizations to support the cause of the elderly in their communities; and

vii. to provide fund for research on the problems and needs of the elderly

The policy focus is to achieve the universal goal on care for the aged, as demanded by the United Nations. As stated earlier, most policy issues in Nigeria are still on the drawing board with little or no implementation.

4.9.2 South Africa's public problem

The care for the aged policy in South Africa from 1994 –2016 derives mainly from the commitment of the post-apartheid ANC government to address care for older person's backlog created by the previous apartheid regimes. The previous apartheid regime that lasted for many decades had designed a policy to separate the majority blacks and other races, thereby creating access to social amenities to the minority whites. The policy of racial differentiation/separate development in care for the aged created a huge bottleneck, thus resulting in a greater percentage of households that lacked access to social grants, good hospitals, houses and other amenities that would have benefited older persons. In view of this, the post-apartheid ANC government felt the challenge to address the bottleneck problems.

Policy Issues

To address the bottleneck problem in the care for the aged sector, the policy focuses on the plight of elderly persons in the absence of family support systems and social protection measures and above all, inadequate statistics on their socio-economic status, thereby making the vulnerability of this group inevitable. The elderly are not only in need of support due to an increase in frailty at older ages, but are now burdened with caring for children and their children's children. The South African Older Persons Policy adopted in 2006 (Act No.13 of 2006) provides a framework for providing for the needs of elderly persons. These include the establishment of the Directorate of Care and Services within the Department of Social Development.

The government recognises that elderly persons are a vulnerable group, given their health and socio-economic circumstances. The vulnerability of elderly persons in South Africa is largely determined by pre-1994 policies and inequalities. The Act stipulates that the elderly require social security in the form of an old-age pension as a support mechanism. It has been noted that old-age pensions play a crucial role in supplementing household income and in some instances, this is the only source of income for some households (Stats SA, 2012). The National Development Plan - 2030 emphasises the importance of the social security systems in an attempt to redress the high levels of poverty and inequality experienced in South Africa. This enables the government to remove the burden of payment for services on poor households and to implement the social grant being paid every month to older persons in South Africa.

The foregoing shows a comparison of findings in respect to care for the aged policy in Nigeria from 1960 –2016 and South Africa from 1994 – 2016.

4.9.3 The African Union Policy Framework and Plan for Action on Ageing

According to Essy (2002:5), in November 2000, the OAU and Helpage International hosted an experts meeting to draft a Policy Framework and Plan of Action on Ageing. The draft was reviewed at a Labour and Social Affairs Commission where it was decided that there was need for a tripartite review of the document. In December 2001, a stakeholders' meeting was held in Nairobi to endorse the draft document. The meeting included governments, employers and employee organisations and other stakeholders. In April 2002, the draft Framework was considered and adopted during the 25th Ordinary Session of the OAU Labour and Social Affairs Commission in Ouagadougou, Burkina Faso. In July 2002, it received the final seal of approval during the 38th and last Ordinary Session of the Heads of State and Government in Durban, South Africa. The following policy issues that affect the aged were highlighted:

- **Rights**

In Africa, it is often believed that traditions of respect mean that all older people are well supported. This is not always the case. Older people are abused socially, physically, sexually, economically and psychologically.

Their basic human rights such as the right to life and liberty, the right to work and the right to freedom from discrimination are violated. Older people are abused by family and community members and are accused of everything from witchcraft to preventing or causing too much rain for which they are tortured and assaulted. Economically, they suffer as their assets are stolen; and financial institutions refuse credit and other services. Age-based discrimination is pervasive and prevents older people from accessing basic rights such as adequate health care and legal protection.

- **Information and Co-ordination**

Unlike most other population groups, there is relatively little information about the situation of older people. The absence of comprehensive information means that ageing is poorly understood and, as a result, resources are not allocated to meet the needs of the older population. The absence of an agreed definition of 'older person', in a country as well as globally, means that where data exists, it is often not comparable. The needs and rights of older people are cross-cutting, so ageing issues need to be integrated into the policies and work of all Ministries at all levels. Whilst integration is desirable, it may result in duplication or omission unless there is an overall policy on ageing and co-ordinating structures are established to oversee its implementation.

- **Poverty**

Older people are consistently among the poorest of the poor, yet their needs are seldom acknowledged in poverty reduction initiatives. Most people in Africa enter older age without any formal social security and so rely on their own and their family's ability to meet their needs. Older people are severely affected by structural adjustment programmes; they are the first to be targeted during periods of retrenchment and are hardest hit by cuts in social welfare programmes. Despite their needs, older people are systematically denied access employment, credit, training and other services that would enable them to increase their income.

- **Health**

Older people's capacity to earn a living and participate in family and community life is governed, to a large extent, by their health status. Even though health is a basic human right, older people are denied access to essential health services. The training of health personnel gives little attention to older people, and very few specialist services exist.

Since older persons disproportionately use traditional healers, the use and interaction of traditional healers and modern health care services should be further promoted and supported. The negative attitudes of some health workers affect the quality of services provided to older persons. Many older people are unable to afford even basic treatment, let alone, the medications needed to control chronic diseases that become more prevalent in older age such as diabetes and hypertension. The positive role that older people can, and do, play as providers of traditional medicine and carers of family and community members should be acknowledged and supported.

- **Food and Nutrition**

Nutrition research and interventions have tended to focus on the needs of the under-fives, lactating mothers and other younger population groups. Whilst important to lifetime health, this focus has resulted in a failure to acknowledge the needs of other population groups. It is a fact that very little is known about the nutritional situation and needs of older people in the continent. Most nutrition training curricula do not include older people and nutritional assessments fail to include this age group. In rural areas, older people produce food for themselves and their families and sell surpluses to meet other household needs. However, food production and marketing programmes usually exclude older people.

- **Housing and Living Environments**

Many older people are denied access to decent shelter as a result of socio-economic changes and belief systems. The majority of older people live in rural areas where, in many cases, land ownership is governed by customary law. Property disputes affect older persons as family and community members strive to take control. This is particularly true for older women following the death of their spouses. Building designs

often limit older people's access to services as well as reducing their access to political and civic representation. Equally, public transport and communication systems need to be responsive to the needs of the older population group.

- **Family**

Although the family remains the most important source of support for older people, family structures are changing, and traditional patterns of care are no longer guaranteed. Living patterns are fundamentally changing. For example, urbanisation has resulted in many older people living alone in rural areas. Economic pressures and changing social values mean that many families are either unable or unwilling to care for older relatives and that cases of abuse (physical, social and economic) by family members are increasing. The contributions that older people make to the family are seldom acknowledged, and programmes designed to support families fail to take into account the valuable role that older people can and do play. In communities affected by AIDS, older people are the primary carers of the sick and of the large numbers of orphaned grandchildren.

- **Social Welfare**

Traditional family structures are changing, and older people can no longer rely on the family for support. Whilst the family remains the main and most appropriate form of support for older people, social welfare programmes have a vital role to play to ensure that the needs of the most vulnerable are addressed. Whilst social security legislation exists, in most cases, it does not give specific consideration to the needs of older people. Many existing social welfare programmes are centralized, thus making them inaccessible to those older people who have limited mobility or who are unable to afford the cost of transport from their homes to centres where services are provided.

- **Employment and Income Security**

Older people are among the poorest in most societies and often do not have access to a regular income. They are denied access to employment opportunities and are often the first to be targeted during periods of retrenchment. The ability to contribute to and

benefit from formal social security programmes is generally limited to those in the formal sector and as a result, most people enter older age totally reliant on their ability to continue generating their own income. For those covered by social security systems, the value of their benefits is eroded by inflation and mismanagement.

- **Crises, Emergencies and Epidemics**

During periods of conflict and emergencies, older people are often excluded, marginalised and powerless. Their rights and needs are often overlooked by those implementing aid programmes and the contributions that older people can make are ignored. Emergency situations often result in rapid changes in social patterns, and the status accorded older people in stable situations is undermined.

The impact of HIV/AIDS and other epidemics on all sections of society is immense, but the specific impact on the older people is seldom analysed. In the case of HIV/AIDS, not only are older people at risk of contracting HIV, but they are the main providers of care of those affected by AIDS and for orphaned grandchildren.

- **Ageing and Migration**

The situation of migrant workers and ageing is of great concern. They fall outside the realm of social protection, not having access to pension schemes and adequate health services. It is important to ensure equal treatment with nationals as well as to maintain acquired rights after transfer of residence from one country to another. Furthermore, older persons are worst affected by forceful removal of migrants from their settlements.

- **Education and Training**

Poor access to education earlier in life means that high proportions of older people are illiterate and unaware of their rights. Public education programmes often use language and images that are not accessible to older people. Education and training programmes have age limitations that prevent the participation of older people and thereby limit their access to new employment and other opportunities. As training and education programmes are developed, the skills and experience of older people are often overlooked, and their contributions are not encouraged. Myths and misconceptions are

the cause of many of society's negative attitudes towards ageing and older persons. Issues relating to older people are absent from education and training curricula – from primary school to tertiary and professional education.

- **Gender**

The majority of older persons in almost every country in the world are women, with the women to men ratio increasing with age. Ageing affects women and men differently, both physiologically and socially. For example, older women's lack of property rights means that widowhood or the dissolution of marriage often brings with it a loss of home and property. On the other hand, older men without a family may be more vulnerable than women who tend to have more domestic skills. Gender should be integrated throughout policies and programmes that relate to older persons. Equally, gender-focused programmes should consider the specific needs of older people.

4.10 STUDY ANALYSIS

According to Parsons (1995: 79), policy development is not 'a conveyor belt in which agenda-setting takes place at one end of the line and implementation and evaluation occurs at the other. Rather, there are many influences on policy development and many opportunities for contribution to the policy process. A key part of policy development is ensuring that one's favorite issue is on the 'policy agenda'. This section compares the policy issues that affect care for the aged policy in Nigeria and South Africa. According to Gerston (2010:8), policy issues drive public policies. In the context of this study, differences in these issues are found to drive care for the aged policy in Nigeria and South Africa.

4.10.1 Analysis of Care for the Aged Policy in Nigeria

The care for the aged policy in Nigeria is examined as a result of the reforms which started during the inception of the current democratic dispensation initiated against the backdrop of neglect and insensitivity of previous administrations to address the policy

issues on older persons. Aboderin (2010:4) avers that in spite of the want for enquiry into policy implementation, recent analyses by stakeholders from Sub-Saharan African (SSA) countries point to 3 concerned factors: (i) obstacle to the endorsement of drawn up policies, as is the case, for example, with Nigeria's Revised National Health Policy (2004) and National Policy on Ageing (2007), (ii) wobbly policy formulation that is not capable to direct comprehensive program plan, and (iii) compromised execution owing to inadequate budget allotment. According to Williamson (1992:20), one of the most serious problems that Nigeria has faced since independence in 1960 has been that of national integration. He further states that most of the population has had stronger identification with and allegiance to a sub-national unit such as the ethnic group (where ethnic conflict poses one of the greatest threats to national integration), state, or region rather than to the national integration role of public policy in the health and education sectors though there has been very little effort to analyze the link between old age security policy and national integration objectives.

The reforms which are outlined in the government national ageing policy documents (Draft on National Policy on Ageing, 2007) seek to address and implement the negligence of the elderly. Within the broad framework of the age policy, aged care is a relatively new concept that has been widely understood only over recent decades. While virtually everybody will provide and/or receive aged care sometime in their life, less than one out of five older people require any assistance with the household tasks or activities of daily living that are central to aged care.

Older people who require care present distinctive policy challenges because they typically are also rendered vulnerable by poor health, low income, and limited informal support. Their capacities as consumers can be limited, and assistance may be required with carers as well as older people themselves. Indeed, a major historical change has been the increasing recognition of the importance of caregivers, notably spouses of older people and middle-aged daughters with pity on those who have no children to care for them. These features of aged care present complex challenges in designing and delivering services that meet needs effectively. Therefore, government in their policy, seeks partnership with private entrepreneurs and non-governmental organizations.

This involves balancing the social, economic and environmental issues of care for the aged and streamlining these issues to reflect the public interest, especially the under-privileged and vulnerable older persons. Specifically, the following are the most serious problems facing the overwhelming majority of older persons in Nigeria:

- a) Poverty, inadequate income security and various deprivations which go with ageing;
- b) Inability to access basic medical care;
- c) Marginalization, discrimination and abuse;
- d) Isolation and loneliness;
- e) Inadequate access to proper housing, recreation and social interaction;
- f) Lack of other personal welfare services e.g. Home visits;
- g) Burden of caring for Orphans of HIV and AIDS victims, People affected by HIV and AIDS (PABHA) and the victims themselves, people living with HIV and AIDS (PLWHA); and
- h) Poor Health due to Ageing.

The following factors have contributed adversely to the problems facing older persons in Nigeria:

- i. Socio cultural change and modernization;
- ii. Exclusion of older persons from economic and social opportunities and participation;
- iii. Negative social perceptions, attitudes and beliefs;
- iv. Inadequate social protection and social services for older persons; and
- v. Inadequate national framework (National Policy, Plan of Action, Social Legislations and other instruments) for ensuring the protection and well-being of older persons.

The social structure is polarized on a minority-haves and majority-have-nots basis, resulting in massive income inequality. This, therefore, brings into question the extent of achieving access and affordability of certain amenities to older persons, when a greater percentage of the population is challenged by socio-economic issues of deprivations,

poverty and unemployment in the absence of government's effort to improve the living conditions of the majority poor. In summary, care for the aged policy issues in Nigeria is analyzed in the context of the policy goal. The policy is intended to achieve the goal of care for the aged by providing an enabling environment and support for older persons to achieve their personal goals and realize their potentials through participation in the family, community and the larger society. These issues are vital in achieving the objective of universal quality care for the aged as demanded by the United Nations.

4.10.2 Analysis of Care for the Aged Policy in South Africa

The study examined the care for the aged policy approach in South Africa in the context of the policy issues that affect the elderly in the country. The policy issues derive from the commitment of the post-apartheid ANC government to address neglected majority older person's bottlenecks created by several decades of apartheid regimes. The apartheid era's care for the aged policy was developed on issues of racial differentiation, thereby, enabling social security and amenities to the minority white population and denying such access to the majority coloured and black population. The imbalance issues, therefore, identify care for the aged as a public problem for the new Government of National Unity (GNU). A public problem which the government initially sought to address through the adoption of the Reconstruction and Development Programme (RDP) which was an integrated policy platform to set out a marshal plan-like programme for social and economic advancement, centered on justice and equity for all.

The policy goal derives from the policy issues, as seen in the South African Policy for Older Person 2005. The policy issues are, therefore, established on the premise that:

- The family, in its diverse forms, is the fundamental unit of the society, linking generations and should, therefore, be maintained, strengthened and protected in accordance with traditions and customs;

- Older persons should have access to primary health care, curative care, social services and other care and support systems in order to maintain their optimal level of physical, mental, spiritual and emotional well-being;
- Services should be provided in an intersectoral and collaborative manner;
- Throughout their lives, all persons have a personal responsibility to contribute to their social and financial independence;
- Where independence is unattainable, the family, community and all tiers of government (national, provincial and local) have a shared responsibility to provide the necessary care and support;
- Services should enable older persons to remain independent and self-supporting for as long as possible;
- Older persons should be treated fairly and with respect regardless of gender, racial, cultural or religious backgrounds, and services must be non-discriminatory;
- The individuals' right to privacy and confidentiality must be respected;
- Service providers must have personal and professional integrity when providing services;
- Acknowledgements of the right of beneficiary older persons to information; and
- Commitment to engage in a collaborative multi-sectorial service delivery

In the study's context, the care for the aged policy issues are viewed from the concerns of the post-apartheid ANC government to address the backlog and imbalance created by the previous apartheid government through an integrated policy approach that balances economic issues with social and environmental considerations.

Poverty is inherent among the rural dwellers, and the majority are older persons. Most elderly blacks who grew up under apartheid were marginalized by that system. During the days of apartheid, the aged were excluded from accessing social security protection. With the change of government in 1994 and the adoption of the 1996 Constitutional order, the situation has changed. The government committed itself to redress the imbalances caused by the apartheid system. The Preamble to the Constitution recognises the injustices of the past and spelt out the following four objectives, namely, to:

- ✓ Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;
- ✓ Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by the law;
- ✓ Improve the quality of life of all citizens and free the potential of each person; and
- ✓ Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.

4.11 COMPARISON OF ANALYSIS

This section compares the analysis of care for the aged policy in Nigeria from 1960-2016 and South Africa from 1994-2016. It comparatively discusses the policy approach in achieving the goal of universal access to care for the aged in the two countries.

NIGERIA

To address the imbalance in the care for the aged sector for many years, the government identified the policy issues and is aware that older persons have special needs and face some major constraints in their bid to satisfy their needs (National Policy on Ageing 2007). The Federal Government also stresses its primary responsibility in promoting, providing and ensuring access to basic social services, bearing in mind the specific needs of older persons. The Government formally declares its firm resolve and commitment to protect the human rights of older persons and in particular to undertake and promote all relevant measures to safeguard and continuously advance the care and well-being of all older persons. While accepting primary responsibility for providing leadership on ageing matters on the implementation of this policy, the Government recognizes the need for effective collaboration with States and Local Governments, International Agencies, Older persons themselves and their organizations, the Media, Faith – Based organizations (FBOs), community Based Organizations (CBOs) the Organized Private Sector, Professional Organizations, Institutions and other stakeholder.

The government writes that the National Policy on Ageing in Nigeria is rooted in the traditional respect for and high regard in which older persons are usually held. It flows from the realization that older persons, as a social category, have special needs, socio-economic and health problems requiring specialized attention and treatment. It is informed by the fact that due to current demographic changes, there is a steady increase in the number and proportion of the Nigerian population now attaining old age.

The study examined the policy issues on care for the aged in Nigeria in the context of public interest noting that the government respects the fundamental human rights of the older persons as enshrined in the Constitution of the Federal Republic of Nigeria (1999) and the United Nations Declaration on Human Rights (1948) and AU Policy Framework and Plan of Action on Ageing (2002). Consequently, this National Policy on Ageing seeks to ensure that the older persons in Nigeria enjoy a life of health, security, fulfillment and contentment within their own families and communities. The vision of the

policy, according to the government, is to respond to the opportunities and challenges of population ageing and to promote development which will provide guidance in areas of independence, participation, care, self-fulfillment and dignity for older persons. The Nigerian Government is, therefore, determined to enhance the recognition of the dignity of older persons and to eliminate all forms of discrimination, neglect, abuse and violence. The scope of this policy encompasses wide-ranging problems and needs of older persons identified in the following areas: income, health care, food/nutrition, family upkeep, gender, housing and related utilities, transportation, clothing, recreation, social contact, interaction, socio-cultural participation and economic/voluntary employment services. The goal of this policy is to provide an enabling environment and support for older persons to achieve their personal goals and realize their potentials through participation in the family, community and the larger society. The general objectives of this policy are to:

- create and sustain awareness of the situation of older persons in society;
- guarantee an improved quality of life for older persons in Nigeria;
- ensure total integration of older persons in the society;
- strengthen the traditional support systems for older persons;
- guarantee adequate and sustainable income security of older persons; and
- see that fundamental human rights of older persons upheld and protected.

However, the public interest agenda on care for the aged in the study context implies the provision of services for the general welfare of older persons. Incontrovertibly, the socio-economic contexts of the country depict massive poverty, inequality, high level of corruption, injustice, nepotism and unemployment. Above all, the policy is still on the drawing board and not yet implemented as at the time of this research and therefore, has not made a considerable impact in the challenging issue that confronts the elderly. The implication is that the majorities of older persons in Nigeria are still denied access to quality needs such as food, health care, education and so on; this stifles opportunities for longevity.

SOUTH AFRICA

Care for the aged policy approach in South Africa derives from the need of the post-apartheid ANC government to address care for the aged bottleneck created by several decades of the apartheid government. This has enabled the identification of care for the aged as a public problem and its proper placing in the public policy agenda. The policy emphasizes the following three focus areas as adopted during the Second World Assembly Plan of Action held in Madrid in 2002:

a) Older persons and development, to be addressed by active participation in society, work and the ageing labour force, rural and urban development, access to knowledge, education and training, inter-generational solidarity, income security, social protection and poverty prevention and provision in emergency situations;

b) Advancing health and well-being into old age to be addressed by lifelong health promotion, universal and equal access to health services, HIV/AIDS, training of care providers and health professionals, mental health services and disabilities; and

c) Ensuring enabling and supportive environments to be addressed by housing and the living environment, care and support for caregivers, addressing neglect, abuse and violence and communicating positive images of ageing;

These three priorities reflect the needs of older persons at different stages of their life cycle. While the “development” component is of greater pertinence to mobile and active older persons, the “health” and “supportive environments” are more closely associated with the (particular) needs of the older and frailer, amongst the broad category of older persons. As a result, the government identifies policy issues of addressing older person’s poverty in the country by improving social equity and poverty alleviation. The study further identified these issues in the context of public interest. Due to the historical and social contexts of South Africa, the older population constitute the poor majority.

The policy issues of access to social security and affordability are found to be central in achieving the policy goal of active ageing in South Africa. Through the implementation of older person’s policy in 2006, the South African aged group has inroads to some of the

social security services put in place by the government. The policy, therefore, has facilitated the provisions of basic needs such as food, health care and accessibility to social amenities in-order to enhance active ageing. The policy concern of addressing the care for the aged backlog through social considerations of social equity and poverty alleviation is in line with achieving the policy goal of universal access. These issues are aligned to the public benefit agenda of grass roots socio-economic development.

4.12 CONCLUSION AND SUMMARY

This chapter focused on the methodology, findings and analysis of the study by comparing government policy on care for the aged in Nigeria from 1960-2016 and South Africa from 1994-2016. The main purpose of this chapter was to present the qualitative research methodology used by the study which adopted a causal comparative design through desktop approach. Several qualitative approaches were used to describe the study. Reviewed documents were discussed as the data collection instruments of this study. The care for the aged policy approach adopted by the Nigerian government in response to ageing challenges in the afore-mentioned period were discussed and compared with that of South Africa with a view to identifying the policy issues that affect government policy on care for the aged in the two countries.

In Nigeria, the study findings show that policy development in care for the aged between 1960-1999 was affected by a series of military incursions into politics and the general undemocratic and unstable nature of the society. The care for the aged policy from 1960-2016 is, therefore, in response to ageing challenges as intended by government in the democratic dispensation. The government of Nigeria is yet to provide the necessary legislation to formalize and encourage the provision of care for the elderly and initiate massive campaigns/education to increase awareness on the need for all to see the elderly as repositories of collective wisdom and custodians of a country's heritage.

Such a policy would ensure prompt payment of appropriate gratuity and pension to every citizen who has served the nation meritoriously; pensioners should be encouraged to continue to participate in the National Housing Fund and benefit from the Scheme. The government aims to make available soft loans to the elderly to mobilize and integrate the elderly into development as a human resource to engage in massive advocacy on issues of interest to older persons. The Government expects the family to actively play its role of ensuring generations of care givers and a tradition of mutual support for the senior citizens and the elderly. These realities are also found to affect good governance and public participation in policy processes pertaining to caring for the aged.

In South Africa, the study findings show that the care for the aged policy depicts the intention of the post-apartheid ANC government to address care for the ageing bottlenecks created by several years of apartheid regime. Care for the aged policy during the apartheid era was implemented along lines of racial differentiation in so many areas. The majority of blacks were excluded from the social security policy in favour of the white minority. The post-apartheid government identified the imbalance as a public problem and strategically placed it on the public policy agenda for policy making.

A central policy agenda favouring both blacks and whites was regulated during the post-apartheid period. In view of this, the policy emerged out of rare social considerations of social equity and poverty alleviation and environmental concerns. The policy addressed older persons who were victims of the historical and socio-economic pandemonium. Furthermore, the care for the aged policy in the country was found to be in line with the public interest perspective of active ageing demanded by the United Nations. Care for the aged in the policy context is, therefore, part of the government's social welfare responsibility. The ethical considerations and other important key areas relevant to the research were discussed in this chapter. The following chapter recommends and concludes.

REFERENCES

Books and Journals

- Aboderin, I. 2010. Understanding and Advancing the Health of Older Populations in sub-Saharan Africa: Policy Perspectives and Evidence Needs. *Public Health Reviews*, 32(2): 357-376
- Adebanwi, W. & Obadare, E. 2010. Introducing Nigeria at 50: The nation in narration. *Journal of Contemporary African Studies*, 28(4):379-405.
- Adejumobi, S. 2004. Civil Society and Federalism in Nigeria. *Regional and Federal Studies*, 14(2): 211-231.
- Aigbepue, S. & Ainabor, A.E. 2011. Issues and Challenges of Nigeria Fiscal Federalism. *Interdisciplinary Journal of Research in Business*, 1(10): 26-31.
- Ake, C. 2001. *Democracy and Development in Africa*. Ibadan Nigeria: Spectrum Book.
- Alapiki, H. E. 2005. State Creation in Nigeria. Failed Approaches to National Integration and Local Autonomy. *African Studies Review*, 48(3): 49-65.
- Alasuutari, P. 2010. The Rise and relevance of qualitative research. *International Journal of Social Research*, 13(2): 139-155.
- Anderson, J.E. 2006. *Public Policy Making* (6th edition). U.S.A: Houghton Mifflin Company.
- Anugwom, E.E. 2000. Ethnic Conflict and Democracy in Nigeria: The Marginalization Question. *Journal of Social Development in Africa*, 15(1): 61-78.
- Armstrong, P., Lekezwa, B. & Siebrits, K. 2008. Poverty in South Africa: A profile based on recent household surveys. <http://www.ekon.sun.ac.za/wpapers/2008/wp042008/wp-04-2008pdf>. Accessed on 15th November, 2015.
- Babbie, E. 2014. *The practice of social research*. Cape Town: Oxford University Press.

- Bamgbose, A. 2011. African languages today: The Challenge of and prospects for empowerment under globalization. Selected Proceedings of the 40th Annual Conference on African Linguistics, Somerville, MA: Cascadilla Proceedings Project.
- Botes, et al. 1992. *Public Administration and management: A guide to Central, Regional and Municipal Administration and Management*. Pretoria: Kasigo publishers.
- Brans, M. 2007. Comparative Public Administration: From General Theory to General Frameworks. In B.G. Peters & J. Pierre (ed). *The Handbook of Public Administration*. London: Sage Publications.
- Bryman, A. 2004. *Social Research Methods* (2nd edition). New York: Oxford University Press.
- Bryman, A. 2012. *Social Research Methods* (4th ed.). Oxford: Oxford University Press.
- Brynard, P.A. & Hanekom, S.X. 1997. *Introduction to Research in Public Administration and Related Academic Disciplines*. Pretoria: Van Schaik.
- Cairney, P 1997. Advocacy Coalitions and Policy Change - Policy Studies: Theory and Practice. <http://www.psq.ac.uk/journal/pdf/5/1997/cair.pdf>. Accessed on 15th March, 2016.
- Chandler, J. A. 2000. *Comparative Public Administration*. London: Routledge.
- Cloete, J.J.N. 1998. *South African Public Administration and Management*. Pretoria: Van Schaik.
- Cloete, F. & Meyer, I.H. 2011. Policy Agenda Setting. In F.Cloete, H.Wissink, C. De Coning (Ed.), *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik.
- Cohen, L., Manion, L. & Morrison, K. 2007. *Validity and reliability: Research Methods in Education* (6th ed.). London: Routledge.
- Colebatch, H.K. 2006. What Makes Policy? *Policy Sciences*, 39(4): 309-321.

- Creswell, J.W. 2009. *Research design: qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: SAGE.
- Creswell, J.W. 2014. *Research design: Qualitative, quantitative and mixed methods approach* (4th ed.). Los Angeles: Sage.
- Creswell, J. & Plano-Clark, C. 2014. *Mixed Methods Research* (2nd ed.). SAGE: SAGE Publishing. UK.
- De Conning, C. 2006. The Nature and Role of Public Policy. In F. Cloete, H. Wissink, C. De Conning (eds). *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik Publishers.
- Denscombe, M. 2014. *The Good Research Guide for small scale social research projects*. Berkshire: Open University Press.
- Dror, Y. 2003. *Public Policy Making Re-examined*. New Brunswick, New Jersey: Transaction Publishers.
- Du Toit, D. & Van Der Waldt, G. (2008). *Public Administration and Management*. Kenwyn: The Grassroots Juta & company Ltd.
- Dunn, W.N. 1994. *Public Policy Analysis: An Introduction*. New Jersey: Upper Saddle River.
- Dwivedi, O.P. & William, G. 2011. Public Administration: State of the Discipline, A historical Odyssey. In *Public Administration in a global Context*. IASIA at 50. Groupe De Boeck s.a; Bruxelles.
- Durrheim, K. 2014. *Research in Practice: Applied Research for the Social Sciences*. Sage Publication. New York.
- Dye, T.R. 1981. *Understanding Public Policy*. USA: Eaglewood Cliffs.
- Elaigwu, J.I. 2002. Federalism in Nigeria's Democratic Polity. *The Global Review of federalism*, 32(2): 73-95.

- Gibson, J.L. 2006. The Contributions of Truth and Reconciliation: Lessons from South Africa. *The Journal of Conflict Resolution*, 50(3).
- Gildenhuys, J.S.H. & Knipe, A. 2000. *The organization of Government: An Introduction*. Pretoria: Van Schaik Publishers.
- Giliomee, H. & Mbenga, B. 2007. *New History of South Africa*. Cape Town: Tafelberg Publishers.
- Hanekom, S.X. & Thornhill L. 1993. *The Functions of the Public Administrator*. Durban: Butterworth Publishers (Pty) Ltd.
- Hanekom, S.X. 1987. *Public Policy Framework and Instrument for Action*. Johannesburg: Macmillan.
- Hanekom, S.X. 1986. Public Policy-making and Public Policy Analysis. In X. Hanekom, R. W. Rowland & E. G. Bain (eds), *Key Aspects of Public Administrations*. Johannesburg: Macmillan Publishers.
- Hendericks, R. 2006. Actors in Public Policy Making. In Fox, Bayat & Ferreira (eds), *a Guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Henrard, K. 2007. Post-apartheid South Africa's democratic transformation process: Redress of the past, reconciliation and unity in diversity, *Global Review of Ethno-politics*, <http://dx.doi.org/10.8080/14718800208405103>. Accessed on 20th February, 2016.
- Holcombe, R.G. 1997. A Theory of the theory of public Goods. *Review of Australian Economics*, 10(1).
- Hughes, O.E. 2003. *Public Management and Administration*. New York: Palgrave Macmillan.
- Huysamen, G.K. 1994. *Methodology for the Social and Behavioural Sciences*. Johannesburg: International Thomson Publishing Coy (Southern Africa) (Pty) Ltd.

- Ijeoma, E.O. 2010. *Africa's New Public Policy: Imperatives for Globalization & Nation-Building in Nigeria*. Pretoria: Africa Institute of South Africa.
- Koliba, C., Meek, J.W. & Zia, A. 2011. *Governance Networks in Public Administration and public policy*. U.S.A: CRC Press.
- Kura, S.Y.B. 2012. Qualitative and quantitative approaches to the study of poverty: Taming the tensions and appreciating the complementarities. *The Qualitative Report*, 17(34): 1-19.
- Lawson, P.S. 2011. Nigeria's 1999 Constitution and Intergovernmental Relations (IGR): need for improvement. In *Ozean journal of Social Sciences*, 4(3). <http://ozelacademy.com> Accessed on 11th May, 2012.
- Leedy, P.D. & Ormond, J.E. 2005. *Practical research: Planning and design* (10th ed.). Essex: Pearson.
- Lehohla, P. 2007. Community survey 2007. The RDP Commitment: What South Africans Say <http://unpan1.un.org/intradoc/groups/public/documents/CPSI/UNPAN027977.pdf>. Accessed on 22nd December, 2015.
- Levine, R. M. 2009. Transforming the public service to support the developmental state. *Journal of Public Administration*, 44(41): 943-968.
- Mackinno, A.S. 2004. *The Making of South Africa, Culture and Politics*. Upper Saddle River, New Jersey: Pearson Education.
- Malhorta, N. 2007 *Marketing Research: An Applied Approach*. Financial Times Management. New York
- Manzer, R. 1984. Public Policy-Making as Practical Reasoning. *Canadian Journal of Political Science*, 3: 577-594.
- Maree, K. 2007. *First Step in Research*. Pretoria: Van Schaik.

- May, J. 1998. Poverty and Inequality in South Africa. Centre for Social Development Studies. <http://www.info.gov.za>. Accessed on 20th September 2015.
- Mertens, M. D. 2010. Transformative mixed methods research. *Qualitative Inquiry*, 16(6): 469-474.
- Moriarty, J. 2011. Qualitative research methods overview. *Methods Review* 1:1-43.
- Motlana, N. & Mogoba, S. 1998. Apartheid and the Challenges of African Leaders. <http://www.africanleadership.org>. Accessed on 14th September, 2015.
- Nnoli, O. 2003. Ethnic Violence in Nigeria: A historical perspective. <http://indiana.edu>. Accessed on 1st June, 2016.
- Norval, A.J. 2009. No Reconciliation without Redress: Articulating political demands in post-transitional South Africa. *Critical Discourse Studies*, 6(4):311-321.
- Ojie, A. E. 2006. 2006. Ethnicity, and the Problem of extra-judiciary killing in Nigeria. *Journal of Black Studies*, 36(4):546-569.
- Ojo, M.A. & Lategu, F.T. 2010. Christian-Muslim Conflicts and Interfaith Bridge: building efforts in Nigeria. *The Review of faith international affairs*, 8(1): 31-38.
- Opeskin, R.B. 2001. Mechanisms for Intergovernmental Relations in Federations. *International Social Sciences Journal*, 53(167): 129-138.
- Osaghae, E.E. & Suberu, R.T. 2005. A History of Identities, Violence, and Stability in Nigeria. Centre for Research in Inequality, human Security and Ethnicity. <http://www.afid.gov.uk>. Accessed on 20th March, 2016.
- Reitzes, M. 2009. The Impact of Democracy on Development: The case of South Africa. Research Report 120. <http://ips.org.za/ips%20pdf/RR120.pdf>. Accessed on 8th February, 2016.
- Ross, R. 1999. *A Concise History of South Africa*. Cambridge, United Kingdom: University Press.

- Roux, N. L. 2006. Policy Design. In F. Cloete, W. Wissink & C. De Conning (eds), *Improving Public Policy from theory to practice*. Pretoria: Van Schaik Publishers.
- Salawu, B. 2010. Ethnic factor and Development Question in Nigeria. A consideration of its implication for the transformation of rural Nigeria. In *European journal of Scientific Research* (2010): 328-335.
- Saunders, M., Lewis, P. & Thornhill, A. 2016. *Research Methods for Business Students*. London: Pearson.
- Schwella, E. 1991. Introduction to Public Management. In Fox, Schwella & Wissink *Public Management*. Kenwyn: Juta & Company, Ltd.
- Schwella, W. 1991. *Planning In Public Management*. Kenwyn: Juta & Co. Ltd.
- Tesch, R. 1990. *Qualitative Research: Analysis Types and Software Tools*. New York: Falmer Press.
- Thompson, L. 1990. *A History of South Africa*. U.S.A: Yale University Press.
- Thornhill, C. & Dijk, G. 2010. Public Administration Theory: Justification for conceptualization. *Journal of Public Administration*, 45(1).
- Tsheola, J.P. 2012. Theorizing a democratic developmental state: issues of public service delivery planning and violent protests in South Africa. *Journal of Public Administration*, 47(1).
- Walaza, N. 2003. Reconciliation with partial truths: An assessment of the dilemmas posed by the reconciliation process in South Africa. *Smith College studies in social work*, 73(2): 189 – 204.
- Warwick, M. 2006. The Environment of Public Policy. In Fox, Bayat and Ferreira (ed), *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Weible, C.M., Sabatier, P.A. & McQueen, K. 2009. Themes and Variations: Taking stock of the Advocacy Coalition framework. *The Policy Studies Journal* 37(1).

- Were, G.S. 1982. *A History of South Africa* (new ed.). Ibadan: Evans Brothers.
- Wessels, D, 1999. South Africa's Reconstruction and Development Programme. A Better Life for All. *Journal of Social Sciences*, 3(4):235-243.
- Williams, J.A. 1997. *From the South African Past: Narratives, Documents, and Debates*. New York: Houghton Mifflin Company.
- Williams, J.J. 2000. Truth and Reconciliation – Beyond the TRC process and findings, *Ecquid Novi. African Journalism Studies*, 21(2): 207-219.
- Wilson, M. & Thompson, L. 1975. *The Oxford History of South Africa 11*. Great Britain: Oxford University Press.
- Wissink, H. 1991. Policy-Making. In Fox, Schwella & Wissink, *Public Management*. Kenwyn: Juta & co. Ltd.
- Zikmund, K. Babin, J. Carr, S. & Griffin, O. 2013. *Business Research Method*. Sage. New York

DOCUMENTS

- African National Congress (ANC) 1994. The Reconstruction and Development Programme: A policy framework. Umanyano; Johannesburg. <http://www.upetd.up.ac.za>.
- Apartheid in South Africa. http://en.wikipedia.org/wiki/Apartheid_in_South_Africa.
- Causal Comparative Research. <http://www.dissertation.statistics.com>. Accessed on 7th October, 2015.
- Public Good. [en.wikipedia.org/wiki/public good](http://en.wikipedia.org/wiki/public_good). Accessed on 7th April, 2016.
- Public interest. <http://rtigatway.org.in/Documents/Articles/public%interest.pdf>. Accessed on 14th November, 2015.

Republic of South Africa Constitution. 1996. South Africa, 2001.www.statssa.gov.za/
Accessed on 14th Sept, 2015.

UN, ECOSOC. 2002. The critical role of Public administration and good governance in implementing the United Nations Millennium Declaration: Institutional capacity development.

<http://unpan1.un.org/intradoc/groups/public/documents/un/unpan/003535.pdf>.

Accessed on 7th January, 2016

White Paper on Reconstruction and Development. 1994. Government Gazette, Republic of South Africa. <http://www.info.gov.za>. Accessed on 2nd March, 2016.

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.0 INTRODUCTION

The study reviewed and compared government care for the aged policy in Nigeria (1960- 2016), and South Africa (1994-2016). The study focused on the policy issues and policy approaches that affect care for the aged in Nigeria and South Africa; and the goal was to determine whether it aligns with the United Nation's goals in achieving the universal access to quality lifestyle for active ageing in both countries. Since ageing concept is a new development in the African environment, it, therefore, compelled the researcher to dig more into this niche area by examining the policy in place by the two nations on ageing gracefully. Based on the data available on the care for the aged policy documents from the two nations, a theoretical and methodological approach to the study facilitated an in-depth textual analysis of the research. The aim of this section is to summarise each chapter of the study, suggest recommendations as per study findings and analysis and then conclude the study.

5.1 SUMMARY

The first chapter gave a general framework of the study by providing the introduction/background of the study; the rationale/motivation of the study; statement of the problem; the objectives; the research questions; the significance of the study which provided the study's contribution to existing body of knowledge in the field of public administration; and the research relevance which related to the study's concern to investigate care for the aged in Nigeria and South Africa from a policy perspective. Within the context of the first chapter presented the methodological approach comprising the research design; research methodology which explained ways of collecting the study data and analyzing it, and also presenting the study report.

The ethical procedures that this study observed were also explained, and these are the ethical clearance certificate to prove that the study adhered to the university's ethical guidelines; the scope of study and the limitations encountered during the study process and within the study period were also highlighted. Concept clarification clearly defined the relevant technical terms of public administration, public policy and care for the aged policy. The chapter also focused on the theoretical approach to the study. It provided a framework for explaining the theoretical context of the study and finally, provided an outline of the study structure.

The second chapter focused on Aged policy as related to public administration in South Africa and Nigeria. It discussed how care for the aged is a public concern in Nigeria and South Africa and how public policy, policy making process, good governance and public interest are functions and attributes to public administration. It also discussed Aged policies in Nigeria and South Africa and other functional roles of public administration with regards to care for the aged. What emerged from this chapter is that care for the aged is part of the social welfare responsibility of the Government which must be provided through the institution of public administration in both countries. In addition, good governance and public interest played a key role with respect to care for the aged in both countries and should be achieved within a framework of service efficiency and social equity in line with sustainable development and public interests.

This chapter further reviewed policies on care for the aged as a policy challenge, and identified the policy process of care for the aged in both countries. The chapter also discussed policy-making in ageing environment as a function of public administration in the light of public administration being an activity and a system. In view of this, care for the aged in South Africa and Nigeria are perceived to be in the public administration environment.

Chapter three of the study presented the literature review. It assessed available published works in the study context. The chapter is divided into a theoretical context to compare study of care for the aged policy in Nigeria (1960-2016) and South Africa, (1994-2016) in order to build an argument in defining the gap in literature.

The theory led to a review of scholarly works in the areas of comparative public administration, advocacy coalition framework, public choice theory and policy agenda setting. Public administration, in the context of study, was reviewed as it concerns a comparative study of care for the aged policy in Nigeria and South Africa. Review on public policy by scholars was examined in the light of the study. The study further undertook a comprehensive review of publications on care for the aged in Nigeria and South Africa and other relevant publications on care for the aged policy. The reviews of scholarly works on care for the aged policy in Nigeria and South Africa were organized around policy issues that comparatively affect ageing with respect to universal quality of lifestyle on active ageing in Nigeria and South Africa.

It essentially reviewed literature that underpins the study and identified gaps in the literature in relation to the topic. The chapter also reviewed social political issues in Nigeria and South Africa since they have profound implications on care for the aged policy in the two countries. In Nigeria, the socio-political issues looked into the historical context, which provided the historical background of the country; issues in the Nigerian federalism which emanates from the federal content and state creation.

Chapter 3 further delved into the issue of ethnicity and sectional consciousness which generated controversy and making governance difficult as a result of power struggle. Religious politicization birthed a serious challenge and distorted national stability in Nigeria hence stifling policy-making in the context of the study. Similarly in South Africa, socio-political issues also have profound implications on policy-making on care for the aged, including the apartheid regime, the Reconstruction and Development Programme which was developed on the philosophy of massive socio-political and economic transformation of the country by the post-apartheid government. The subject of reconciliation and redress is based on injustice created by the past apartheid regimes. Reconciliation and redress stem from the intention to achieve national reconciliation and nation-building through forgiveness, redress and consolation. Care for the aged policy issues in both countries has peculiar dynamics due to their socio-political environment.

Chapter four of the study explained the research methodology, findings and analysis and described the methods and approach utilised for this study.

It explained the qualitative desktop methods and described the approach to government policy on care for the aged in the two countries (South Africa and Nigeria). The research design provided a framework or plan of action for the research. The researcher modified research designs from various authors using the following five stages of the research process:

- 1) Stage 1: Defining the research question;
- 2) Stage 2: Designing the research;
- 3) Stage 3: Data collection;
- 4) Stage 4: Data analysis; and
- 5) Stage 5: Writing a research report.

The findings ensured that research questions were answered and analyzed in details on the course of study.

The findings of the research, in the context, of the study emanated from care for the aged policy documents in Nigeria and South Africa. In Nigeria, the study findings focused on the need for enacting the policy draft and improving on care for the aged sector which derives from the massive imbalance that has persisted for long. In South Africa, the study findings focused on the identification of care for the aged as a public problem and its proper placing on the public policy agenda. This originates from the apprehension of the post-apartheid government to address the bottleneck issues created by several years of the apartheid regime in the country. Identification of care for the aged, as an essential public good, is part of the government's social welfare responsibility to the people. The South African government actually emphasized taking care of their elderly by establishing a functional policy. The study, therefore, analyzed care for the aged policy in both countries in the context of policy issues and public welfare based on the demand by the United Nations on active ageing for all older persons. The public agenda on care for the aged centers on the provision of quality health care and social security for the general well-being of the elderly, and the policy

goal in both countries is to achieve this. In Nigeria, the policy for older persons is still on the drawing board and at the time of this study, has not been implemented.

In South Africa, the policy issues on Older Persons include but are not limited to: enabling older persons to enjoy active, healthy and independent lives by creating an enabling and supportive environment to older persons, providing continuous care to those older persons in need. The policy issues recognized the following core values and principles that: the family, in its diverse forms, is the fundamental unit of the society, linking generations and should therefore be maintained, strengthened and protected in accordance with traditions and customs. Older persons should have access to primary health care, curative care, social services and other care and support systems in order to maintain their optimal level of physical, mental, spiritual and emotional well-being.

Services should be provided in an inter-sectoral and collaborative manner. Throughout their lives, all persons have a personal responsibility to contribute to their social and financial independence. Where independence is unattainable, the family, community and all tiers of government (national, provincial and local) have a shared responsibility to provide the necessary care and support. Services should enable older persons to remain independent and self-supporting for as long as possible. Older persons should be treated fairly and with respect regardless of gender, racial, cultural or religious backgrounds, and services must be non-discriminatory. Chapter five provides the summary, recommendations and conclusion of the study are based on the study findings and analysis in terms of comparing government policy on care for the aged in Nigeria and South Africa and proffer lessons learnt.

5.2 RECOMMENDATIONS

This study's recommendations are based on the findings of the study regarding Government policy on care for the aged in Nigeria and South Africa. The policy perspective on care for the aged in Nigeria and South Africa enables for a comparative study on care for the aged policy approach in both countries. The study investigated the policy issues that affect the aged on achieving the goal of the United Nations in providing quality active ageing environment to all older persons in the two countries.

The International Plan of Action on Ageing is the first International instrument on ageing guiding thinking and the formulation of policies and programmes on ageing. It was endorsed by the United Nations General Assembly in 1982 (resolution 37/51) and adopted earlier the same year at the World Assembly on Ageing at Vienna, Austria. It aims at strengthening the capabilities of Governments and civil society to deal effectively with the ageing of populations and to address the development potential and dependency needs of older persons. It also promotes regional and international cooperation and includes 62 recommendations for action addressing research, data collection and analysis, training and education and other relevant sectors. The recommendations of the study derive from a comparative problem-solving approach which forms the central objective on care for the aged in Nigeria and South Africa.

Since the study was to observe gaps, review and compare government policies on care for the aged in Nigeria and South Africa with the intention of knowing if the policy aligns with the United Nations goals, the African Union Policy Framework and Plan of Action on Ageing (2002) guides African Union Member States as they design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of older people with the following recommendations:

Rights

Recommendation I: That Member States recognise the fundamental rights of older persons and commit themselves to abolish all forms of discrimination based on age; that they undertake to ensure that the rights of older people are protected by appropriate legislation; including the right to organise themselves in groups and to representation in order to advance their interests.

Actions:

- a) Elaborate and adopt an additional protocol to the African charter on Human and Peoples Rights relating to the rights of older persons.
- b) Review and amend, as appropriate, the Constitution or legislation to guarantee the fundamental rights of older people are protected.
- c) Provide direct and permanent legal assistance to older persons to defend their rights.

- d) Include older persons in the development, review and implementation of a comprehensive and integrated national policy to meet the needs of older people.
- e) Ensure that the UN Principles for Older Persons (independence, dignity, self-fulfillment, participation and care) are legally binding and implemented.
- f) Develop and review legislation to ensure that older people, especially women, receive equitable treatment from customary and statutory laws including reviews of legislation on property and land rights; inheritance laws; social security legislation and so on.
- g) Enact legislation which makes it an offence for family members, the community or other persons to abuse older persons.
- h) Enact legislation requiring adult children to provide support for their parents.
- i) Enact legislation to ensure that when children are left in the care of older relations, the parents of the children provide adequate levels of financial and/or material support.
- j) Enact legislation that requires, in the event of the death of a child, a percentage of the estate is left to the older person; this is particularly important in cases where older people have used their resources to care for sick children.
- k) Enact legislation that pays particular attention to the needs of older people with disabilities.

Recommendation II: Member States should undertake all the necessary measures to ensure that older people can access all their rights.

Actions:

- a) Ensure that information is collected regarding the number of older people who are victims of crime.
- b) Implement programmes of civic and public education, including schools, to address issues arising from witchcraft allegations and other human rights abuses.
- c) Improve older people's access to legal services through public education targeting (i) older people to ensure they are aware of their rights and (ii) communities to ensure that they understand the rights of older persons.
- d) Ensure that sensitisation and information programmes relating to the rights of older persons involve older people at all levels.

e) Ensure that the training of all public servants includes information on the rights of older persons.

f) Develop and review the training curricula for social workers, care givers and all those working with older people to ensure that they adequately include the rights of older persons.

Information and Co-ordination

Recommendation I: Member States undertake to standardise the definition of older people.

Actions:

a) Review and harmonise definitions of older persons in line with the UN common usage of older persons, namely, those aged 60 years and above.

Recommendation II: Member States undertake to ensure that comprehensive data on the situation of older persons is compiled and made accessible.

Actions:

a) Ensure that the collection and analysis of national census data includes issues specific to the needs of older people and that data is fully disaggregated by age (without upper age limits) and gender.

b) Ensure that all household surveys and other information collection activities compile, analyse and present issues and questions related to older people in society and that data is fully disaggregated by age (without upper age limits) and gender.

c) Ensure that the collection, compilation and analysis of data includes socio-economic and other indicators specific to issues affecting older people (including number of dependants and family support) for utilisation in policy and programme planning.

d) Ensure that all information on ageing is collected, analysed and published in a format that expresses the differences in ageing between men and women.

e) Undertake research to identify the impact of differences in longevity between women and men in terms of living arrangements, income, health care and other support systems.

- f) Improve data collection about the contributions of older people to the economy, including their participation in the informal economy and in unremunerated work including household work and subsistence agriculture as reflected in the United Nations System of National Accounts.
- g) Collect, compile, analyse and utilise data on contributions made and benefits received from State and other social security systems for the purpose of improving older people's access to such systems.
- h) Strengthen statistical systems to ensure effective analysis of data by age and gender; including the development of indicators to assess issues of specific concern to older people.
- i) Identify information gaps that exist in relation to the needs and rights of older people and an ageing society. Address the identified information gaps by including the needs of older people in on-going research work and by commissioning older people specific research.
- j) Improve the collection of data on access to all essential services by age group with special emphasis on health services (including access to age and gender specific health services).
- k) Ensure that the collection of data relating to those who are victims of crime and abuse is fully disaggregated by age and gender (including issues of rape, financial abuse and household conflict) so that appropriate measures can be taken to ensure the protection of older people.
- l) Provide tax relief to individuals and organisations that give assistance to organisations working with and for older persons.

Recommendation III: Member States undertake to ensure that the needs and rights of older people are integrated into all existing and new policies in all sectors.

Actions:

- a) Ensure that older people are actively involved at all levels of policy development, strategy formulation, action, implementation and monitoring and evaluation.

- b) Formulate and modify existing policies (in all sectors) to ensure that the specific needs of older people are included and that they complement the national policy on ageing.
- c) Ensure that the concerns of older persons with disabilities are placed on the agenda of existing national policy-making and co-ordination bodies dealing with both disabilities and older persons.
- d) Draw up guidelines to facilitate the implementation of appropriate policies regarding older persons.

Recommendation IV: Member States should undertake to ensure that coordinating and monitoring mechanisms are established, at all levels, so that issues affecting older people are addressed effectively.

Actions:

- a) Establish a Ministerial position responsible for issues affecting older people.
- b) Strengthen or establish national coordinating structures (bringing together representatives of older people, different Ministries and other stakeholders as appropriate) to ensure that the needs of older people are addressed.

Poverty

Recommendation I: Member States undertake to ensure that the rights and needs of older people are comprehensively addressed in poverty reduction strategies.

Actions:

- a) Collect, compile, analyse and disseminate information on the factors that contribute to the poverty experienced by older people.
- b) Develop and review policies and programmes on poverty reduction programmes that ensure that the specific needs of older people are taken into account.
- c) Involve older people in the assessments, planning, implementation, monitoring and evaluation of poverty alleviation programmes.
- d) Conduct research prior to the implementation of structural adjustment programmes to determine the potential impact of such programmes on older people.

- e) Implement poverty reduction programmes specifically targeting the needs of older people; including, for example, specially designed credit programmes.
- f) Review anti-poverty programmes to ensure that they support, rather than contribute to the decline of, traditional support structures.
- g) Older persons of low income should be exempted from direct tax.
- h) Ensure enlightenment of the populace to change attitudes that prevent older people from accessing services available to other population groups.

Health

Recommendation I: Member States undertake to ensure that older people's rights to appropriate health care are legally constituted and guaranteed.

Actions:

- a) Develop and review all national health policies and strategies to ensure they respond to specific needs of older people.
- b) Involve older people in the development and revision of health policies and strategies.
- c) Implement legislation to ensure that health workers do not discriminate against older people.

Recommendation II: Member States undertake to guarantee the delivery of health services that meet the specific needs of older people.

Actions:

- a) Undertake research to establish the nature and extent of the physical, social and mental health needs of older people, with due consideration to promotive, preventative, curative and rehabilitative health issues. Ensure that research reflects the different health issues affecting older women and older men.
- b) Develop and review health budgets to ensure that adequate funding is devoted to the provision of services for older people, taking into account the higher per capita health requirements of older people.
- c) Involve older people in the design, provision and monitoring of health services targeting older women and men.

- d) Develop and review the pre-service and in-service training curricula of health professionals to ensure that the health needs of older people are adequately reflected.
- e) Ensure appropriate and continuous training on ageing issues for family and community health workers and thereby enable them to provide support to older people and their families.
- f) Provide support and training to older persons in their role as caregivers.
- g) Ensure national coverage of promotive, preventive, curative and rehabilitative health services, including HIV/AIDS services, designed to meet the needs of older people and particularly those in the rural areas.
- h) Establish or strengthen integrated geriatric services and training at all levels of the health care system.
- i) Provide access to free health services for older people, and especially those with disability, who are unable to meet the costs. j) Develop and implement a strategy for the provision of safe traditional medicine in view of the fact that, for cultural and cost reasons, older people are proportionally higher users of traditional medicine than other population groups.
- k) Promote research, production and use of traditional medicines for both national and international use.
- l) Provide promotive, preventive, curative and rehabilitative ophthalmic and oral health services for older people and ensure that National Prevention of Blindness strategies give due consideration to the needs of older people reflecting the fact that eye health issues disproportionately affect older persons.
- m) Subsidise the costs of walking aids, hearing aids, dentures, prosthesis, glasses and other assistive devices for older persons.
- n) Develop and implement a strategy for the management of chronic health conditions that become more prevalent in old age including, for example, dementia, hypertension and diabetes.
- o) Review the provision of existing sexual and reproductive health services to ensure that they meet the needs of older people.
- p) Strengthen public health programmes to ensure accessibility to safe water and adequate sanitation.

- q) Implement national education programmes that focus on healthy lifestyles for all age groups to improve the health status of people as they enter their older years.
- r) Encourage the development of health insurance schemes that include older persons.

Food and Nutrition

Recommendation I: Member States undertake to ensure that older people's rights to adequate food and nutrition are legally constituted and guaranteed.

Actions:

- a) Develop and review national food and nutrition policies (including those governing emergency situations) to address the specific needs of older people.
- b) Involve older people in the development and revision of food and nutrition policies.

Recommendation II: Member States undertake to ensure that older people have access to adequate food and nutrition.

Actions:

- a) Undertake research into the nutritional status, vulnerabilities and needs of older people to guide the development of food and nutrition policies.
- b) Ensure that issues related to the food and nutritional status, vulnerability and needs of older people are included in national, local and household nutritional surveys.
- c) Provide subsidy to older people for medically recommended foods, medication and related health services.
- d) Develop and review the pre-service and in-service training curricula of food and nutrition professionals to ensure that the food and nutrition needs of older people are adequately addressed.
- e) Ensure that all nutrition education programmes give equitable consideration to the needs of older people.
- f) Implement national nutrition education programmes for all age groups to improve their nutritional status as they enter their older years.
- g) Ensure that the nutritional needs of older people are specifically addressed in relief and emergency programmes.

Recommendation III: Member States undertake to ensure that older people have equal access to means of food production and marketing.

Actions:

- a) Ensure that land distribution policies do not discriminate against older people.
- b) Enact and review laws to ensure that older women have the right to land tenure irrespective of marital status.
- c) Develop and review government agricultural and food security programmes to ensure that the needs of older people are taken care of.
- d) Ensure the inclusion of older people in the planning, design, implementation, management and evaluation of all agricultural and food security programmes.
- e) Develop and review the pre-service and in-service training curricula of food and agricultural professionals to ensure that the needs of older people are adequately addressed.
- f) Recognise the role of older people in all aspects of food production and ensure that financial institutions do not prevent older people from accessing credit facilities on the basis of their age and gender.
- g) Establish specialist credit facilities for older men and women recognising the fact that older population groups often have low levels of literacy.
- h) Implement agricultural marketing programmes to meet the needs of older people and other groups who have small amounts of surplus produce to sell.

Housing and Living Environments

Recommendation I: Member States undertake to ensure that older people have access to safe, durable and affordable shelter.

Actions:

- a) Review and update housing policies to ensure that they reflect the needs of older people in both rural and urban areas.
- b) Ensure that policies and legislation governing land rights, including security of tenure, in urban and rural areas do not discriminate against older people.
- c) Review and revise laws to ensure that older women enjoy property rights.

- d) Enact and implement legislation to protect the rights of older people living in 'older people's homes' (both Government and private) with due regard to issues of security, private space and privacy.
- e) Ensure that families caring for older relatives are given priority in public housing schemes.
- f) Ensure that older people and families caring for older relatives are eligible for subsidised housing, low cost interest housing loans and other similar benefits
- g) Provide preferential allocation of ground floor accommodation for older people in respect of high rise buildings.
- h) Incorporate shelter issues affecting older people into programmes monitoring poverty and its reduction.

Recommendation II: Member States undertake to ensure that public infrastructure accommodates the needs of older people.

Actions:

- a) Design accessible public buildings to accommodate the needs of older people.
- b) Modify existing public buildings during periods of refurbishment and renovation to ensure access for older people by providing ramps, rails and so on.
- c) If lift access is not available, ensure that services for older people are located on the ground floor of public buildings.
- d) Develop and review the pre-service and in-service training curricula of architectural professionals to ensure that the needs of older people are reflected in their training.
- e) Ensure there is equitable distribution of services for older people between urban and rural areas.
- f) Provide accessible transport for older people.
- g) Subsidise transport costs for older people using public transport.
- h) Develop or review and revise services and systems to ensure that older people are given priority when purchasing and using public transport and communication services.
- i) Ensure that universal standards are observed in the provision of goods and services for older people.

Family

Recommendation I: Member States undertake to enact legal provisions that promote and strengthen the role of the family and the community in the care of its older members.

Actions:

- a) Review and revise family focused legislation to ensure that it is inclusive of the needs of older persons within the family.
- b) Enact legislation pertaining to taxation that encourages the care and support of older persons within the family e.g. provision of tax concessions for those supporting older relatives.
- c) Learn from traditional values and norms to inform legislation about family values and the care of older persons.
- d) Identify, support and strengthen traditional support systems to enhance the ability of families and communities to care for older family members.

Recommendation II: Member States undertake to ensure that legal instruments exist to protect the rights of older people within the family and community.

Actions:

- a) Enact or strengthen legislation specifically designed to protect the rights of older people within the family and community.
- b) Provide training for the judiciary and law enforcement agencies on the legal rights of older persons within the family and community.
- c) Train older persons to provide information and advice relating to older person's rights and their right to protection within the family.
- d) Implement public education programmes to create awareness and understanding of the rights of older people to strengthen the image and dignity of older people in society.

Recommendation III: Member States undertake to develop and strengthen strategies that empower older people to contribute to their families.

Actions:

- a) Encourage the involvement, role and contribution of older persons in the family, community and the State.
- b) Collect, analyse and disseminate information about the contributions that older people make to their families and society.
- c) Involve older people in all stages of the design, development, implementation, monitoring and evaluation of programmes.
- d) Establish vocational training and retraining programmes specifically for older persons to ensure self-sufficiency, enhance self-esteem, and facilitate their participation in the economic life of their communities.
- e) Strengthen the development and transformation of the informal economy recognising that older people are not employed in the formal sector.
- f) Ensure that low income older people have access to low interest loans and other credit facilities, taking into account the fact that older people have limited resources and repayment capacity.

Recommendation IV: Member States undertake to implement policies and programmes that strengthen families and are inclusive of older people.

Actions:

- a) Review and update policies and programmes relating to the family to ensure they make adequate provision for the specific requirements of older persons.
- b) Include issues related to older persons and family responsibilities in the curricula of all educational institutions.
- c) Develop and strengthen rural economies to curb the speed of the rural/urban drift that negatively affects the support structures for older persons in rural areas.
- d) Design and implement services to meet the specific needs of urban older people, recognising that family networks tend to be weaker in urban centres.

- e) Establish or expand programmes of intergenerational social and cultural activities.

Social Welfare

Recommendation I: Member States undertake to design, develop, and implement practical, realistic and appropriate social welfare strategies that include the concerns of older people.

Actions:

- a) Develop, review and implement strategies which emphasise traditional community support and care mechanisms for older people.
- b) Discourage the institutionalisation of older people and retain the cultural respect for older persons; encourage the emphasis of community based support systems such as kinship, extended family, neighbourhood and so on.
- c) Promote the participation of older peoples' associations, self-help and NGO initiatives in all social welfare strategies.
- d) Recognise, support and encourage the voluntary contributions of older people in community based initiatives.
- e) Provide and enhance access to social assistance schemes for older people including public assistance schemes, old age pensions and so on.
- f) Devise welfare systems that ensure that older people are given priority when they seek social and other services including access to multi-purpose day centres.
- g) Ensure the provision of adequate and accessible recreational and leisure facilities both in urban and rural areas to avoid/reduce boredom, loneliness and depression.
- h) Decentralise health, welfare, social and services to ensure access by older persons.
- i) Design programmes and services to sustain the independence of older persons in rural areas.
- j) Facilitate and strengthen traditional rural and community support mechanisms.

Employment and Income Security

Recommendation I: Member States undertake to eliminate the discrimination against older people in accessing employment and training opportunities and retaining their jobs.

Actions:

- a) Enact legislation that prevents discrimination on the basis of older age during recruitment, promotion and retrenchment processes.
- b) Introduce flexible retirement policies and appropriate strategies and opportunities to enable older people to continue contributing to the workforce as long as they are willing and able.

Recommendation II: Member States undertake to enact legislation that ensures the establishment and implementation of formal and informal social security systems.

Actions:

- a) Provide public education on individual responsibility for social security issues so that people understand the need to plan for their old age.
- b) Social security structures should be put in place that allows for contributions by all those in the formal and informal sectors, including part-time workers, rural, agricultural, domestic and migrant workers.
- c) Involve both younger and older persons in the design and implementation of strategies and policies relating to social security.
- d) Develop and implement strategies that extend the coverage of formal and informal social security systems.
- e) Promote the reallocation of defence spending to social security provision.
- f) Strengthen the governance of social security systems to include performance targets relating to set objectives including the processing of payments to ensure transparency and solvency.
- g) Provide support to informal social security programmes through Government and nongovernment supported training.

h) Ensure that social security and social programmes address the situation of older women whose employment has often been interrupted by maternity and family responsibilities.

i) Conduct pre-retirement programmes to enable older persons to develop the necessary coping skills that will prepare them for the emotional, psychological and socioeconomic challenges of retirement.

Crises, Emergencies and Epidemics

Recommendation I: Member States undertake to ensure that assistance reaches older people in situations of conflict.

Actions:

a) Member States should promote national and international efforts to prevent and resolve issues of conflict; thereby establish peace and security for the well-being of the older population.

b) Develop and review policies and practices related to conflict situations to ensure that the rights of older persons are protected.

c) Recognise and utilise the potential contributions of older people e.g. their knowledge of traditional coping mechanisms; alternative health systems; conflict prevention and resolution strategies.

d) Where communities are displaced, ensure that family tracing is undertaken to reunite older persons with family members.

e) Develop and review appropriate social security legislation to ensure the inclusion of employed refugees.

Recommendation II: Member States undertake to ensure that the needs of older people in emergency situations are met

Actions:

a) Develop and review policies and practices related to emergency situations to ensure that the rights of older persons are protected.

b) Ensure that older people are involved at all stages in the design and implementation of programmes intended to address the needs of those affected by emergencies.

- c) Ensure that during assessments, the potential vulnerability of older persons is given special attention and specific action is taken to locate and identify them.
- d) Provide support to older people to meet their basic needs, such as food, water, shelter, clothing, health care and fuel.
- e) Ensure that the design and delivery of services reflects the particular needs of older people for example 'fast track' systems for the distribution of basic necessities and special distribution points for older persons.
- f) Recognise and address the social and psychosocial needs of older persons.
- g) Recognise and support the contributions of older people such as care of children; knowledge of traditional coping mechanisms and understanding of alternative health systems.
- h) Ensure that older people are involved in, and benefit from, the design and implementation of rehabilitation and reconstruction programmes.
- i) Design and implement programmes that strengthen and sustain family structures during periods of displacement and the rehabilitation phases of a disaster.
- j) Ensure that appropriate emergency relief programmes enable the participation of older people through the use of their skills.
- k) Ensure that the special needs of older people are addressed during repatriation and reintegration programmes.
- l) Establish modalities that ensure that older persons who are former refugees receive their pension in respect of services rendered in the country of asylum.
- m) Ensure that older persons who have been forced to leave their homes are able to recover their property upon return.

Recommendation III: Member States undertake to protect the rights and needs of older people affected by HIV/AIDS and other epidemics

Actions:

- a) Recognise the fact that HIV/AIDS and other epidemics affect older people in multiple ways.
- b) Conduct and strengthen research to understand the nature and extent of the impact of HIV/AIDS and other epidemics on older persons.

- c) Develop and review policies relating to HIV/AIDS and other epidemics to ensure that they include issues affecting older persons.
- d) Develop and implement intergenerational public education programmes relating to HIV/AIDS and other epidemics.
- e) Develop and review policies and programmes on HIV/AIDS and other sexually transmitted infections to recognise that older persons are sexually active and therefore at risk.
- f) Ensure that public awareness campaigns on HIV/AIDS and other sexually transmitted infections include older people and that such campaigns are appropriately targeted.
- g) Ensure that policies and programmes relating to HIV/AIDS and other epidemics recognise that older people are major providers of care for those who are sick and for orphaned grandchildren.
- h) Provide a budget allocation to support older people caring for those affected by AIDS and other epidemics.
- i) Strengthen community based care mechanisms to ensure that older people who are carers of those affected by AIDS and other epidemics receive support.
- j) Strengthen community based care mechanisms to ensure that older people whose children have died of AIDS and other epidemics receive support including psychosocial support and counselling.
- k) Involve older people in programmes on HIV/AIDS and other epidemics as educators and learners.

Ageing and Migration

Recommendation I: Member States undertake to ensure those ageing migrant workers' rights to employment and minimum working conditions are respected.

Actions:

- a) Review the provisions of appropriate legislation to ensure minimum working conditions protect the rights of older workers and are protected against hazardous work.
- b) Review provisions of appropriate legislation to ensure equal treatment of migrant workers.

- c) Sending countries create conducive environment for migrant workers upon return to their place of origin.
- d) Design programmes to fully integrate returning migrant workers into the society by providing basic necessities like housing and training programmes for employment.

Education and Training

Recommendation I: Member States undertake to ensure that older persons have access to education and training.

Actions:

- a) Strengthen and extend adult education programmes to ensure that they are inclusive of the needs of older persons.
- b) Ensure that public education campaigns are culturally sensitive to the needs of older people.
- c) Ensure that public education campaigns are also conducted in local languages and that they take account of literacy levels among older people.
- d) Design and implement vocational training programmes that encourage the participation of older people, including older people with disability.

Recommendation II: Member States undertake to develop and strengthen strategies that encourage older peoples' participation as educators and trainers.

Actions:

- a) Recognise and acknowledge the skills of older persons and create a data bank of their knowledge, skills and experience.
- b) Provide opportunities for older people to be trained as formal, informal, non-formal, peer-educators and trainers in all sectors.

Recommendation III: Member States undertake to increase understanding and awareness of ageing issues through education and training.

Actions:

- a) Establish or strengthen national education, training and research on ageing.
- b) Include issues of ageing and traditional values in all formal and non-formal education.

- c) Create public awareness about ageing issues.
- d) Promote positive images of ageing and address negative attitudes that exist towards older people.

Gender

Recommendation I: Member States undertake to mainstream ageing into policies relating to gender.

Actions:

- a) Research and disseminate information on differential ageing in women and men.
- b) Develop and review national gender policies and programmes to include the specific concerns of older women and men.

5.3 SUMMARY OF RECOMMENDATIONS

The recommendations offered by the Policy Framework and Plan of Action in 2002 are to guide African Union Member States in making quality policy structure for their Nations. In the context of comparing care for the aged policy in Nigeria and South Africa to ascertain if it aligns with the United Nations goals, the policymakers of the two nations still have to align their policy structure in accordance with AU framework as recommended for a long lasting result. Unfortunately the implementation of the 2007 National Draft Policy on Ageing in Nigeria is yet to kick off as at the time of this research it had not done so; thereby extending the plights of older persons in Nigeria. Comparatively in South Africa, older persons' policy is enshrined within services that underpin care for the aged. The study provided policy lessons to Nigeria, following South Africa's policy experiences in care for the aged. The study findings show that in South Africa, the government identifies care for the aged as a public problem and strategically places it on the public policy agenda for policy-making. Older persons' policy in South Africa, basically seeks to promote and sustain public interest through good governance. The care for the aged policy in South Africa was necessitated by the marginalization of the majority blacks against the minority whites who have been privileged to social security since 1928.

This fact further enables the government to recognize care for older persons as a social welfare responsibility and to achieve universal access through public funding.

In addition to the recommendations made by AU Policy Framework, the following recommendations are suggested:

- Nigeria can also create a continuous dialogue forum like the South African Government by contributing to the Proposals, Practical Measures, Best Practices and Lessons Learned to assist in promoting and protecting the rights and dignity of Older Persons.
- In terms of retirement, involvement of relevant social partners for running appropriate pre-retirement programmes for the benefit of their respective members should be formulated. Development of programmes of leadership, voluntarism, community-service, self-reliance (which could help retired persons to manage their retirement in an enriching manner) can be encouraged. Providing opportunities for self-development to individuals due to retire, thus enabling them to invest in activities of their choice after their retirement, should be enacted.

The practice of employment on contractual, sessional and flexi time basis in scarcity areas should be encouraged. The older persons' forum should promote their activities to local communities so that the individual about to retire knows about and can join the association for a more enriching and fulfilling life. Preparation for retirement should start from the time the employee joins the labour market. It is recommended that an on-going process of sensitization programmes be developed to encourage people to join saving schemes, like insurance scheme, health scheme, and educational scheme for children, and so on.

- The International Year of Older Persons and International Day of the Elderly should be made a policy by the government of the two nations in collaboration with other stakeholders. This event will pave way to bridge the gap between the government and older persons.

- In Nigeria where family bonding is culturally taken seriously by promoting and encouraging multi-generational family system, a policy should be formulated to provide strong incentives such as income tax deductions and social grants for the next of kin for the maintenance of the elderly.
- Nigeria needs to formulate, amongst its policies, the concept of income security (which is very wide and comprises *inter-alia* schemes and measures aimed generally at ensuring that every citizen is able to meet the family's basic needs in times of difficulties such as accidents, prolonged sickness or sudden reduction of income as a result of unforeseen adversities); this will ensure the required supplementary financial support to enable them to continue meeting the basic needs of older persons; therefore, policies should be put in place in terms of banking platforms for older persons.
- Carers' allowance for severely disabled older person's policy should be advanced by the South African government.

The above-mentioned recommendations derive from the study's findings regarding policy issues that affect care for the aged in Nigeria and South Africa to further assist governments of both countries in taking quality decisions on productive ageing.

5.4 CONCLUSION

This comparative study on care for the aged policy in Nigeria and South Africa focused on the policy perspective on productive ageing in both countries. The care for the aged policy in Nigeria and South Africa is intended to address the challenges confronted by older persons. The methodological approach used in this study enabled an in-depth textual analysis based on the study findings and made it possible to examine care for the aged policy documents to identify similarities and differences in policy issues in both countries. These issues are generated from the policy environment of aging through the political system. In Nigeria and South Africa, care for the aged is recognized as part of a public need and in essence, a public good which is provided through the service

agencies of public administration. It is a basic social welfare concern towards ageing, encompassing proper identification of their needs, formulation of relevant policies and eventual implementation and monitoring from both Nigeria and South Africa's government. The concept of "productive ageing" pre-supposes re-integration of the elderly in the socio-economic mainstream. To ignore this imperative is to deny their legitimate and inalienable rights and to waste the reservoir of skills, experience and wisdom which they represent.

In spite of the need for enquiry into policy implementation, recent analyses of Nigeria's the health policy pointed to 3 factors: (i) obstacle to the endorsement of drawn up policies, as is the case with Nigeria's Revised National Health Policy (2004) and National Policy on Ageing (2007), (ii) wobbly policy formulation that is not capable to direct comprehensive program plan, and (iii) compromised execution owing to inadequate budget allotment are reasons for policy *impasse* or bottlenecks in Nigeria. The majority of Nigerians are challenged by socio-economic issues of poverty, inequality, unemployment and so on, thereby, placing the policy issues of care for the aged against the public interest.

Care for the aged is found to be a social welfare responsibility of the government in Nigeria, and its establishment will further improve social status through the provision of basic needs such as food, water, health, education to older persons. Unfortunately, the 2007 policy in place for older persons in Nigeria is still at a draft stage awaiting adoption and implementation. The recommendations for care of the aged policy in Nigeria are derived from the African Union Policy Framework and Plan of Action on Ageing (2002) and the South African experience on care for the aged. The South African experience shows that public interest in care for the aged can be promoted and sustained through good governance. The main goals of South African older persons policy are to enable older persons to enjoy active, healthy and independent living and to create an enabling and supportive environment that ensures that both frail and mobile older person receive services that respond to their needs. The South African old age policy acknowledges that there are principles and values that underpin services to older persons and that the family, as a fundamental unit of society, should be maintained and protected in

accordance with societal values, traditions and customs. The fundamental principle that should drive a total transformation of ageing in South Africa is that older persons form an integral part of society. Within the African context, family life is a non-negotiable and reciprocal support network throughout the life cycle of people from birth to death. The needs of older persons and their circumstances must determine the services to be provided. The Older Persons Policy, therefore, takes into consideration this principle and seeks to strengthen family and community systems to enable them to cater for the elderly.

From the reviewed literature, the South African old-age pension policy was, *inter alia*, shaped by three factors: (1) capitalist industrialisation mediated by the character of existing public social provision and – with regard to Africans – segregationist policies; (2) cultural and ideological shifts (3) class politics. The care for the aged policy in South Africa (1994-2016) emanates from the intentions of the post-apartheid ANC government to address the care for the aged bottlenecks created by several years of apartheid regimes. The apartheid old age policy was implemented along lines of racial differentiation to meet the needs of the white minority to the exclusion of the majority black and coloured population. The dismantling of apartheid structures and the institution of a democratically elected government in 1994 created the right conditions for all inclusive policy-making. Good governance enabled the identification of policy issues in line with sustainable public interests and the government using public administration agencies to play key roles in service delivery to older person in South Africa. It has also facilitated effective public participation in evolving policy issues towards the care for older persons. The South African older person policy should serve as a lesson to the Nigerian Government on good governance and service delivery upon reviewing and comparing Government policy on care for the aged between the two nations.

The study contributes to the existing knowledge in the discipline of public administration by opening up views on the comparative analysis and review of care for the aged policy issues in Nigeria and South Africa in the context of public interest through the functional role of public administration.

BIBLIOGRAPHY

BOOKS AND JOURNALS

- Aboderin, I. 2010. Understanding and Advancing the Health of Older Populations in sub-Saharan Africa: Policy Perspectives and Evidence Needs. *Public Health Reviews*, 32(2): 357-376
- Abumere, F. 2013. Specific Policies to Protect the Welfare of Older People in Britain. The Open Access Journal of Science and Technology AgiAI Publishing House Vol. 1 (2013), Article ID 100003, pp 5.
- Adebanwi, W. & Obadare, E. 2010. Introducing Nigeria at 50: The nation in narration. *Journal of Contemporary African Studies*, 28(4):379-405.
- Adejumobi, S. 2004. Civil Society and Federalism in Nigeria. *Regional and Federal Studies*, 14(2): 211-231.
- Adele, B.J. 2008. Inter-governmental Relations and Political Opposition in Nigeria's Fourth Republic, 1999-2004. *Ozean journal of Social Sciences*, 1(1).
- Afigbo, A.E. 1991. Background to Nigerian Federalism, Federal Features in the Colonial state. *Federalism in Nigeria: toward Federal Democracy*, 21(4). <http://www.jstor.org.wam.seals.ac.za>. Accessed on 25th December, 2015.
- African National Congress (ANC). 1994. The Reconstruction and Development Programme: A policy framework. Umanyano, Johannesburg. <http://www.upetd.up.ac.za>.
- Aigbepue, S. & Ainabor, A.E. 2011. Issues and Challenges of Nigeria Fiscal Federalism. *Interdisciplinary Journal of Research in Business*, 1(10): 26-31.
- Alasuutari, P. 2010. The Rise and relevance of qualitative research. *International Journal of Social Research*, 13(2): 139-155.
- Anderson, J.E. 2006. *Public Policy Making* (6th ed.). U.S.A: Houghton Mifflin Company.

- Ajomale O.O. 2007. Socio-Economic factors that determine the Health and Social Well Being of the Elderly in Ibadan in Nigeria. The need for Social Work Intervention. Discussion Paper Series. ISA RC11. Sociology of Aging.
- Angwe, B. 2012 Third Session of the UN Open – Ended Working Group on Ageing: Paper Presentation at the UN Plaza New York.
- Arowosegbe, J. O. 2009. Violence and National Development in Nigeria. The Political Economy and Youth Restiveness in the Niger Delta. *Review of African Political Economy*, 36(122): 575 – 594.
- Asogba, A. 2005 Research and the Formulation and Implementation of Ageing Policy in Africa: The Case of Nigeria. *The British Society of Gerontology Generations Review*, 15(2): 39–41.
- Babbie, E. & Mouton, J. 2014. *The practice of social research*. Cape Town: Oxford University Press.
- Bamgbose, A. 2011. African languages today: The Challenge of and prospects for empowerment under globalization. Selected Proceedings of the 40th Annual Conference on African Linguistics, Somerville, MA: Cascadilla Proceedings Project.
- Bassey, C. & Akpan, F. 2012. The Politics of Resource control in Nigeria. *European journal of Social Sciences*, 27(2), 222-232.
- Baumgartner, F.R., Breunig, C., Green-Pedersen, C., Jones, B.D., Mortensen, P.B., Nuytemans, M. & Walgrave, S. 2009. Punctuated Equilibrium in Comparative Perspective. *American Journal of Political Science*, 53(3): 603-620.
- Birkland, T. *After Disaster Agenda Setting Public Policy and Focusing Events*. Washington D.C.: Georgetown University Press.
- Bless C., Higson-Smith, C. & Kagee, A. 2009. *Fundamentals of social research methods: An African perspective* (4th ed.). Cape Town: Juta.

- Brans, M. 2007. Comparative Public Administration: From General Theory to General Frameworks. In B.G. Peters & J. Pierre (ed). *The Handbook of Public Administration*. London: Sage Publications.
- Brink, H., Van der Walt, C. & Van Rensburg, G. 2014. *Fundamentals of research methodology for health professionals* (3rd ed.). Cape Town: Juta.
- Brown, J.M. 1999. The plight of rural elderly in South Africa: a case for a community Development cadre 34 No 2 Community Development Journal.
- Bryman, A. 2012. *Social Research Methods* (4th ed.). Oxford: Oxford University Press.
- Brynard, P. 2006. Policy Decision Making. In F. Cloete, W. Wissink & C, De conning (eds), *Improving Public policy from theory to practice*. Pretoria: Van Schaik Publishers.
- Burstein, P 1991. Policy Domains: Organization, Auditing and Policy outcomes. *Annual Review of Sociology*, 17: 327-350.
- Cairney, P 1997. Advocacy Coalitions and Policy Change. *Policy Studies: Theory and Practice*. <http://www.psq.ac.uk/journal/pdf/5/1997/cair.pdf>. Accessed on 8th March, 2016.
- Chandler, J.A. 2000. *Comparative Public Administration*. London: Routledge.
- Cline, L.E. 2011. Today we shall drink blood: internal unrest in Nigeria. *Small Wars and Insurgencies*, 22(02): 273 – 289.
- Cloete, F. & Meyer, I.H. 2011. Policy Agenda Setting. In F.Cloete, H.Wissink, C. De Coning (Ed.), *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik Publishers.
- Cloete, F. & Meyer, I. H. 2006. The Public Process. In F. Cloete, H. Wissink, C. De coning (ed). *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik Publishers.

- Cloete, J.J.N. 1998. *South African Public Administration and Management*. Pretoria: Van Schaik.
- Cohen, L., Manion, L. & Morrison, K. 2007. *Validity and reliability: Research Methods in Education* (6th ed.). London: Routledge.
- Colebatch, H.K. 2006. What Makes Policy? *Policy Sciences*, 39(4): 309-321.
- Creswell, J.W. 2014. *Research design: Qualitative, quantitative and mixed methods approach* (4th ed.). Los Angeles: Sage.
- De Conning, C. 2006. The Nature and Role of Public Policy. In F. Cloete, H. Wissink, C. De Conning (eds). *Improving Public Policy from Theory to Practice*. Pretoria: Van Schaik Publishers.
- Denscombe, M. 2014. *The Good Research Guide for small scale social research projects*. Berkshire: Open University Press.
- Denzin, N. & Lincoln, Y. 2014. *Handbook of qualitative research* (4th ed.). California: Sage.
- Dror, Y. 2003. *Public Policy Making Re-examined*. New Brunswick, New Jersey: Transaction Publishers.
- Dunn, W.N. 1994. *Public Policy Analysis: An Introduction*. New Jersey: Upper Saddle River.
- Du Toit, D. & Van Der Waldt, G. 2008. *Public Administration and Management*. Kenwyn: The Grassroots Juta & company Ltd.
- Dunn, W.N. 1994. *Public Policy Analysis: An Introduction*. New Jersey: Upper Saddle River.
- Dye, T.R. 1981. *Understanding Public Policy*. USA: Eaglewood Cliffs.
- Elaigwu, J.I 2002. Federalism in Nigeria's Democratic Polity. *Global Review of federalism*, 32(2): 73-95.

- Fanie, C. & Coning, C. 2014. *Improving Public Policy Theory, practice and results* (3rd ed.). South Africa. Van Schaik.
- Fox, W. & Bayat, M.S. 2006. *Managing Policy. In a guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Freinkman, L. 2007. Inter-governmental Relations in Nigeria: Improving Service delivery in core sectors. <http://mpira.ub.uni-muenchen.de> Accessed on 18th November, 2015.
- Geographical location of Nigeria. www.onlinenigeria.com/geography.asp. Accessed on 10th February, 2015.
- Geographical location of Nigeria. www.onlinenigeria.com/geography.asp. Accessed on 18th January, 2016. Geography of South Africa. http://en.wikipedia.org/wiki/geography_of_South_Africa.
- Geography of South Africa. http://en.wikipedia.org/wiki/geography_of_South_Africa.
- Gerston, L.N. 2010. *Public Policy Making, Process and Principles*. New York: M.E. Sharpe, Inc.
- Gildenhuys, J.S.H. 2004. *The Philosophy of Public Administration*. Stellenbosch: Sun Press.
- Gibson, J.L. 2006. The Contributions of Truth and Reconciliation: Lessons from South Africa. *The Journal of Conflict Resolution*, 50(3).
- Giliomee, H. & Mbenga, B. 2007. *New History of South Africa*. Cape Town: Tafelberg Publishers.
- Hamon, M. 1992. *Administrative Policy Formulation and the Public interest: Public administration in Action, Readings, Profiles and Cases*. U.S.A.: Brooks/Cole Publishing Company.

- Hanekom, S.X. & Thornhill L. 1993. *The Functions of the Public Administrator*. Durban: Butterworth Publishers (Pty) Ltd.
- Hansard, L. 1946. Union of South Africa, First Report of the Commission on Old Age Pensions and National Insurance (U.G. 21 — 1927).
- Heintz, T.H. & Jenkins-Smith, H. 1998. *Advocacy Coalition and the practice of policy analysis*. Netherlands: Klumer Academic Publishers; Netherlands.
- Hendericks, R. 2006. Actors in Public Policy Making. In Fox, Bayat & Ferreira (eds), *a Guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Henrard, K. 2007. Post-apartheid South Africa's democratic transformation process: Redress of the past, reconciliation and unity in diversity, Global Review of Ethno-politics, <http://dx.doi.org/10.8080/14718800208405103>. Accessed on 20th February, 2016.
- Howlett, M. 2002. Understanding National Administrative style and their impact upon Administrative reform. A neo-Institutional Model and Analysis. *Journal of policy and society*, 21(1): 1-24.
- Ijeoma, E.O. (2010). *Africa's New Public Policy: Imperatives for Globalization & Nation-Building in Nigeria*. Pretoria: Africa Institute of South Africa.
- Ike, R. M. 2009. Advocacy Coalition Framework: An approach to Critical Theory and Belief Systems in Policy making. <http://www.psq.ac.uk/journals/pdf/5/2009/ike.pdf>. Accessed on 8th August, 2015.
- Kelly, N.J. 2005. Political Choice, Public Policy, and Distributional Outcomes. *American Journal of Political Science*, 49(4): 0865-88.
- Kirlin, J.J 1984. Policy Formulation. In Gilbert G. Ronald (eds), Marcel Dekker, *Making and Managing Policy Formulation, Analysis and Evaluation*. New York. Sage
- Koliba, C., Meek, J.W. & Zia, A. 2011. Governance Networks in Public Administration and public policy. U.S.A: CRC Press.

- Kun Yung, Y. & Roy Young, C. 2008. Beyond the Advocacy Coalition Framework Policy Process. *International Journal of Public Administration*, 31(6):668-689.
- Lehohla, P. 2007. Community survey 2007. The RDP Commitment: What South Africans Say <http://unpan1.un.org/intradoc/groups/public/documents/CPSI/UNPAN027977.pdf>. Accessed on 22nd December, 2015.
- Lehohla, P. 2011. *Profile of older persons in South Africa*. Pretoria: Statistics South Africa.
- Lubisi, M. 2010. The Right to Social Security and Social Assistance with Particular Reference to Older Persons in the Eastern Cape Province: A Case Study. A Dissertation Submitted To The University Of Fort Hare.
- Lund, F. 1993. State Social Benefits in South Africa. *International Social Security Review*, 46: 5–25.
- Mackinno, A.S. 2004. *The Making of South Africa, Culture and Politics*. Upper Saddle River, New Jersey: Pearson Education.
- Mark, O. 2015. Government Policy on Care for the Aged; Symptoms and prevention of dementia in the elderly. Paper presentation at the World Elders' Day Lagos-Nigeria.
- May, J. 1998. Poverty and Inequality in South Africa. Centre for Social Development Studies. <http://www.info.gov.za>. Accessed on 17th December 2015.
- May, J. 2010. Poverty Eradication. The South African Experience. Paper prepared for Department of Economic and Social Affairs, Division for Social Policy and Development and Economic Commission for Africa, Economic Development and NEPAD <http://www.un.org/esa/socdev/social/meetings/egm10/documents/may%20paper.pdf>.

- Motlana, N. & Mogoba, S. 1998. Apartheid and the Challenges of African Leaders. <http://www.africanleadership.org>. Accessed on 14th September, 2015.
- Nnoli, O. 2003. Ethnic Violence in Nigeria: A historical perspective. <http://indiana.edu>. Accessed on 30th January, 2016.
- Obashoro, O 2010. *Ageing Gracefully*. Lagos: Concept Publications.
- Ojie, A. E. 2006. 2006. Ethnicity, and the Problem of extra-judiciary killing in Nigeria. *Journal of Black Studies*, 36(4):546-569.
- Ojo, E. O. & Adebayo, P. F. 2008. The Politics of States and Local Governments Creation and Nigeria's Search for Geo-Political Balancing. *African Research Review*, 2(3): 334 – 367.
- Ojo, M.A. & Lategu, F.T. 2010. Christian-Muslim Conflicts and Interfaith Bridge: building efforts in Nigeria. *The Review of faith international affairs*, 8(1): 31-38.
- Omokaro, E. 2008. Some Non-Cultural Determinants of Adult Children Care of Elderly Parents. Proceedings of the 1st Conference of Stakeholders on Care of the Elderly in Nigeria. Pub. A.A. Communications Calabar-Nigeria.
- Opeskin, R.B. 2001. Mechanisms for Intergovernmental Relations in Federations. *International Social Sciences Journal*, 53(167): 129-138.
- Orji, N. 2008. Power-Sharing. The Element of Continuity in Nigerian Politics. Doctoral Research Study. Department of Political Science, Central European University, Budapest.
- Pollack, H. 1960. Social Development since Union (Johannesburg, 1960); State Social Pensions, Grants and Social Welfare', in S. van der Horst (ed), *Race Discrimination in South Africa*. Cape Town: Verity Publisher
- Reitzes, M. 2009. The Impact of Democracy on Development: The case of South Africa. Research Report 120. <http://ips.org.za/ips%20pdf/RR120.pdf>. Accessed on 8th February, 2016.

- Roux, N. L. 2006. Policy Design. In F. Cloete, W. Wissink & C. De Conning (eds), *Improving Public Policy from theory to practice*. Pretoria: Van Schaik Publishers.
- Rustad, S. A. 2008. Power-Sharing and Conflict in Nigeria. Power-Sharing Agreements, Negotiations and Peace Processes. Centre for the Study of Civil War. <http://www.prio.no>. Accessed on 20th December, 2015.
- Sabatier, P. A 1991. Towards Better Theories of the Policy Process. *Political Science and Politics*, 24 (2): 147-156.
- Sagner, A. 2010. Ageing and Social Policy in South Africa: Historical Perspectives with Particular Reference to the Eastern Cape. *Journal of Southern African Studies*, 26(3).
- Salawu, B. 2010. Ethnic factor and Development Question in Nigeria. A consideration of its implication for the transformation of rural Nigeria. *European journal of Scientific Research* (2010): 328-335.
- Samuel, J. 2007. Public Advocacy and People Centered Advocacy. Mobilizing for social change. *Development in Practice*, 17(4-5): 615-621.
- Seekings, J. 2007. Poverty and Inequality after Apartheid. Paper prepared for after apartheid <http://www.yale.edu/macmilian/apartheid/seekingsp2.pdf>. Accessed on 15th April, 2016
- Sklar, R. L. 2004. Unity or Regionalism: The Nationalities Question. In *Crafting the New Nigeria: Confronting the challenges*, 39-59. <http://rsklar.bol.ucla.edu>. Accessed on the 18 December, 2015.
- Suberu, R. 2010. The Nigerian federal system: Performance, Problems and Prospects. *Journal of Contemporary African Studies*. <http://tandfonline.com>. Accessed on 18th March, 2016.
- Thompson, L. 1990. *A History of South Africa*. U.S.A: Yale University Press.

- Thornhill, C. & Dijk, G. 2010. Public Administration Theory: Justification for conceptualization. *Journal of Public Administration*, 45(1).
- Ugoh, S. C. & Ukpere, W. I. 2011. Public Policy: Myths and Realities in Nigerian nationhood since independence. *Africa journal of Business Management*, 5(23): 9800-9807. <http://www.academinjournals.org>. Accessed on 17th October, 2015.
- UN, ECOSOC, 2002. The critical role of Public administration and good governance in implementing the United Nations Millennium Declaration: <http://unpanl.un.org/intradoc/groups/public/documents/un/unpan/003535.pdf>. Accessed on 7th January, 2016
- United Nations Population Division (UNPD). 2006. Population Ageing 2006 Chart. New York: UNPD.
- United Nations Population Division (UNPD). 2008. World Population Prospects: The 2006 Revision. New York: UNPD. Accessed January 8: <http://esa.un.org/unpp/>
- United Nations, Economic and Social Council. 2007. Regional implementation of the Madrid International Plan of Action on Ageing, 2002. Note by the Secretary General. E/CN.5/2008/2, United Nations, New York
- Walaza, N. 2003. Reconciliation with partial truths: An assessment of the dilemmas posed by the reconciliation process in South Africa. *Smith College studies in social work*, 73(2): 189 – 204.
- Walters L. C., Aydolette, J. & Miller, J. 2000. Putting more Public in Policy Analysis. *Public Administration Review*, 60(4): 349-359. Accessed on 21th November 2015 <http://www.jstor.org.wam.seals.ac.za/stable/3110455>.
- Warwick, M. 2006. The Environment of Public Policy. In Fox, Bayat and Ferreira (ed), *A guide to Managing Public Policy*. Cape Town: Juta & Co. Ltd.
- Weible, C.M., Sabatier, P.A. & McQueen, K. 2009. Themes and Variations: Taking stock of the Advocacy Coalition framework. *The Policy Studies Journal* 37(1).

- White Paper on Reconstruction and Development. 1994. Government Gazette, Notice No 1954. <http://info.gov.za>.
- White Paper on Reconstruction and Development. 1994. Government Gazette, Republic of South Africa, <http://www.info.gov.za>. Accessed on 25th April, 2015.
- White Paper on Reconstruction and Development 1994. Government Gazette, Republic of South Africa. <http://www.info.gov.za>. Accessed on 25th November, 2015
- White Paper on Reconstruction and Development. 1994. Government Gazette, Republic of South Africa. <http://www.info.gov.za>. Accessed on 2nd March, 2016.
- Williams, J.J. 2000. Truth and Reconciliation – Beyond the TRC process and findings, *Ecquid Novi. African Journalism Studies*, 21(2): 207-219.
- Wissink, H. 1991. Policy-Making. In Fox, Schwella & Wissink, *Public Management*. Kenwyn: Juta & co. Ltd.
- Woodford, M.R. & Preston, S. 2011. Strengthening citizen participation in public policy making: A Canadian Perspective. *Parliamentary Affairs*, 1-19. <http://www.o-pa-xfordjournals.org.warmseal.ac.sz/pa/gsr065>. Accessed on 27th January, 2016.
- World Health Organization (WHO). 2006. The Health of the People. The African Regional Health Report. Brazzaville: WHO Regional Office for Africa.
- Yardua, A. 2009. Paper presentation at the celebration of The United Nation Day of the Elderly Oct 2009. [Www.globalaging.org](http://www.globalaging.org). Accessed on 27th January, 2016.

Theses

- Lubisi, N. 2010. The right to social security and social assistance with particular reference to older persons in the Eastern Cape Province: a case study. A Dissertation submitted in fulfillment of the requirements for the Degree of Doctor of Law, University of Fort Hare.

Okafor, C. 2013. Electricity generation, transformation and distribution policy: A comparative study of Nigeria (1960-2011) and South Africa (1994-2011). An Unpublished Doctoral Thesis, University of Fort Hare.

Tam, A. 2011. Aging Related Issues and the Agenda Setting Process: A comparative analysis MPA research report submitted to the local Government program department of political science the University of Western Ontario.

APPENDENCES

Appendix A. Ethical clearance



University of Fort Hare
Together in Excellence

Govan Mbeki Research & Development Centre

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07 May 2016

Oludare Mark
Department of Public Administration
University of Fort Hare
East London Campus
South Africa

Dear Oludare

This is to acknowledge receipt of your application for Ethical Clearance for your research project titled: *Government Policy on care of the aged: A comparative study of South Africa and Nigeria*.

On behalf of the University Research Ethics Committee (UREC) we have checked your proposal and would like to let you know that there is no need to issue an ethical clearance certificate even though in desktop research where secondary data is being reviewed that does not involve collecting data from humans and animals directly researchers are strongly urged to observe good ethical conduct when using information by others (acknowledge sources and avoid plagiarism).

Yours,


Professor Gideon de Wet
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Appendix B: Editor's certificate

23 Elfin Glen Road, Nahoon Valley Heights, East London, 5200



To whom it may concern:

This document certifies that the PhD. thesis whose title appears below has been edited for proper English language, grammar, punctuation, spelling, and overall style by Rose Masha, a member of the Professional Editors' Group whose qualifications are listed in the footer of this certificate.

Title:

**GOVERNMENT POLICY ON CARE FOR THE AGED: A COMPARATIVE
STUDY OF NIGERIA AND SOUTH AFRICA**

Authors:

DAVID OLUDARE MARK

Date Edited:

13 June 2016

Signed:

A handwritten signature in black ink, appearing to read "Rose Masha".

Rose Khanyisile Masha

082 770 8892

Bachelor of Library and Information Science, Hons (English Language Teaching), HDE,
MA (Hypermedia in Lang. Learning), PhD (Education)