

AGEING, AGEISM, CULTURAL REPRESENTATIONS OF  
THE ELDERLY AND THE DUTY TO CARE IN AFRICAN TRADITIONS

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ABSTRACT

Ageing as a natural process leads one gradually to a life's stage where one becomes frail and elderly. In this life's stage, due primarily to the wearing out of the body system, a number of health-related challenges arise. Such may include weakening of the bones which would affect body physique and structure, partial loss of memory, and poor vision. It is thus expected that the frail and elderly would be in need of more care and would become more dependent on the young and energetic class of the society who has the duty and moral responsibility to care. In this essay, we examine a disturbing cultural representation or ideology common in many sub-Saharan African societies, an ideology that is counterproductive to the health and well-being of the frail and elderly and causes stigma, discrimination and harm to such persons. It is the worldview that the frail and elderly are in some way and in some respect harmful to the class of younger persons and they remain alive by, through the practice of witchcraft, taking the lives of younger persons in the family, kin or community. This disturbing belief becomes a source of stigma, discrimination and harm against the frail and elderly, especially in situations where younger persons in a community, kin or family die before the frail and elderly person. In this essay, with reference to specific scenarios and examples where such cultural representations have resulted in the harming of frail and elderly persons, we analyse the extent to which such beliefs hinder our duty to care for the elderly in contemporary African societies. We begin by conceptualising the nature of ageing and the aged or old, paying specific attention to how biological understanding of these concepts and stages of life for human beings may be quite different from cultural and social representations and understanding of such as human history shows. We then proceed to examine the nature and basis of cultural representations of the elderly in specific African communities using specific examples and examining the paradox between African respect for community elders and seeming cases of disrespect for the very frail and elderly. We further discuss the moral duty and responsibility to care for the elderly by the younger persons in the community. We then show how this disturbing trend is perpetuated both by traditional beliefs and representations and modern religious beliefs such as those in Pentecostalism. We conclude by showing why the pursuit of enlightenment is needed to curb this growing and disturbing treatment of the frail and elderly in sub-Saharan African societies.

KEYWORDS: ageism; healthcare, the elderly, culture, witchcraft, care

## INTRODUCTION

In the last few decades, there has been an increased multidisciplinary interest of scholars in studies of ageing and gerontology. The 1969 article, 'Age-ism: Another Form of Bigotry' – and, of course, previous and subsequent publications – of the foremost American gerontologist, Robert Neil Butler played a key role in igniting academic interests in the research on ageing in the last five decades. Butler, comparing ageism with other forms of discrimination such as sexism and racism defines it as a term that describes “the subjective experience implied in the population notion of generation gap. The prejudice of the middle-aged against the old in this instance, and against the young in others, is a serious national problem. Age-ism reflects a deep-seated uneasiness on the part of the young and middle-aged – a personal revulsion to and distaste for growing old (and for those who have grown old), disease, disability; and powerlessness, “uselessness,” and death (1969: 243). Butler explains further how cultural and social attitudes found in virtually all human cultures reinforce age-based discrimination against the old in taunting remarks, inequality in allocations, compulsory retirement scheme, skepticism about the individual competence of the elderly and other systemic reinforcement of ageism. Such socio-cultural attitudes include perceiving and treating the elderly as old, frail and dependent on the young and middle class and feeling of pity rather than empathy for the elderly.

Although Butler points researchers in the right direction of the research on ageism, the research has today gone beyond his focal points of study and has become a rich and fertile academic grounds from the study of all forms of age-based discrimination and age-based privilege. For example, studies in ageism today do not only implicate the middle-aged class as aged-privileged and as discriminating against the old or young, but also implicate the old as doing same to the middle-aged or young in some cultural and social contexts. This

discrimination of the old against the young in African places, for example, is linked to the deeply entrenched African communitarian culture where the elite often made up of community elders (older men and women) take the lead while the younger folks follow and listen. Also, the studies in ageism today consist of the aged-based prejudice of the young against the old in particular social and cultural contexts. For example, why do young children, teens and young adults view very old and frail women as witches? (Cf. Eboiyehi 2017).

In African philosophical thought, there are two-fold interest in the philosophical study of ageing and ageism. The first is to unveil and conceptualise from African cultures and belief systems the African understanding of ageing and the old, including the duties and responsibilities of, and to, such ones. The second is to critically engage this understanding of ageing in African thought, analysing among other philosophical interests, the logical issues, ontological basis, epistemic contents and moral considerations inherent in the African concept of ageing such as the challenge of ageism.

In this chapter, we focus on the first and partially on the second with particular reference to some moral considerations of the concept of ageing in African traditions. We are particularly interested in the moral issues that emerge from the ageism of the young and middle-aged against the very old and frail in African societies, an ageism that is fueled by indigenous beliefs and modern religious practices such as Pentecostalism. We begin by conceptualising the nature of ageing and the frail and old paying specific attention to how biological understanding of these concepts and stages of life for human beings may be quite different from cultural and social representations and understanding of such as human history shows. We then proceed to examine the nature and basis of cultural representations of the elderly in specific African communities using specific examples and examining the paradox between African respect for community elders and seeming

cases of disrespect for the very old and elderly in deeply entrenched ageism. We further discuss the moral duty and responsibility to care for the elderly by younger persons in the community and the moral issues emanating therein. We then show how the ageism of the young against the old is perpetuated both by traditional beliefs and representations and modern religious beliefs such as those in Pentecostalism. We conclude by showing why enlightenment is needed to curb this growing and disturbing treatment of the frail and elderly in sub-Saharan African societies.

### CONCEPTUALISING AGEING

Ageing is a phenomenon which cuts across all cultures. There are several perspectives from which ageing can be conceptualised. Our aim here is to attempt an exploration of ageing from various perspectives in order to lay a proper foundation for our discourse of ageing and ageism in African thought. Perhaps, an important point to begin from is to define the term ageing. In *Evolutionary biology of ageing*, M.R. Rose (1991: 38) defines ageing as “a persistent decline in the age-specific fitness components of an organism due to internal physiological deterioration.” Central to the definition given by Rose is the phrase “persistent decline”. This “persistent decline” is what I variedly captured in the biological, psychological, physiological, social, and cultural dimensions of ageing.

The biological perspective on ageing consists of the changes that occur in the molecular and cellular components of the human body; these changes are likely to lead to death. In the words of Kirkwood and Austad (2000), the biological cognition of ageing suggests that there is a “progressive loss of function accompanied by decreasing fertility and increasing mortality with advancing age.” The implication of the definition given by Kirkwood and Austad is that ageing from a biological perspective, means a decreased functionality of bodily organs such as the heart, kidney, liver, and lungs. This explains the reason why an ageing individual risks many diseases

and a decline in his/her physical capacity. However, it is important to point out here that these risks and changes associated with biological perspective on ageing may differ from one individual to another; the obvious reason for this is that the physical changes in body associated with the ageing may be influenced by environment and the behaviour of the individual. Consequently, “while some 70-year-olds may enjoy good physical and mental functioning, others may be frail or require significant support to meet their basic needs.” (WHO 2015: 38)

According to Hom Nath Chalise, the biological perspective on ageing presupposes that there are some changes that will occur in the body. Important to note here is that these changes are both external and internal. The external changes reflect in hair, skin, and nails. As people grow, Chalise (2019: 9) explains,

Their hair loses its pigment and turns gray or white. As people get older, their hair thins. Many men become bald or have a “receding hairline,” but even women notice that their hair becomes less thick. Because the hair disappears or thins, older people are more likely to get sunburned on their heads. Nails thicken and become rigid and more brittle. As people get older, skin loses elasticity. It becomes thin and fragile. The blood flow and oil production in the skin decrease, and the skin tends to become dry and wrinkled. “Liver spots” often appear on the hands and face. The skin may look pale and translucent. Sweat glands decrease, and there is an increased risk for heat stroke. Wounds take a longer time to heal in older persons. When these changes happen, older adults are at risk of getting decubitus ulcers (sores that are hard to heal).

Regarding the internal mechanism, an ageing person is likely to experience changes in the cardiovascular system, lungs, respiratory system, and urinary tract. These changes are evident in individuals who are 65 years and above (Amanya, Singh and Sabhanwal 2018). Important too, the biological perspective on ageing suggests that there will be physical changes in the body system in the life span of an individual. The biological perspective is thus interwoven with the physiological perspective. According to Shilpa Amarya, Kalyani Singh and Manisha Sabharwal, there are changes associated with the physiological make-up of an individual who is ageing. These changes range from neurological to cognitive, and they manifest in the nervous system. According to them (2018):

Ageing is associated with many neurological disorders, as the capacity of the brain to transmit signals and communicate reduces. Loss of brain function is the biggest fear among elderly which includes loss of the very persona from dementia (usually Alzheimer's disease). Multiple other neurodegenerative conditions like Parkinson's disease or the sudden devastation of a stroke are also increasingly common with age.<sup>5</sup>

In the same vein, the World Health Organization (2015: 26) suggests that:

With increasing age, numerous underlying physiological changes occur, and the risk of chronic disease rises. By age 60, the major burdens of disability and death arise from age-related losses in hearing, seeing and moving, and non-communicable diseases, including heart disease, stroke, chronic respiratory disorders, cancer and dementia.

With the physiological disorders associated with ageing, it is also obvious that there will also be a decline in the cognitive ability of some (but definitely not all) ageing individual. This decline manifests in the individual's ability to process thoughts, ability to perform mental activities, learning and solving problems, understanding written materials, and so on. The obvious decline in these cognitive abilities increases the risk of mortality and serves as a transitional phase between ageing and the stage of senility. With deficient cognitive abilities comes a decrease in memory; this is due to the fact that "blood flow in the brain decreases and gets less efficient at recruiting different areas into operations" (Kalyani and Sabharwal 2018). Thus, there are changes in the brain which bring about a decrease in the functioning of cell-to-cell communication. This, in turn, has a negative impact on intelligence, especially when it comes to solving a problem which requires perceptual motor skills. The biological and physiological perspectives do not provide the complete picture of ageing but only deal with the physical aspect of ageing. Hence there are other perspectives dealing with the mental, social and cultural aspects of ageing.

The psychological perspective on ageing focusses on the mental aspect of ageing, encompassing four major areas: research on cognitive faculties, research on self and personality, research on social relations, and the study of the nexus between mental health and ageing which is considered an area that is emerging in applied psychology. According to Melissa M. Franks, the psychological perspective on ageing has to do with the cognition of the factors that lead to ageing or the behaviours that come with ageing. Consequently, Franks writes that there are basic questions which are central to understanding the psychological perspective on ageing: "Who changes in life later, and who does not? "What are the consequences for the ageing individual of having higher levels of internal resources, such as better memory or more self-confidence?" (2001: 144). These questions have prompted psychologists to point out that the psychological

perspective on ageing is not necessarily concerned with not how old people are, but how old people feel. By implication, the psychological perspective on ageing resonates with the argument that discourse on ageing should focus not only on the physical changes in the individual's life, but also the posture maintained by the individual in the face of problems which are likely to dent his/her psychological functioning.

While the psychological perspective on ageing goes further than the biological and physiological perspectives, it is important to note that it has similar issues to contend with as with the physiological. Chalise (2019: 10) notes this as he argues that the psychological changes that come with ageing include:

People become slower at “recalling” facts. It takes them a longer time to “react” to things. However, if given enough time, they may be very functional. Learning can be a challenge if elders have problems with their hearing or eyesight. Learning and memory can be impaired if the environment is noisy, uncomfortable, or unpleasant. Learning and memory can be impaired due to illness, overmedication, depression, and stress.

More evidently, the psychological perspective on ageing focuses on attitude, personality, behaviour and ego development, especially in the attempt to cope with physical and social demands. It is worthwhile to point out that the concern of psychologists in ageing is to understand why some ageing individuals adapt quickly to their environment than others. This has made it possible to discuss the idea of successful and unsuccessful ageing within the ambience of the psychological perspective on ageing. According to Baltes and Carstensen (1996), successful ageing means a situation where “a single individual may be physically ill but psychologically



strong, feel despair about family but contentment about work, and experience great dissatisfaction but a profound sense of meaning in life.” Thus, successful ageing is characterised by well-being and life satisfaction. However, this is not to say that one can predict what the successful ageing of an individual will look like, but it is to say that there are factors that contribute to an aged individual being successful. Unsuccessful ageing, on the other hand, is characterised by a feeling of despair. What can be understood from successful and unsuccessful ageing is that the psychological perspective on ageing is concerned with the quality of life an elderly person lives at old age.

The Social perspective on ageing considers how ageing is perceived in society. For instance, it deals specifically on how the roles, relationships and status of ageing individuals change within a social framework. Furthermore, the social perspective on ageing examines how societal norms can affect ageing individuals. Some scholars such as Robert J. Havighurst and Ruth Albrecht have also explained that to understand the social perspective on ageing, it is important for one to take into cognisance the changing experiences that take place in the society as a result of ageing. Evident, for instance, is the idea of social exclusion which denotes a situation whereby an individual is denied access to some opportunities on the basis of his/her age. This exclusion can come in the form of low income, low education, low activity status, high dependent on public support, and particular demographic features typically form a cluster for risk (Raju 2002). Social perspective on ageing, also depends on context because some ageing individuals may also enjoy social inclusion in the form of a high income which often means they will not be too depending on others for material support. This is why some scholars such as Bernard (1962) and Tyagi (1999) have argued that the social perspective on ageing may either produce a positive or negative experience.

To further understand the social perspective on ageing, it is important to note that the perspective can be categorised into three basic theories: disengagement theory, sub-culture theory, and continuity theory. Regarding the disengagement theory, E. Cumming and W. Henry in *Growing old: The process of disengagement*, suggest that ageing individuals in the society should be disengaged from social responsibilities and social relationships. In other words, there are social responsibilities which ageing individuals are not expected to partake in. This will enable the ageing individuals to have time for introspection. However, this theory has been criticised on the basis that the idea of disengaging oneself from social responsibilities may not be tenable because an ageing individual may find fulfilment in carrying out these social responsibilities and establishing relationships with other individuals. An example of this can be seen in a typical African community where an individual of say 70 years and above, is able to establish relationships not only with other individuals of similar age but also with other members of the community. Thus, this theory fails to take cognisance of socio-cultural factors and other opportunities one's environment present.

The sub-culture theory, states that ageing individuals prefer to have conversations among themselves, and their activities are to be limited in the society because social status is determined more by health and mobility, than occupation, education, or income; therefore, older adults have a social disadvantage regarding status and associated respect because of the functional decline that accompanies ageing" (Lange and Grossman 2006: 45). This theory is also flawed because the idea that we have a large population of ageing people does not mean they should be treated as sub-humans or different and excluded from other members of society. It is better to put measures in place to cater for their needs in a way that ensures inclusivity into the social life they have become accustomed to. However, this theory has gained ground in the West where nursing

homes for the elderly have come to stay, and the elderly and frail are isolated in these homes in the name of receiving special care that other members of the community including family members cannot give.

The last theory under the social perspective on ageing is the continuity theory. This theory suggests that neither the disengagement theory nor the sub-culture theory adequately addresses the social perspective on ageing. Consequently, the continuity theory places emphasis on the individual's personality, that is, a personality that has been developed at a young age and that should remain with the individual at old age. Lending credence to this theory, Shella Grossman and Jean W. Lange (2006: 46) write that "continuity theory shypothesises that personality influences the roles we choose and how we enact them. This, in turn, influences satisfaction with living. Continuity theory suggests that personality is well developed by the time we reach old age and tends to remain consistent throughout our lives." Thus, the basis of the continuity theory is that if we are able to identify the personality of the ageing individual, then the idea of adaptation to changes such as health, environment, and other socioeconomic conditions, is possible. Continuity theory of social perspective on ageing, simply put, acknowledges that individuals respond to ageing differently.

Another perspective on ageing, which is worth highlighting here is the environmental perspective. The major question in this discourse is: What is the relationship between ageing and environment? To be sure, there exist a relationship between ageing and environment, but what is the nature of that relationship? This has given rise to what is commonly known as *environmental gerontology*, which, according to H.-W. Wahl and L.N. Gitlin (2007), is defined as "term which semphasises the development of an in-depth understanding of the interrelations between ageing persons and their physical–social environments and how these relationships influence a variety

of outcomes for older people.” The aim of environmental gerontology is to attempt an explanation and modification of the relationship between ageing individuals and their physical/social environment. The importance of environmental perspective to ageing is revealed in the fact that most ageing individuals spend much time in their homes and immediate environment, instead of partaking in social activities.

While conceptualising the biological, physiological, and psychological perspectives on ageing, we pointed out that there are challenges that are associated with ageing. Thus, the environmental perspective on ageing simply examines the challenges that concern the individual’s ability to adapt to environmental changes. These challenges include exposure to toxic chemicals, air and water pollution, human-induced shocks such as heat-waves, flooding, and so on. This is not to say here that only ageing individuals are susceptible to these environmental challenges, but that they are prone to more danger here due to the fact that they may have a weak immune system. It, therefore, behoves on these individuals to try as much as possible to adapt according to their environmental demands. In a situation where the ability to adapt is low, they should be shown assistance, love and compassion.

Another important perspective on ageing is the cultural perspective. This is because different cultures have different understandings of ageing. In the Eastern cultures, for instance, emphasis is placed on old age on the basis that an ageing individual is a link between the physical world and the spiritual world. The Eastern understanding of ageing is backed up by the concept of “filial piety”, a virtue which means reverence for the old in Confucianism. In particular, Confucian ethics places emphasis on respect for one’s parents, especially aged parents, it is not considered a choice, but “an unconditional obligation of the child.” (Fung and Cheng) Thus, the filial piety has to do with showing love, care (physical and emotional), respect,

obedience to one's aged parents. This has made the filial piety one of the cardinal virtues of the Confucian moral system. This is evident in Japan today where "Respect for the Aged Day" is celebrated on the third Monday of every September. On this day, the younger ones are always reminded that they have the duty to care for the aged ones – not only their parents.

In Western cultures, there is no generally acceptable perception towards ageing. While some cultures in the West revere ageing individuals, some are 'youth-oriented'. For instance, Corinna E. Lockenhoff et al. (2009) argue that:

Empirical evidence for the proposed East–West differences is scarce. Although some studies have found support for the notion that ageing attitudes are more positive in Asian compared to Western cultures, others have reported effects in the opposite direction or failed to find any marked cultural differences.

A negative perception towards ageing is evident, for example, in ancient Greece where old age is seen as a contradiction of life. Euripides gives a poetic expression of this when he said that: "Youth is what we love. Age weights upon our head like a burden heavier than the rocks of Etna, drawing a curtain of darkness over our eyes...age is miserable, tainted with death; away with it!" (1997: 639). One reason for this negative perception towards ageing in modern Western cultures is based in Protestant work ethic which defines the value of an individual in terms of how active the individual is in jobs and how the individual takes responsibility for his or her action. It is evident that ageing individuals may have several health challenges which may reduce their functionality in the society.

In African cultures, the focal point of our current discourse, there is ample evidence that elders are highly valued, revered and respected particularly their wealth of wisdom and their

ability to promote order and equilibrium in the community as they are the custodians of the traditions of the people. There is also ample evidence in African cultures that elders, particularly those who have become very old and frail, are prejudiced and discriminated against and may become recipients of harm from the young. In the section that follows, we explore more fully this seeming paradox in the African perception of ageing

#### AGEING AND THE TREATMENT OF THE ELDERLY IN AFRICAN CULTURES

The idea that old people are revered and respected in most communities in Africa is not new. Even in ancient communities such as the Greek and Roman societies, the older citizens were highly respected for their wisdom and the council of elders helped rule the Greek and Roman societies. Nonetheless, the process of ageing was dreaded and viewed with disgust in these same societies as we see above in the poetic assertion of Euripides, leading to a seeming contradiction in the perspective of the old and ageing in these cultures. This scenario is not peculiar to the Greek and Roman societies. In virtually all African communities, old age is perceived as a sign of blessing, and the aged are respected and held in high esteem (Amosun and Reddy 1977). The beauty of old age is aptly expressed in a number of African languages where, for example, the aged is seen as a 'big person' (Eboiyehi 2015). For example, the Shona people of Zimbabwe think of elderly persons as intermediaries between the living and the ancestors (cf. Apt 2000). In his book *Facing Mount Kenya*, Jomo Kenyatta also stresses the seniority and societal importance of the aged in African cultures. According to him;

As a man grows old, his prestige increases according to the numbers of age he has passed. It is the seniority that makes an elder almost indispensable in the general life of

the community. His presence or advice is sought in all functions. In religious ceremonies. The elders hold supreme authorities. The custom of the people demands that the elder should be given his due respect and honour. (Kenyatta 1965: 297)

In the same vein the Xhosa people in South Africa hold that the aged are regarded as the representatives of the ancestor and as creators and guidance of the cultural traditions (Sagna 2001) they see ageing as a process which leads to an increase in experience, wisdom and perfection of adulthood (Sagna 2001). The Yoruba people of Nigeria also view older persons as sources of wisdom and guidance based on their varied and rich life experiences (Ajala 2006). This means that old age should be treasured and protected. In the Igbo culture too, much honour was attached to old age, and elderly people felt privileged since the young once looked forward to becoming old and becoming as wise as they are. Parents made a concerted effort to educate their children to value old age and to respect and assist the aged (Echeta and Ezech 2017). This is also not different from the Esan people in Southern Nigeria. Traditionally, Esan concept of age was functional rather than chronological. A person is considered an adult or an old person by virtue of his ability and capabilities, not because he has attained a certain age. Failing physical strength or other incapacities, which preclude active and continued participation in normal activities would result in a person being classified as old (Eboiyehi 2015). Among the Esan, the aged occupied a special place in the heart of Esan families and communities. Like every other African society, old age in Esan had a sacred status. An older person was seen drawing closer to the spiritual dimension and therefore more in touch with the source of knowledge, greatness and discernment (Eboiyehi 2015). It is thus obvious that most culture in Africa apart from respecting

the elderly, revered them in our society; they play vital roles in our communities. In Eboiyehi (2015) words,

He was seen as a representative of the ancestor who holds the okpor (Family Staff). He communed with the ancestors and informed members of his family who were to be blessed and warned them against any danger. His decision in the family is final and no other member of the family has any right to question his decision or authority. He commands a lot of respects. He is addressed as the “Owalen” (The wise one).

The above understanding of, and attitude towards, ageing and the elderly in African cultures is therefore called into question in light of the current ageist treatment of elderly and frail persons in African societies. Available literature and lived experiences in African societies show that the respect for the aged and elderly which has been an integral part of African cultures has declined in recent times and the perception of the elderly is now one of disgust, suspicion and dislike, permeated with stigmatisation, discrimination and prejudice.

In Tanzania, for instance, 2,585 elderly women were reportedly killed between 2004 and 2009 due to witchcraft accusations (Help age international 2010). In Zimbabwe, more than 20 elderly women were hacked to the death between 2010 and 2011 over witchcraft allegations. Many others were physically, sexually and psychologically abused, banished and deprived of food assistance (Eboiyehi 2017). In 2011, a court in Cameroun convicted an elderly woman accused of practising witchcraft based on the testimony of traditional healers (Harrop 2012). In Burkina Faso, hundreds of elderly women accused of witchcraft were either killed or banished (HAI 2010). Consequently, a large number of them fled their homes and communities



to avoid being accused and killed. Many of them ended up living in urban areas as destitute. In northern Ghana, over 1,000 elderly women alleged to be witches are living in several intolerable witch camps (Igwe 2011). These accusations and discriminations were not about women alone, although they appear to be more from our discussions above. However, there have been several cases of discrimination against elderly men as well. For example, there was a particular case in Esan in Southern Nigeria where an elderly man was starved to death because he was accused of witchcraft and that he was responsible for the death of his son. In 2004, in one Esan community in Edo state Nigeria, two young boys were said to have locked their grandmother inside her room and set her ablaze, killing her because she was accused of witchcraft and killing her son who happens to be their father. In most cases where young people with parents die in a controversial circumstance, their aged parents are often blamed and accused of being responsible for such early or premature deaths.

The belief in witchcraft and other beliefs about the supernatural, including modern-day beliefs in Africa in miracles among Pentecostal Christians have been key in encouraging the harm against the elderly. Also, the violence against people accused of witchcraft in many African communities has become alarming. It is not surprising, therefore, that all over Africa, thousands of elderly persons accused of witchcraft have been burned, buried alive, hacked and tortured to death. Witchcraft accusations are therefore a critical factor in the violation of elderly person's right. They also generate wider problems in families and communities. What has also become a disturbing reality is the kind of abuses that are, on a daily basis, meted out on them. The major reasons for the above are the beliefs that they have the evil propensity to harm innocent persons in inexplicably concealed manner, possess magic proven to fly at night and travel far and wide to

kill innocent people, cause disease in humans, sudden death, impotence, and sickness in animals, bad luck, and other misfortunes (Eboiyehi 2017).

Beyond the issue of ageism that ensues from the treatment of the frail, old and elderly in African communities, there is also obviously a feminist issue of sexism. This is because more elderly women than men are victims of this prejudice and discrimination. An elderly frail woman in an African community is more likely to suffer harm from ageism-based treatment than a frail elderly male. This is even troubling because while women enjoy less respect and reverence due to their age since African communities are primarily patriarchal and favour patriarchal gerontocratic headship, they suffer more harm due to their age as well. Hence, in either case of both the positive and negative benefits of ageing, the African woman is more disadvantaged than the man. However, our concern in this essay is not primarily with the sexist dimension to ageism in African societies but with ageism itself and how it affects the care for, health and well-being of the aged and elderly in African societies. In the section that follows, we analyse the moral implication of ageism for the frail and elderly in African societies.

The focus of some Pentecostal churches on miracle, signs and wonder has also contributed to the abandonment and disregard for the old and elderly such that members are given the impression that their failures in life are not ordinary as they claim they are caused by either an old woman or man within the family.

Most of our entertainment movie and our media also often time paint pictures of witches as old frail-looking human beings such that it became a mental picture of what our young people believe to be a witch. This false picture so painted has given a majority of this young people a wrong perception of the old and elderly, and these have adversely affected the respect and

honour enjoyed by the aged and elderly, and mostly the way and manner people now care for the elderly in our societies. However, most educated and or well to do families may not have exactly these views because they are enlightened, but as a result of increasing level of poverty, disease and ignorance it remained an obvious fact that the perception of old and elderly in most part of African has changed from that of respect and care for the elderly to that of discrimination and abandonment.

#### MORAL CONSIDERATIONS OF THE CHALLENGE OF AGEISM TO THE AFRICAN MORAL DUTY TO CARE FOR THE ELDERLY

There are a number of philosophical considerations that arise from the above narrative and critical ethnographic description of the prejudice, discrimination and consequently, harm done to the elderly and frail by the young and agile, an ageism consisting in accusations of witchcraft, blames of premature death of the young in the family, harm such as maltreatment, burning, lack of care and public ridicule, and disregard for the physical and mental well-being of the frail and elderly. Such considerations would include pondering on such questions as: the ontological question – how does ageism against the old come into being in African places?; the logical question – how consistent, rational and coherent are the beliefs in African thought about the elderly including those that fuel and sustain the said ageism?; and the epistemological question – how can knowledge claims about the elderly that fuel and sustain harm to such persons be evaluated, validated and justified against the background of African theory of knowledge. To buttress the epistemological considerations for instance, if an integral part of the African theory of knowledge is that a person knows that **p** if the knowledge claim is consistent or coherent with established body of beliefs such as belief in the agency of invisible entities and the paranormal such as witches, the belief in specific forms of rituals and taboos and belief in the epistemic and

moral competence of the elder (Appiah 2005), would the arguments and knowledge claims made to justify the harm done against the elderly and frail fit within the African episteme-logical framework?

To delimit our scope in this chapter, however, let us limit our philosophical consideration to the moral. To unravel and adequately analyse the moral issues ensuing from the ageist treatment of the frail and elderly in African places, let us begin by theorising an African familial ethics. An African familial ethics is, in all essence, a miniature form of African communitarian ethics. From the available literature, there is quite a sizeable consensus with Thaddeus Metz' conceptualisation of African ethics or African (normative) moral theory that "an action is right just insofar as it positively relates to others and thereby realises oneself; an act is wrong to the extent that it does not perfect one's valuable nature as a social being." (Metz 2007: 331). By implication, an African familial ethics holds that the rightness or wrongness of an action performed by a family member – father, mother, or child - is dependent on the extent to which such action sustains or strains familial relationships. To this extent, African communitarian ethics in general and African familial ethics, in particular, is duty-based since it outlines certain duties that community or family members have toward the sustenance of the well-being of the other. So, a mum or a dad does not care for her or his infant child primarily because she or he expects the child to do the same for her or him when she or he grows old. They do so because it is their duty. They have a communal and familial responsibility to care for their child. In fact, a parent who fails to do so is ridiculed by the African community of selves in which she or he lives. Likewise, a grown-up child who cares for the ageing parent does not do so primarily because she is paying back the care the parent gave her when she was little. That would even be impossible as there is no equal reciprocity in this regard. Rather, she does so because it is her

communal and familial duty to do so, to care for her parents when they become more dependent. Hence, every member of the family and of the community, in general, understands the idea of shared duties deeply entrenched into African moral system, and one family member as a moral epistemic agent knows that she ought to support the other when necessary. This sustains familial/communal relations and contributes positively to individual and social well-being.

Beyond being formulated around the idea of shared duty, African familial ethics is also formulated around the notion of future-oriented reciprocity. One important feature of relationality is reciprocity; relationships are sustained not on the basis of a parasitic web of relations but on a reciprocal web of relations. In fact, the very idea and etymology of relationship, communal or familial, is hinged on the fact that to be related to, connected to, or interwoven with another person is to be able to reciprocate both ways, by mutually sharing, feeling, experiencing, giving and taking. What makes the idea of reciprocity become problematic is when it is wrongly conceived parochially along the lines of giving and taking equal values and quantities of tangibles while excluding an aspect of reciprocity core to its very essence, mutuality, which takes cognisance of the intangibles of reciprocity such as feelings, loving, and experiencing. Barbara H. Andolsen (1993: 137-139) aptly explains thus,

mutuality names a dimension that we long for in relationships... mutuality is a term that denotes a positive, usually a loving, reciprocity. Mutuality indicates a pattern of shared giving and receiving good things, including intangibles such as respect. Feminist ethicists have examined friendship as an important paradigm of mutuality. Erotic relationships, properly constituted, are another important paradigm... mutuality in the context of care... do[es] not require strict equality... Mutuality can name a shared commitment to remain

open or “present” to one another with all the other’s strengths and weaknesses, even when the two “partners” vulnerabilities are not (at least roughly) balanced. Mutuality must not only enhance and deepen what is most fully human in each party to a relationship, but also preserve and support what is human when it is threatened by physical or mental decline.

In African familial relations, there is a future-oriented, mutually beneficial reciprocity. Parents dutifully care for their child. At the point of offering this care, the child may not be able to reciprocate such care immediately, but would only look to the future to find opportunities to dutifully care for her parents. This explains why in African traditional and modern societies, there are no, or at least very rarely, nursing homes for the elderly. The responsibility and burden of care for the elderly fall not on the state or privately owned businesses, but rather on family members, particularly the children. African men and women grow old and die at home, not in nursing homes, and this is because their children clearly understand that it is their duty to care for their elderly parents and reciprocate the love and care that their parents showed them. Of course, this is not equal reciprocity – and again, this is in fact not possible – but rather mutual reciprocity.

From all indications, therefore, if African familial ethics is to be understood in these terms above, it would follow to say that the ageism against the frail and elderly goes against the very idea of African ethics of care for the elderly. Any act of discrimination, prejudice, maltreatment, and harm that is done to a frail and elderly in African places would be considered as morally wrong, reprehensible and capable of inhibiting the much desired familial and social relations, or the preservation of community life. Since the ageist treatment of the frail and elderly

is not morally permissible within the African ethical framework, in what ways can we explain the occurrence of such ageism? The first basis for explanation is to be found in the African idea of causality and the form of primary explanation established therein. According to the African causal theory, the causes of events are to be primarily explained in non-physical terms based on the operations and manipulations of supernatural or paranormal agencies. We are all aware of the most common slogan expression of this understanding of causality in African indigenous communities: the owl cries in the night and the child dies on the morning, where the former, a symbolic representation of paranormal agency, is the cause of the latter. Events such as drought, sickness, death, poverty, poor harvest, wealth, agility, good health and strange occurrences are primarily explained by an appeal to supernatural agents or entities. It is when this form of explanation is exhausted with reference to an event being explained that the secondary form of explanation – the physical, empirically scientific form – is sought.

Now from the narrative above, we can deduce that the ageist treatment of the elderly arises from explanations given to events occurring in the lives of the younger members of the family. If a number of younger family members, say adult children of the elderly in their 30s or 40s are dying or facing severe predicaments and their elderly mum, for instance, of about 85 or 90 years old is alive, if the surviving children decide to seek for an explanation for this occurrence the indigenous African way or the Pentecostal Christian way, there is a strong possibility that the explanation would indict their elderly mum. When supernatural entities are consulted through human mediums such as the witch doctor, oracular priest, chief priest or pastor, the explanation that could be provided would be that their mum is employing some form of witchcraft to eliminate younger ones in the family including her children as a price she pays to some other supernatural agents to extend her life span. It is excruciatingly painful enough for

such an elderly woman to watch her children die and bury her children, something considered abominable in African traditions, which explains why a parent is not allowed to be by the graveside while a child is being buried, it is even more painful and mentally, emotionally, and physically draining to be accused of being the cause of their death. Worse still, many elderly who find themselves in this awkward position are unable to defend themselves; in fact, some may corroborate the explanation provided by, due to dementia and other mental health related diseases for the elderly, speaking incoherently and making utterances that may lean toward claims of being superhuman in some way. So, basically, the younger family members do not seek an empirical explanation for the problem such as a hereditary disease that cuts the life span of the family members or individual lifestyles that leads such persons to death.

This may explain why Africans are not only religious but have continued to follow modern religious leaders in Africa such as the pastors and the imams blindly in search for supernatural explanations for their problems of poverty, sickness, death and the like—explanations that could have been provided scientifically. In modern Africa, religious leaders, particularly those in the Pentecostal churches, have become guilty of promoting ageism against the elderly. They are fond of prophesying and seeing visions for younger adults about how their parents, grandparents and dead fore-parents are the cause of their troubles, building hate, disgust and maltreatment of the elderly. In February 2020 in Nigeria, a disturbing video of a young lady flogging the mother in public emerged. A pastor had told her that the mother is a witch and was responsible for all her problems including her failed relationships (<http://www.pulse.ng/news/metro/angry-lady-flogs-mother-in-public-as-pastor-says-shes-a-witch-video/hvfh53h>). Just few months earlier in November 2019, Polycarp Orosevwotu reported in a Nigerian Newspaper, *The Nation*, of one Michael whom a Pastor named Kingsley,



told in one of the church services that his mother was a witch and the cause of all his problems. This led Michael to abandon the mother and to stop visiting or caring for her. But in this case, the mother fought back by reporting the pastor in question to the police, and he was later arrested (<https://thenationonlineng.net/pastor-arrested-for-calling-members-mum-witch/amp/>). These are just a few of the many cases reported yearly in Nigeria and the other African States of such ageism perpetuated by pastors and other religious leaders ensuing from the dependent by a larger number of the populace on the supernatural explanation of events.

The second is the instinctive quest for self-preservation. One of the most basic instincts in humans and other animals is the preservation of self from harm or death. In many human societies, it seems moral or at least, legally permissible to harm others if it is done for the sake of preventing harm to oneself or preventing death. This is seen in, for instance, the right of self-defence enshrined in international law even if it leads to the harm or death of the other who is seen as a threat to one's preservation. So it would seem morally permissible that a person causes harm or death to an elderly or frail parent or grandparent if she could prove that such constitutes an imminent and certain threat to her self-preservation and well-being. This leads to the main challenge of this rationale for the ageist treatment of the frail and elderly, the burden of proof or the lack of sufficient evidence. In any harm perpetrated in the name of self-preservation, the perpetrator ought to provide sufficient warrant, satisfactory evidence or ample justification to show that her life and well-being was truly under threat by the person she hurt and that the harm done to the person was the only available option at the time to preserve her life and well-being. Therefore, harm perpetrated for the sake of self-preservation ought to be rarely premeditated or deliberate. In the discourse so far, it is clear that the ageist treatment of the old and frail in African communities is not only deliberate and premeditated but also lacks satisfactory evidence

that supports the necessity for such harm. If a young African man who harmed and maltreated the grandmother is called upon to provide satisfactory evidence and prove beyond reasonable doubt that the grandmother constitute a serious threat to his life and self-preservation, he would fail in doing this because the best explanation he would provide would be highly solipsistic and subjective.

Two final considerations, (i) the paradox between African ontological legitimation of ageism against the frail and elderly and the African ethical disapproval of the same; and (ii) the paradox between the esteemed respect for the not-too-old community elders and the disrespect for the very old and frail community elders. Concerning the first, it can be deduce from our discourse so far that the basis for which the young draw conclusions about the threat to their lives and well-being from the elderly, leading to ageism, is primarily the ontological belief in the being and operations of manipular forces such as witches and wizards and their ability to harm the living. Their conclusions, therefore, seem consistent with beliefs about the existence and manipulations of supernatural entities. But the ageist treatment of the elderly by such individuals is never sanctioned by the normative moral structure of the community. The community elders and elite being the custodian of the traditions of the people, which they have the epistemic and moral authority to have custody over, would not sanction as a moral norm the maltreatment and discrimination against the old. In fact, they would consider it as a moral wrong and an abominable act to mistreat one's parents or grandparents under any circumstance. So although the beliefs that they preserve from generations to generations may lead to ageism against the frail and elderly, community elders would not accept such ageism as a communal moral norm; hence, any young individual doing harm to related frail and elderly person may not have the community's blessing. In fact, her actions will be abhorring and may friction her relationship

with members of the community. Since it is not a community-accepted behaviour and since the individual acts on her own though convincingly, we may find some room for checkmating the actions of such young individual in this paradox by reverting back to community elders. But it is unfortunate that in most cases where ageism takes place against the elderly in African communities, the community elders do nothing to check these attitude. Concerning the second, there is obviously a clear difference between the way African elites including the community elders – who we have scategorised here as the not-too-old – are treated with much respect and reverence and the way the frail and elderly or the very-old are treated with disrespect and disdain. Community elders are seen as caring for the community, resolving issues, protecting the community, and taking the lead in matters. Their wisdom and advice are sort on virtually every matter by the young. Just a few years after, when these same community elders have grown older, struggling to retain memories and remember words and have started experiencing physical and mental challenges, they quickly lose this respect and reverence and are treated just like children. They also quickly become the recipients of accusations, discrimination, maltreatment and harm. Some experience being told to their very face to stop refusing to die and to stop being the cause of bad luck in the family. This raises the moral question: Is the worth or value of a frail and elderly person dependent on what she brings to the table, what she contributes to the life of those around her obviously in quantifiable terms? To reverse the question and make the answer obvious, is the worth or value of an infant or a child dependent on what she contributes in quantifiable terms to the lives of those around her at that point in time? There answer is clearly in the negative because if we attempt reasoning it in the positive, we may be providing room for justifying the maltreatment of the frail and elderly or the very young as the case may be on the basis that they do not bring valuable tangibles to the table. As we have discussed already, the

African ethical framework would also reject this manner of weighing the value of a person, whether very young, young, elderly or very elderly, as it does not promote communal interests nor does it recognise the mutual reciprocity of intangibles among community and family members.

#### SOME CONCLUDING REMARKS

The discussion above about ageism against the frail and elderly in African cultures reveals how belief, evidently true or false, leads to action that could improve or harm the well-being of the elderly. The ageist treatment of elderly men and women in African communities is real and becoming a major source of harm and threat to existence for such persons. This ageist treatment is also a source of threat to the dignity of, and respect for the rights of, African elderly women because it perpetuates sexism that implicates and degrades women as the cause of harm to family and community members under the disguise of witchcraft. It is, therefore, important that all stakeholders including individuals and the state take responsibility in protecting our elderly who have contributed to the building of our physical and normative society and ought to be treated with care and empathy at a time they need it the most. We, therefore, recommend two levels of tackling this menace: the state and the individual levels. Concerning the first, the African states and African political leaders have become notorious in shying away from their responsibilities and allowing the communities and families bear the burden of care for individual well-being because they know the communal systems work and are effective in sustaining social order. But no system is perfect. The ageist treatment of the elderly is one such imperfection ensuing from African thought, and the State needs to fulfil its own duties by providing alternative measures of care for their citizens, including the elderly. This may include providing state-of-the-art nursing

homes for elderly citizens who may opt for it in order to escape prejudice and discrimination. The government also has the duty of checkmating the activities of persons who claim to be the voice of the supernatural to minimise the harm they do to society. Punitive measures for erring persons would be important in deterring others from taking laws into their hands and causing harm to others in their community. Concerning the second, the African individual operates on a sort of preconditioning that makes her approach issues in one way rather than the other. Innocent I. Asouzu (1998) calls this the metaphysical preconditioning of consciousness, which leads us to approach sensory data in a particular way and influence both our formulation of problems and possible solutions. In his words,

One of the important constituents of our historical consciousness is its metaphysical preconditioning which is expressible in diverse ways. The metaphysical preconditioning of our consciousness disposes us to approaching the data of our remote and immediate world in peculiar ways and even influences our formulation of problems and problem solving methods and techniques. Such metaphysical preconditionings are archetypes taken for granted and are the conditions of possibility of meaningful community life. It is important to highlight that although they precondition us, they do not always offer the best methods and techniques of approaching issues. (1998: <https://www.bu.edu/wcp/Papers/Afri/AfriAsou.htm>)

Asouzu is definitely right in pointing out that such metaphysical preconditioning does not offer the best methods and techniques in approaching all issues. Unfortunately, Africans have become quite conditioned to resolve all issues from the metaphysical standpoint. This explains why the

death or misfortune of someone is explained quickly in terms of some metaphysical assumptions that there is the hand of some elderly witch at play. Not only does this sort of metaphysical preconditioning inhibit scientific growth as Asouzu so aptly argues (1998), it also, as we have seen in the pages of this chapter, can become the source of harm and pain to many in the community, in this case, the elderly. There is, therefore, the need for reorientation, mindset change and willingness to try other models of explanations by individual Africans if ageism against the elderly must be checked.

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