

Older Refugees and Internally Displaced People in African Countries: Findings from a Scoping Review of Literature

ANITA BÖCKER 

Centre for Migration Law, Faculty of Law, Radboud University, Nijmegen, The Netherlands
anita.bocker@ru.nl

ALISTAIR HUNTER

School of Interdisciplinary Studies, University of Glasgow, Dumfries, DG1 4ZL, UK

MS received October 2021; revised MS received February 2022

By and large, the attention and resources of governments, NGOs, and humanitarian actors have been directed at children and working-age displaced people, ignoring the needs and perspectives of displaced elders. Africa is the continent with the largest number of displaced people aged 60 and over. To help achieve equity and better representation for this latter group, it appears essential to delineate and clarify the evidence base on displaced elders in Africa. We systematically searched bibliographic databases in the social and health sciences. One hundred forty-one papers met our inclusion criteria globally, of which 16 were based on data collected in African countries. The scoping review establishes that the main focus has been the specific vulnerabilities faced by older African displaced people, particularly with regard to physical health and the erosion of social support systems. Contrary to research on older displaced populations elsewhere, studies on the mental health of displaced elders in Africa are lacking. Similarly, more priority should be given to phenomenological and life course approaches to better understand the lived experience of displaced African elders.

Keywords: refugees, internally displaced persons, Africa, ageing, scoping review

Introduction

As many forced displacement situations have persisted for protracted periods of time, the proportion of older people in these populations is increasing. However, the resources and attention of governments, NGOs, and humanitarian actors have by and large been directed at children and working-age adult refugees and internally displaced persons (IDPs), ignoring the needs and perspectives of older people in humanitarian emergencies ([Bukonda *et al.* 2012](#); [Karunakara and Stevenson 2012](#)). In parallel, scholarly attention on refugees and IDPs has focused more on

younger populations, to the relative neglect of older populations. By way of illustration, a search of this journal records just three articles where older people (or analogous terms) are mentioned in the title or abstract, compared with 100+ articles where the focus is children or youths.

Estimates of the proportion of older people within displaced populations vary substantially, which may reflect the differences between regions, lacking or inaccurate demographic data, and different definitions of ‘older’. In 2000, when the UNHCR decided to formulate its Policy on Older Refugees, it estimated older people to make up 8.5 per cent of the overall population of concern to the organization, reaching up to more than 30 per cent for some caseloads—without, however, specifying who counts as ‘older’ (UNHCR 2000). According to a more recent report, people aged 60 years and older make up 4 per cent of the internationally displaced and 6 per cent of the internally displaced population worldwide (UNHCR 2020: 15). However, the ‘real’ percentages may be much higher, as older persons are often excluded from data collection and registration processes. They may be hidden within the household; may not know their date of birth; and may face language, literacy, and practical barriers to being registered (UNHCR 2021a: 16).

Africa is the continent with the largest numbers of forcibly displaced persons (UN 2020; UNHCR 2021b: 15, 22) and the continent with the largest number of displaced aged 60 and over. In 2019, according to UNHCR statistics, more than 400,000 displaced persons in Africa were aged 60 years and older. Within the continent, the largest numbers of older refugees and IDPs live in the regions of East and Horn of Africa and Southern Africa, the Democratic Republic of Congo (DRC) alone being home to nearly 130,000 IDPs and refugees aged 60 years and older in 2019.¹ The experience of older displaced people in African countries is probably very different from the experience of displaced elders in other continents (cf. Gladden 2012). Bolzman (2014) has called for more research to be conducted about displaced elders in less developed countries, given their generally more precarious living conditions compared with older refugees in the Global North.

There are a number of ways in which the experiences of older displaced people may be different in African countries compared to other continents. Although most African countries are signatories to both the 1951 UN Refugee Convention and/or its Protocol and the 1969 African Refugee Convention,² there tends to be a wide gap between the provisions laid down in these international instruments and

1 Own computations based on UNHCR data, www.unhcr.org/refugee-statistics/ (accessed 28 June 2021).

2 Compared with the UN Convention, the OAU Convention Governing the Specific Aspects of Refugee Problems in Africa extended the scope of the definition of refugees considerably, stipulating that the term also applies to those who are compelled to flee ‘owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of their country of origin or nationality’. However, the scant empirical evidence on the implementation of this expanded definition suggests that it is often ignored or misunderstood in African states’ refugee status determination procedures (Wood 2019).

their implementation at the national level. Many refugees in Africa therefore depend on international humanitarian aid for their survival (Zamfir 2017). Second, IDPs outrank the numbers of international refugees in Africa (Bascom 2001; UN 2020: 2; UNHCR 2021b). Unlike refugees, IDPs do not benefit from any specific protection under international law and national governments may be unwilling to allow humanitarian organizations to provide assistance to IDPs (O’Keefe and Rose 2008). Third, many of the older refugees and IDPs in Africa live in camps. The highest concentration of refugee and IDP camps is found on the African continent, and especially for refugees, planned, and managed camps in rural areas are still the most common accommodation (Maple 2016). Camps that were initially set up to deal with mass influxes of refugees or IDPs have evolved into permanent settlements (Crisp 2010; Crawford *et al.* 2015; Maple 2016). People with specific needs, including elderly people as well as women and children, tend to be overrepresented in these camps, because refugees and IDPs who are able to survive without assistance are most likely to leave a camp (Crisp 2010).

To help achieve equity, as well as better policies and representation for older displaced people in Africa, it appears essential to establish and clarify the evidence base on this population, both those compelled to move in later life and those ageing in place. The aim of this paper, therefore, is to summarize the body of peer-reviewed published research in the social and health sciences which has taken older refugees and IDPs in Africa as its principal focus. Key findings of this literature are then compared with the knowledge base on older displaced people in other continents, before concluding with some directions to inform future research.

Scoping Review—Methods

To achieve the paper’s aim of summarizing the peer-reviewed research on older refugees and IDPs in Africa, we selected a scoping review methodology. Given the lack of a large body of literature on the topic, a scoping review was selected for its ability to ‘identify research gaps, examine emerging evidence, and identify what remains to be investigated, but with a rigorous and transparent process’ (Gerson *et al.* 2020: 1288). In designing the scoping review, we drew on the approach developed by Khalil *et al.* (2016). Based on the recommendations of our university librarians, we searched the following databases:

- International Bibliography of the Social Sciences; Social Science Database; Applied Social Sciences Index & Abstracts (ASSIA); Sociology database; and Political Science Database (all accessed through ProQuest)
- Medline; CINAHL; APA Psycinfo; and SocIndex (all accessed through Ebscohost)

Our search was conducted using only English terms. The search terms covered two main categories, related to ageing and refugee status, respectively (see Table 1). In developing our search terms, we were guided by the keywords used

in a previously published literature review on older refugees (Virgincar *et al.* 2016) as well as academic discussions of refugee terminology (Haddad 2004; Fitzgerald and Arar 2018). We also conducted a pilot search using a single database, in order to identify commonly used keywords, as recommended by Khalil *et al.* (2016).

All the databases listed above were searched, individually, using the combination of the stated search terms. The search was conducted on 4 May 2021. In the databases searched via the ProQuest platform, the ‘Anywhere but full text’ (NOFT) operator was used. The Ebscohost platform does not support the NOFT operator, so for the databases accessed via Ebscohost searches were limited to titles and abstracts (largely equivalent to the NOFT operator). The date range for all searches was the period 2000–2021. The rationale for initiating the search from 2000 is that this marks the beginning of the UNHCR’s interest in the topic, with its Policy on Older Refugees (UNHCR 2000), including in the collection of age-disaggregated data. The individual searches across all the listed databases resulted in 4749 items globally. The removal of duplicates, using the functionality provided by the Zotero programme, reduced the number of items to 1921. The titles and abstracts of these 1921 items were then screened for our inclusion and exclusion criteria (see Table 2). Given that the objective of this review is to summarize the body of peer-reviewed

Table 1.

Search Terms	
Search terms associated with ageing	older OR elder* OR ageing OR aging OR senior OR geriatric
Search terms associated with displaced people	refugee OR asylum OR “forced migra*” OR “involuntary migra*” OR “stateless person” OR “stateless people” OR “internally displaced” OR “internal displacement” OR “displaced person” OR “displaced people”

Table 2.

Inclusion and Exclusion Criteria		
Category	Inclusion and exclusion criteria	
	Inclusion	Exclusion
Type of source	Research studies using any methodology published in English	Dissertations, theses, conference abstracts, opinion pieces, letters to the editor, editorials, interviews, authors’ replies, research protocols, book reviews, and obituaries
Population	Older refugees or analogous populations feature in the title or abstract	Older refugees or analogous populations do not feature in the title or abstract

published research, dissertations, and theses were excluded, as were opinion pieces, letters to the editor, editorials, interviews, authors' replies, research protocols, obituaries, and book reviews. Only publications reporting findings from research studies were included. Furthermore, only publications which mentioned older displaced people (or analogous populations) in the title or abstract were included. Screening was carried out independently by the two authors, with each screening half of the items. When an author was unsure whether an item met the inclusion criteria, the other author was consulted and a joint decision was made.

Two hundred sixty-nine items passed the first screening stage (title and abstract screening). The full text of these 269 items was then reviewed to ascertain whether older displaced people (or analogous populations) were the main or significant focus of the study. Quantitative articles in which older displaced people are not the 'main' focus, but which nevertheless record noteworthy findings about displaced elders, were also included. Not including these studies risked biasing our sample towards qualitative studies. Again, this second stage of screening was conducted independently by the two authors: when an author was unsure whether older displaced people were the main or significant focus, the other author was consulted and a joint decision was made. One hundred forty-one items passed this second stage of screening. The third stage of screening served to identify which of those studies were focused on older displaced people in African countries. Of the 141 studies 16 were based on data collected in African countries. Most studies (82 out of 141) were conducted in North America or Europe, including nine studies on older refugees from Africa in these two regions.

Scoping Review—Characteristics of the Reviewed Studies

There has been an increase in research attention on older displaced people in Africa in the last decade compared with the preceding decade, but this is relatively modest compared to the nearly 140% increase in studies focussing on displaced elders in other regions of the world, as shown in [Table 3](#).

Out of the 16 studies included in this review, 7 focus mainly or exclusively on older refugees or IDPs. In seven other studies, older displaced persons are a significant focus, and the remaining two studies are quantitative studies in which age was found to be a significant variable. [Table 4](#) presents some key characteristics of the reviewed studies.

Table 3

Numbers of Studies by Publication Period		
	Africa	All regions excl. Africa
2000–2010	6	37
2011–2021	10	88
	16	125

Table 4

Key Characteristics of the Reviewed Studies (16 Total), Organized by Authors and Field of Study					
Authors	Year	Field of study	Study design	Country	Population
Bukonda <i>et al.</i>	2012	Health and healthcare	Quantitative ($n = 788$)	Democratic Republic of Congo	Elderly and nonelderly IDPs in a resettlement community
Chukwuorji <i>et al.</i>	2019	Health and healthcare	Quantitative ($n = 279$)	Nigeria	Older IDPs (mean age 62 years) living in two camps
Du Cros <i>et al.</i>	2013	Health and healthcare	Quantitative ($n \approx 30,000$)	South Sudan	Sudanese refugees in a recently established camp
Getanda <i>et al.</i>	2015	Health and healthcare	Mixed excl. clinical ($n = 100$)	Kenya	IDPs in four resettlement camps, aged 21–62 years
Gichunge <i>et al.</i>	2020	Health and healthcare	Quantitative ($n = 159$)	Kenya	IDPs in a resettlement camp, aged 18–92 years
Hampshire <i>et al.</i>	2008	Family relationships and informal care	Qualitative ($n = 50$, plus an unspecified number of participants of 19 focus groups)	Ghana	Older and younger Liberian refugees, living in a resettlement camp
McGadney-Douglass and Douglass	2008	Family relationships and informal care	Qualitative ($n = 20$)	Ghana	Internally displaced women aged 40–70 years, living in two resettlement communities
Naigaga <i>et al.</i>	2018	Health and healthcare	Mixed incl. clinical ($n = 355$)	Algeria	Refugees from Western Sahara settled in five camps, aged 18–80 years
Pieterse <i>et al.</i>	2002	Health and healthcare	Mixed incl. clinical ($n = 828$)	Tanzania	Rwandan refugees aged 50–92 years, living in a refugee camp

(Continued)

Table 4 (continued)

Authors	Year	Field of study	Study design	Country	Population
Pieterse and Ismail	2003	Health and healthcare	Mixed incl. clinical (<i>n</i> = 828)	Tanzania	Rwandan refugees aged 50–92 years, living in a refugee camp
Powles	2002	Return/homeland ties	Qualitative (<i>n</i> = 1)	Zambia	An older Angolan woman who had fled to Zambia in the 1980s
Roberts <i>et al.</i>	2011	Health and healthcare	Quantitative (<i>n</i> = 1,206)	Uganda	Adult IDPs (mean age 35 years) living in IDP camps
Schatz	2009	Integration (legal/economic)	Qualitative (<i>n</i> = 30)	South Africa	Mozambican-born older women, mostly self-settled refugees, living in rural South Africa
Tipkens	2020	Family relationships and informal care	Qualitative (<i>n</i> = 54)	Tanzania	Older and younger adult refugees from DRC living in Dar es Salaam; the older participants were aged 50–69 years
Volpato and Waldstein	2014	Health and healthcare	Qualitative (<i>n</i> = 52)	Algeria	Sahrawi refugees living in refugee camps or in ‘liberated’ Sahrawi territories
Volpato <i>et al.</i>	2012	Health and healthcare	Qualitative (<i>n</i> = 137)	Algeria	Sahrawi refugees aged 26–84 years, living in refugee camps

Definitions of 'Older' in the Studies

In 5 of the 16 studies, 'older age' is defined as ≥ 50 years. This is in line with the definition of the WHO African Region Office, which defines 'older age' as 50 years and older.³ Two studies use the cut-off of ≥ 60 years, and for six studies, no definition is provided. In many African countries, the systematic registration of births was not common in the past, meaning that recorded ages are not common among older populations (McGadney-Douglass and Douglass 2008; Kowal and Dowd 2001). In the remaining studies, 'older age' is defined as over 40, 45, or 46 years. One study refers to 'the lower life expectancy in Nigeria (compared to developed countries), and the understanding of ageing as a process' to explain why the cut-off age of ≥ 45 years is appropriate for the study (Chukwuorji *et al.* 2019: 115).

Fields of Study/Topics

Around two-thirds of the reviewed studies focus on health and healthcare, based on our thematic coding. Table 5 shows that this is in line with the literature on older displaced people in other regions of the world.

Study Designs

All 16 studies are cross-sectional in nature. More than half of the studies employed a quantitative or mixed-methods design, a slightly higher proportion compared with the studies conducted in other parts of the world (see Table 6). The quantitative methods used include household and other surveys, some of them using existing questionnaires like the General Health Questionnaire-12 (Goldberg and Williams 1988) and the Harvard Trauma Questionnaire (Mollica *et al.* 1992). All these studies are in the field of health, with samples ranging from 100 to 1206. One study (Du Cros *et al.* 2013) is based on mortality data collected in a camp with 30,000 IDPs.

The studies with an exclusively qualitative design are in different fields. The data collection methods used in these studies include semi-structured interviews, ethnographic interviews, retrospective interviews, focus groups, and diary-keeping by research participants.

Location of Data Collection, Setting, and Population

Within Africa, most refugees live in the regions of East and Horn of Africa and Southern Africa.⁴ East and Horn of Africa is also the region where the data collection for the largest number of studies took place (see Table 4). The studies

3 The United Nations and the World Health Organization (WHO) define 'older age' as beginning at age 60, but the WHO African Region Office has broadened the definition to include individuals 50 years and older.

4 The UNHCR distinguishes the following regions in Africa: West and Central Africa, East and Horn of Africa and Great Lakes, Southern Africa, and North Africa. The region of East and Horn of Africa and Great Lakes covers the following countries:

Table 5

Numbers of Studies by Principal Field of Study		
	Africa	All regions excl. Africa
Health and healthcare	11 (69%)	76 (61%)
Family relationships and informal care	3 (19%)	7 (6%)
Social care and social services	—	9 (7%)
Elders in humanitarian settings	—	4 (3%)
Return and homeland ties	1 (6%)	6 (5%)
Subjective—Ageing in exile	—	14 (11%)
Integration (legal/economic)	1 (6%)	9 (7%)
	16	125

Table 6

Numbers of Studies by Study Design		
	Africa	All regions ex. Africa
Qualitative	7 (44%)	58 (46%)
Quantitative	5 (31%)	43 (34%)
Mixed incl. clinical	3 (19%)	4 (3%)
Mixed excl. clinical	1 (6%)	7 (6%)
Clinical assessment	—	5 (4%)
Literature review	—	8 (6%)
	16	125

focusing on refugees were conducted among Rwandan refugees in Tanzania, Congolese refugees in Tanzania, Mozambican refugees in South Africa, Liberian refugees in Ghana, and Sahrawi refugees in Algeria.

The research population for almost half the studies consisted of IDPs. This should not be surprising as most forcibly displaced persons in Africa are internally rather than internationally displaced. These studies were conducted in Ghana, Nigeria, South Sudan, Kenya, Uganda, and the DRC. Though the largest number of forcibly displaced persons can be found in the DRC, only one study was conducted in this country (Bukonda *et al.* 2012), which may be related to the security situation prevailing there.

Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, Tanzania, and Uganda.

The data collection for all but two studies took place in camps or resettlement communities for refugees or IDPs (see [Table 4](#)). Again, this should not be surprising, as long-term camps are the most common accommodation for refugees and IDPs in sub-Saharan Africa. The study population for most studies consisted of refugees or IDPs who had lived in camp for protracted periods of time, in some cases more than 10 or even up to 25 years. Again this is in line with statistical data on refugees and IDPs in Africa. Only one study ([Tippens 2020](#)) focuses specifically on urban refugees. A few studies focus specifically on older female refugees or IDPs ([McGadney-Douglass and Douglass 2008](#); [Schatz 2009](#)). As noted above, (older) women tend to be overrepresented in the population of long-term refugee and IDP camps.

The literature on older migrants and refugees generally distinguishes between those who migrated at an advanced age and those who have ‘aged in place’. This distinction is not explicitly made in any of the reviewed studies. One study ([Schatz 2009](#)) is clearly about refugee women who have aged in place. The older refugees in a few other studies can also be considered as having aged in place given their duration of stay in the camps where the data collection took place (e.g. [Volpato et al. 2012](#); [Volpato and Waldstein 2014](#)).

Scoping Review—Key Findings

This section analyses the findings of the 16 sources. The analysis is organized according to the thematic classification presented in [Table 5](#).

Health and Healthcare

[Table 5](#) on fields of study shows that issues of health and healthcare are very prominent in the literature on older displaced people in Africa, with more than two-thirds of the reviewed studies taking health as their primary focus. The table shows that the prominence of health in the reviewed studies is in line with the literature on older displaced people in other regions of the world. However within the broad health category there is a comparative under-representation of African studies on mental health, with a greater focus on physical health.

Physical Health

[Tippens \(2020\)](#) notes that concerns about physical health were a significant pre-occupation of respondents in her sample, as was the inability to access medical treatment. Good health and physical functioning are important for negotiating the stresses of camp life, where the usual networks of social support have often been weakened due to family separation or loss, requiring some older people to be more self-sufficient ([Pieterse et al. 2002](#)).

Older refugees’ and IDPs’ physical health status is often precarious, notwithstanding selection effects which mean that it is the healthier older people in humanitarian situations who are able to flee danger in the first place and survive the often

arduous journeys to safety (Pieterse and Ismail 2003). Nutrition was the focus of 5 of the 16 studies, and this evidence shows that food insecurity and low-diversity diet constitute a major challenge for older displaced people (Naigaga *et al.* 2018; Gichunge *et al.* 2020), with elders often foregoing meals so that younger family members can eat more in times of hardship (Pieterse and Ismail 2003).

The data on mortality rates, that most elementary of health indicators, show that those aged over 50 in rural parts of Africa die at approximately five times the rate of the under 50s, and these age-based disparities are replicated in camps for refugees or IDPs on the rare occasions when such data are collected (Du Cros *et al.* 2013). However, beyond this crude indicator of health, less is known about the specific health conditions which older African displaced people face. This is partly due to the lack of specialized medical equipment in camps which could provide accurate diagnostics (e.g. Adler *et al.* 2008). Thus, only two studies among the selected articles provides more fine-grained detail: surprisingly, Bukonda *et al.* (2012) found that elderly IDP parents (over 60) and non-elderly IDP parents in DRC experienced similar incidence of common disease conditions (fever, diarrhoea, malaria, and weight loss). The focus of Pieterse and Ismail (2003) was on more chronic conditions associated with later life, with half of their sample reporting problematic dentition, and a quarter reporting problems of vision. Close to a quarter mentioned mental health problems, specifically frequent depressive episodes (Pieterse and Ismail, 2003).

Mental Health

Mental health status is mentioned in some of the other African studies under review, although as noted is less prominent compared to literature on displaced people in the rest of the world, where mental health is a very frequently mentioned theme (Hunter and Böcker, forthcoming). Again, the lack of diagnostic resources and specialist mental health professionals in many African countries, particularly in camp settings, may explain this disparity in the literature (Roberts *et al.* 2011; Getanda *et al.* 2015). ‘Consequently, mental health remains a tabooed and widely misunderstood topic, particularly in rural areas’ (Getanda *et al.* 2015: 3). However, the needs in terms of mental health are likely to be great, and greater still for older displaced people compared with their younger peers, given their accumulation of traumatic events and life stress, making them more susceptible to mental health problems (Getanda *et al.* 2015).

Interestingly, however, Chukwuorji *et al.* (2019) found that ‘older old’ IDPs in Nigeria were less affected by PTSD symptoms than ‘young old’ IDPs. The authors explain that ‘[a]s people grow older they may have come to realize the benefits of not interpreting negative events as central to their identity’ (Chukwuorji *et al.* 2019: 119). A minority of scholars beyond Africa find that old age is a protective factor for mental health, with most studies agreeing that increasing age is associated with increasing incidence of mental health problems among older displaced populations (Hunter and Böcker, forthcoming).

Gendered Health Disparities

A final key element which emerges from the reviewed studies is the gendered nature of health disparities among older displaced people. This was the most frequently appearing code in our thematic analysis of health and healthcare.

Turning to mental health, the reviewed studies challenge the evidence-base on mental health among displaced older people in other parts of the world, which has identified displaced older females as more vulnerable to poor mental health generally (Hunter and Böcker, *forthcoming*). The findings from Getanda *et al.* (2015), Chukwuorji *et al.* (2019) and Gichunge *et al.* (2020) do not support this association between gender and mental health problems. Relatedly, in a study of alcohol disorder among IDPs in Uganda, older women were less likely than older men to have an alcohol disorder (Roberts *et al.* 2011).

When it comes to physical health status, however, older women refugees in Tanzania were less likely than their male counterparts to eat enough (Pieterse and Ismail 2003), with associated impacts on physical functioning, e.g. handgrip strength (Pieterse *et al.* 2002). This may be related to poverty, given that older female refugees in African countries are more likely to not be married (due to widowhood), with its attendant economic security, compared to men, who tend to re-marry if widowed (Pieterse and Ismail 2003). ‘Even more than in ordinary communities, widowhood is a fact of life for the majority of older female refugees, which often entails a loss of status and diminishing economic security’ (Pieterse and Ismail 2003: 26).

Relatedly, Gichunge *et al.* (2020) and Tippens (2020) both note the benefits of being married for the mental health of displaced African elders, due to the protective effects of perceived social, informational, and emotional support, especially for married men (Tippens 2020).

Family Relationships

Family relationships are a prominent theme in non-health related studies. The findings of the African studies are in line with the literature on displaced older people in other parts of the world. Intergenerational roles and relationships are heavily affected by the circumstances in exile or displacement. Economic role reversals, increased intergenerational tensions or conflict, and displaced older people experiencing a loss of social status and feelings of infantilization are frequently reported effects.

In a study of intergenerational relations among Liberian refugees in a settlement camp in Ghana, younger as well as older refugees believed that the ‘usual relationships of authority and respect between young and old’ had broken down due to the involvement of young people in the war and the older generation’s inability to provide materially for their children (Hampshire *et al.* 2008: 30). Livelihood opportunities on camps are more accessible for young people than for elders, who also lack the skills needed to maintain ties with relatives abroad and thus to receive remittances (Hampshire *et al.* 2008). Another reason why older

displaced people may feel they are accorded less respect by younger relatives, is that they have nothing to bequeath to them in terms of inheritance (Pieterse and Ismail 2003). Intergenerational tensions may also revolve around cultural capital, as is shown in a study of concepts of health and disease among Sahrawi refugees in Algeria: while the older generation hung on to traditional concepts, younger refugees more readily adopted the 'Western' concepts of the European doctors and NGO workers in the camps (Volpato and Waldstein 2014).

The prevailing picture in this literature is that the loss of social role and status constitutes a major stressor for older displaced people. However, a different picture is presented in a study of the role of older women in the survival of families that had to flee from regional ethnic violence in Ghana. The younger women within the (in majority, female) IDP communities were cognitively, emotionally, politically, and economically dependent on the senior women (McGadney-Douglass and Douglass 2008). Other studies show that tensions in intergenerational relations existed already before the study participants' displacement and/or that intergenerational relations are more ambivalent than might appear at first glance: conflict and solidarity often coexist (Hampshire *et al.* 2008; Tippens 2020). This is again in line with what studies in other parts of the world have found (Hunter and Böcker, forthcoming).

Informal Care and Support

The family remains a major source of informal care and support for older displaced people, in Africa as well as in other parts of the world. In a study which focussed specifically on perceptions of support, older as well as younger Congolese refugees relied primarily on family and fictive kin for different forms of support. The study participants had settled in Dar es Salaam, thus lacking access to the formal humanitarian support found in refugee camps. The older adults in this study, however, were often provided with shelter, food, and clothing by religious networks (Tippens 2020). Prayer groups and churches were also found to be a source of support among older Rwandan refugees in Tanzania (Pieterse and Ismail 2003). Religion and religious networks are otherwise mentioned only sporadically, both in the African studies and in the literature on older displaced persons in other regions of the world.

The living conditions in refugee or IDP camps are clearly not conducive to mutual support and solidarity. Younger people are often not able to support the elderly adequately. Poverty and famine limit traditional caring systems to nuclear families (Pieterse and Ismail 2003; Hampshire *et al.* 2008). Structural conditions in the Global North are very different, but there, too, adult children are often not able to live up to displaced elders' expectations of family care (Hunter and Böcker, forthcoming). Nonetheless, African elders are not only recipients but may also be providers of support, a finding replicated in the literature on older displaced people in other parts of the world. For example, older female Mozambican refugees in South Africa were found to use their pensions to support their children and grandchildren (Schatz 2009), and older Rwandan

refugees in Tanzania, in unstable situations where families had been split up, still had an active role to play in family life and in the wider community (Pieterse *et al.* 2002; see also Hampshire *et al.* 2008; Tippens 2020).

Social Care and Social Services

Issues of access to income support, aged care, and social services are relatively prominent in the literature on older refugees in the Global North (Hunter and Böcker, forthcoming). Unsurprisingly, such issues are scarcely dealt with in studies on displaced elders in Africa, where social protection schemes in most countries are still rudimentary. Only one of the reviewed studies deals specifically with displaced elders' access to state income support. Schatz' (2009) study of Mozambican women who are 'ageing in place' in South Africa shows that the lack of a formal legal status is a major stressor for these older refugees; it reduces their perceived right to stay in the country and bars them from receiving state old-age pensions. In other studies, IDPs reported dissatisfaction with the lack of support from their government. Internally displaced women in Ghana felt that the 'non-combatant elements of the crisis' received little governmental attention (McGadney-Douglass and Douglass 2008: 152; see also Getanda *et al.* 2015).

Findings on support provided by international humanitarian organizations and NGOs are more ambiguous. Female IDPs in Ghana felt that most NGOs, just like their government, did not respond to their needs (McGadney-Douglass and Douglass 2008). Other researchers, however, noted that the presence of aid agencies could have biased their study participants' responses, as they were living in a camp environment with many aid organizations providing goods and services (Pieterse and Ismail 2003). Other studies suggest that older refugees are less likely to seek assistance from refugee-serving organizations, because they are less able than younger refugees to interact with personnel from such organizations (Hampshire *et al.* 2008; Tippens 2020). Similar observations can be found in studies on older refugees in the Global North.

Legal and Economic Integration

The legal integration of older refugees in their host countries is an under-researched topic in the global literature on older refugees (Hunter and Böcker, forthcoming), and even more so in the African studies reviewed here (an exception being the study of Schatz 2009). The same can be said for the older displaced people's integration into their host society's socioeconomic fabric.

Return and Homeland Ties

Return is a significant topic in the literature on displaced populations, and an outcome often desired both by the authorities in reception areas and by displaced people themselves (Hammond 2014). Somewhat surprisingly, in the global literature on older refugees and IDPs, only a handful of papers have examined return, mainly

focusing on return in the postwar Balkan context (see [Hunter and Böcker, forthcoming](#)).

In the African context, the papers reviewed here indicate a distinctly ambivalent relationship between displaced African elders and their homelands. Several papers noted an unwillingness to return. [Getanda et al. \(2015\)](#) reported that older IDPs in Kenyan resettlement camps expressed a desire to return home but were scared to do so. The Ghanaian female IDPs in McGadney-Douglass and Douglass' study were 'afraid and ashamed' to return because their homes had been destroyed (2008: 152). None of Schatz' older Mozambican female respondents in South Africa wished to return home and indeed many had a fear of deportation, despite their hard lives and precarious legal status in South Africa ([Schatz 2009](#)). On the other hand, older refugees and IDPs may express existential anxiety about dying far from home, in exile ([Pieterse and Ismail 2003](#)), indicating a persistent and profound connection with the homeland.

Taken together, these ambivalent attitudes to return highlight that displaced elders' self-identities and conceptions of 'home' are not constant ([Powles 2002](#)), a finding echoed in a study of older African (Liberian) refugees in New York City ([Chaudhry 2008](#)). Powles' article is the only paper among the reviewed studies to consider questions of home and return for displaced elders at length. The small body of literature worldwide on this topic suggests that older displaced people have different dispositions towards their homelands compared with younger refugees and IDPs ([Hunter and Böcker, forthcoming](#)). Further research is needed, both in Africa and among Africans exiled elsewhere, to understand these differences more systematically.

Conclusion and Directions for Future Research

It is clear from the above review that older refugees and IDPs on the African continent have not been the object of sustained academic attention. This is in spite of the fact that Africa is the continent with the largest number of displaced people aged 60 and over. Granted, we may have missed some relevant studies on refugees or IDPs in Francophone or Lusophone Africa, as our search was conducted using only English terms. Another limitation of this scoping review is the focus on peer-reviewed journals only, excluding potentially relevant research reported in harder-to-find material such as grey literature and doctoral theses. Nonetheless, in the small amount of peer-reviewed English-language literature which is available, the main focus of research has been the specific vulnerabilities faced by this group. Key problems facing older refugees and IDPs include: social disintegration due to the erosion of social support systems and networks, and chronic dependency; ambivalent attitudes to questions of return and homeland; and often precarious physical health status, food insecurity, and insufficient healthcare facilities in camps, which continue to be the most common form of housing for displaced people in Africa. Many studies make mention of widespread economic insecurity, overcrowded and unsafe conditions, poverty and depression, and limited access to clean drinking

water and sanitation (Pieterse *et al.* 2002; Pieterse and Ismail 2003; Hampshire *et al.* 2008; Volpato *et al.* 2012; Getanda *et al.* 2015; Gichunge *et al.* 2020).

That said, it is important not to depict older displaced people in homogenizing ways, for instance as uniformly vulnerable (Strong *et al.* 2015). A first direction for future research is therefore to consider older African displaced people's capacity for resilience, community contributions, and protective coping strategies. The role of religion as a protective factor seems to be under-researched, both in the African context and elsewhere (Hunter and Böcker, *forthcoming*). Contrary to studies elsewhere, though, research on the mental health of older African refugees and IDPs is lacking, and we suggest this as a second priority for researchers so that this topic becomes less tabooed and misunderstood (Getanda *et al.* 2015). The scoping review conducted by Virgincar *et al.* (2016) on the mental health of older adults displaced by conflict similarly highlighted the need for more epidemiological studies in low- and middle-income countries. Research based on a life course perspective would be helpful in distinguishing the different trajectories of those who are displaced later in life, and those displaced earlier in life who 'age in place'. Taking a longitudinal methodological approach could shine light on, for example, the association between increasing age and prevalence of mental health problems, helping to resolve the inconclusive findings offered by the existing literature—from Africa, and the rest of the world.

Compared to research undertaken in other parts of the world, there is a lack of African studies taking a phenomenological look at the lived experience of ageing among older displaced people (one exception is Powles 2002). Such research would serve the field well if it encouraged scholars to reflect more critically on how older displaced people are defined, be that in chronological or other terms. There is a similar lack of studies focussing on displaced elders' relations with and integration into their host societies. The data collection for nearly all studies took place in camps or resettlement communities for refugees or IDPs. One exception is the study by Tippens, who notes that refugees in East Africa are 'increasingly bypassing or leaving camps for opportunities in cities' (2020: 69). Though refugees and IDPs who live outside camps are less easy to reach for research (and representative sampling among dispersed and unregistered populations is impossible), it seems important to obtain insight into the experiences and integration processes of this growing category. Last but not least, attention has been given recently to the need for better evidence on what constitutes appropriate end-of-life care for refugee and IDP populations, as a scoping review of the topic has highlighted (Madi *et al.* 2019). While this insight applies to the literature globally, it is perhaps especially pertinent to the African context, given that many of the conflicts which have produced displacement in Africa are of a long-standing, intractable nature.

Acknowledgements

The authors acknowledge the support of the Radboud-Glasgow Collaboration Fund, which facilitated the first author's visit to the University of Glasgow during the preparation of this article.

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