AGEING IN AFRICA

by

David Jones

Africa often gets used as a canvas on which to make giant projections. Negative ones about Blacks identify them as suffering from poverty ignorance and disease of their own making. Positive ones paint a picture of Arcadian bliss in which a nourishing community takes care of each individual's welfare. It is true that there is no Welfare State in rural Africa. Crises are dealt with locally. It would be a mistake to believe that this local or communal care is any better than the care given to the old, the sick, the dying or the anguished anywhere else. Sometimes it is, often it is not.

Attitudes to Age

Unlike the Western World in which effort is made to keep appearances youthful Africans respect age and emulate it. Whereas 'Old Bean' & 'Old Dear' carry no respect **Mandebvu** (Bearded One) or **Mudala** (Old Man) do. Young women welcome their breasts becoming fuller and lower like a mature woman whereas Western women call this sagging and seek to prevent it. Dress, posture and interests reflect a preference for maturity and the status it carries with it. Young men do not stay in short trousers long.

There is an assumption that goes with respect for age and that is that old people can look after themselves. Demands are made on them based on their experience and wisdom. They act as arbitrators and advisors to individuals and groups. This gives them a role and

ignore him. When I asked the way to his hut the local people referred to him in terms of contempt.

Women

The life of women in rural Africa is focussed on growing food, cooking and raising children. When a child is weaned they may be given to another woman to look after, who in some cases take over completely. A child looked after in this way will be comforted with the breast which sometimes establishes breast feeding even if the new mother has not given birth for many years. This type of surrogate mothering frees young women so that they can pursue educational or economic goals, have another child or find another husband. It also gives older women a role. It leads to difficulties when African women have children in town or abroad and assume that the same arrangements will be possible.

When a woman is widowed she often has the choice of marrying the man who has inherited her husband's wealth or making some other arrangement. Most women are widowed at some time in their lives as they marry men older, sometimes much older than themselves. Many of them choose to live as independent women. They often team up with another woman and live close to a relative, often a son. In this situation they are respected. I met no old women who were not respected even if they had ceased farming and looked after no children. Even **Nampeyo**, who was usually high on **lubwange**, (marijuana) and spent most of her time at beer-drinks had not lost her respect. There seems to be no female equivalent to **Mioba**.

Dying

Once it is clear that somebody is dying, demands cease to be made on them. One or two people who are close to the dying person tend to their needs. It is not long before attention is turned to funeral arrangements and questions of inheritance although public discussion of these things is left until after the death has occurred. Most rural groups practice a system of joking relationships which follow patterns of kinship and clan membership. It is the duty of the dead persons joking

makes them feel wanted in a way which is often lacking in Europe. But it does not always mean that they are cared for if they are unable to look after themselves. If food is in short supply they are the first to starve. Colin Turnbull's book about the **Ik**, and the play based on it, show the suffering that this leads to. Perhaps the old live a more meaningful life in an African rural community than they do in Europe but they suffer as much or more when there is a crisis.

Old Age

One of the myths that White Settlers in Africa created about Blacks is that they give birth and die with less difficulty than Whites. It is possible that the incidence of long drawn out deaths is less in rural Africa than it is in Europe because modern medicine, which sometimes has this effect, is not available to them. They are also spared the surgical mutilations that accompany it. But slow deaths do occur and there is little reason to suppose they are handled with more care in African villages than anywhere else.

Twenty years ago I lived on the edge of a village in Southern Zambia whose Headman, **Mioba**, was enjoying the power, wealth and status of a successful old man. He lived in a large homestead with his remaining wife (two had died) and some of his married children. He was consulted often, talked of with respect and was sought after as a settler of disputes. I last saw him two years ago just before he died. It was a great surprise to find him alive as Africans seldom live to a very old age as he had done. He was bent double, talked with difficulty and seemed depressed and inattentive.

Mioba's physical condition was mirrored in relationships with other people. Gone was the large homestead. He could no longer provide the advice and negotiating skills that keep people together. Instead he stayed on in his old hut and was given food by the family of one of his sons. Headman in name only, decisions were made by others. Although a large number of people still live in the village that he built up they

partners to arrange the burial and see that the funeral goes smoothely. Once the body has been buried, grief expressed and the decisions about inheritance are under way the joking partners of the bereaved begin their job of cheering them up with 'jokes' which may be anything from wise cracks to insults.

When they know that they are dying most rural Africans make preparations. They do not take action to prolong their lives by a week or two, as Europeans often do. Seeking medicine to help cope with pain, being stoical, communicating with ancestral spirits and saying goodbye to members of the family are the usual activities.

Most people prefer to die at home and do not try to go to clinics or hospitals once they believe they are going to die. Diagnosis is not always unanimous. **Sox Malambo** was sure that he would not die and sent a messenger to me in the night to drive him to hospital. He was a useful source of information so I went to his hut. He was shivering, sweating and coughing up blood and he had lost a lot of weight in a very short time. I was inclined to agree with his wife that the village was right in thinking that he was going to die. I gave him some codeine and left him where he was. Next day I drove him to hospital. I felt that I owed it to him and I also wanted to know what he had got. It turned out to be pneumonia and he was back home in a week. **Malambo** had been right. Usually the local diagnosis turns out to be the correct one.

Some old Africans die miserable deaths. **Choongo** spent his last days sitting in a tub of hot water attended by two of his wives coping with pain and stiffness in his legs. His village began to fall apart as different views developed about the cause of his demise. Witchcraft accusations, quite common under this sort of stress, were made to identify a human cause of his suffering.

Not all die in this way. **Enos Mutambo** sat outside his hut for several months before he died passing the time of day with everyone,

quipping with his joking partners and being cared for amicably by many members of his village. He showed me the spirit gate he would go through when he died. I remember telling him I admired the way he was preparing himself. His reply amounted to pulling my leg and chiding me for not keeping an eye out to the possibility of inheriting something or at least show some interest in the local females. I had meant what I had said but was rewarded, none the less, with the inheritance of a young dog. I should have called it Enos.

SELF DELIVERANCE and SELF DETERMINATION

by

Elizabeth Dickens

Euthanasia a good death. . . are the terms mutually incompatible? Or is the right to choose the time, place or manner of your own death indicative of an enlightened, and ultimately caring society?

Society is frequently confronted with ethical dilemmas which require pragmatic solutions, as the current debates concerning the law and embryo research or abortion reform exemplify. The debate concerning euthanasia is 'alive and well' and receiving attention from those who wish to make choices about death and dying - not only about what is available but also what is ethically acceptable.

When the Voluntary Euthanasia Society was founded in 1935, its aim was to bring about a change in the law regarding people's freedom to choose a quick and painless death when contronted with an irreversible illness and to receive medical assistance in fulfilling this wish.

In the fifty-two years since the Society's foundation, there have been many changes in patterns of morbidity and mortality, Medical research and medical practice are now able to offer a much more sophisticated variety of measures to treat and cure. Terminal care has been immeasurably enhanced by the hospice movement and death and dying have appeared on the agenda and training of caring professionals . Given such technological advances, and a more overt recognition of the issues related to dying, it is not surprising that many people have