

A Life Course Perspective on Cumulative Social and Economic Disadvantage Among Older Adults in Sub-Saharan Africa: A Scoping Review

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Abstract

Population ageing in sub-Saharan Africa (SSA) is occurring rapidly amid persistent socioeconomic inequities, yet little is known about how disadvantages accumulate across the life course to shape older adults' wellbeing. Drawing on a scoping review methodology guided by Arksey and O'Malley (2005) and enhancements by Levac et al. (2010), this review synthesizes evidence from empirical, theoretical, and policy literature published between 1990 and mid-2025 to map how cumulative social and economic disadvantage unfolds across life stages and affects later life outcomes in SSA. Sixty-odd studies from 18 countries were included, spanning quantitative, qualitative, and mixed-methods designs. The review reveals that early life adversity such as low childhood socioeconomic status, limited education, and health shocks sets trajectories that constrain opportunities for formal employment, asset accumulation, and social mobility. These constraints are compounded over adulthood, especially among women and rural populations who disproportionately engage in informal work, caregiving, and face structural exclusions such as lack of pension coverage. The accumulation of disadvantage across life stages is consistently associated with poorer physical and mental health, reduced financial security, social isolation, and heightened vulnerability in old age. While a minority of studies explicitly frame their analyses in life course or cumulative disadvantage theory, many implicitly invoke life trajectory thinking. Longitudinal data remain scarce, and intersectional, contextually grounded, and comparative research is limited. The review underscores the need to adapt cumulative disadvantage models to the African context, accounting for macro-historical shocks, informal economies, kin networks, and nonmaterial assets, and to invest in life course-oriented policies. Interventions aimed at early childhood, education, inclusive social protection, gender equity, and integrated ageing frameworks are vital to interrupt compounding disadvantage and promote equitable ageing in SSA.

Keywords: cumulative disadvantage; life course; ageing; older adults; sub-Saharan Africa; social inequality; economic vulnerability.

1. Introduction

1.1 Background and rationale

Population ageing is a worldwide phenomenon, and the pace of change is especially rapid in the global South. In sub-Saharan Africa (SSA) the number of people aged 60 years and older stood at about 46 million in 2015 and is expected to increase to roughly 157 million by 2050 (Aboderin & Beard, 2015). Although older people currently represent a small share of the total population (around five per cent), demographic projections indicate that this share will rise to about ten per cent by mid-century, meaning that absolute numbers will grow faster than in any other region (Aboderin & Beard, 2015). These shifts are occurring against a backdrop of persistent poverty, limited social security coverage and inadequate health systems.

Older adults in SSA face pronounced economic and social vulnerabilities. Formal pension systems cover only a minority of older people; less than one-fourth of adults above the statutory retirement age receive a pension (He, Aboderin & Adjaye-Gbewonyo, 2020). As a result, many elders continue working in informal or subsistence activities well into their seventies and eighties. Lifelong low earnings and limited savings leave many at or below national poverty lines, and inequalities in access to pensions mean that those who spent their working lives in the informal sector have no income security in later life (He et al., 2020). Health inequities compound these disadvantages: older Africans shoulder a heavy burden of chronic disease alongside lingering infectious illnesses, yet they often lack access to health care and social services (Aboderin & Beard, 2015). Rural residents must travel long distances for care and may be unable to afford transport or medicines, while older women—who typically outlive men and often spend large parts of their lives in unpaid care work—are particularly vulnerable to poverty, widowhood and exclusion from inheritance (He et al., 2020).

A life course perspective provides a framework for understanding why these later-life disadvantages arise. Life course theory views ageing not simply as a biological process but as the culmination of experiences across the entire lifespan (Elder, 1998). Early-life conditions such as childhood nutrition, education and family socio-economic status set trajectories that shape health and economic status in old age. Advantages and disadvantages accumulate over time; sociologists have described this process as the “cumulative advantage/disadvantage” principle (Dannefer, 2003; Ferraro & Shippee, 2009). For example, a child growing up in poverty with

limited schooling may enter adulthood with fewer job prospects and accumulate less wealth, resulting in greater insecurity and poorer health at age 60; by contrast, someone with educational opportunities and access to land may experience compounding benefits over the life course. Over decades, small initial differences widen into large inequalities—a dynamic that sociologist Robert Merton captured in the “Matthew effect” and gerontologists later articulated in cumulative (dis)advantage theory.

Applying a life course lens in the African context highlights how structural factors intertwine with individual trajectories. Historical and social conditions such as colonial legacies, gender norms, informal economies, and crises like HIV/AIDS have shaped the life trajectories of today’s elders. Many current older people came of age during periods of political upheaval or structural adjustment programmes that constrained their opportunities for education and formal employment. Women who spent mid-life caring for children or sick relatives during the HIV/AIDS epidemic often sacrificed economic opportunities, contributing to financial insecurity in widowhood (Schatz & Seeley, 2015). In short, older adults’ vulnerabilities are cumulative outcomes of social and economic inequities experienced over a lifetime (Ferraro & Shippee, 2009).

Yet research on ageing in SSA remains fragmented. Much existing work examines challenges in old age alone without integrating upstream life-course factors, and Western theories of cumulative disadvantage are only beginning to be contextualised for African realities (Aboderin, 2010). To design effective policies, it is essential to understand how early-life and mid-life experiences converge to shape later-life outcomes. This scoping review therefore adopts a life course perspective to synthesise existing evidence on social and economic disadvantage among older adults in SSA.

1.2 Rationale for a scoping review

The breadth and conceptual heterogeneity of the topic necessitate a scoping rather than a narrowly focused systematic review. Scoping reviews map key concepts, types of evidence and research gaps on emerging or interdisciplinary topics (Arksey & O’Malley, 2005). In the context of cumulative disadvantage and ageing in SSA, relevant studies span gerontology, sociology, public health and development research, and include qualitative life histories, cross-sectional surveys, policy analyses and theoretical papers. A traditional systematic review addressing a

single intervention or outcome would risk excluding important evidence and overlooking conceptual insights. Instead, a scoping review allows for exploratory aggregation of diverse sources to “map the existing research, summarise findings and identify knowledge gaps” (Arksey & O’Malley, 2005; Levac et al., 2010). It also permits clarification of definitions and frameworks, which is necessary because life-course concepts are under-developed in SSA and are often applied implicitly rather than explicitly.

Following guidance from Levac et al. (2010) and the PRISMA-ScR reporting guidelines (Tricco et al., 2018), the review synthesises evidence without formally appraising study quality, focusing instead on the range of concepts and methods employed. The review aims to inform future empirical research and policy by identifying determinants, pathways and outcomes of cumulative disadvantage, as well as methodological and theoretical gaps.

1.3 Objectives and Research Questions

This review is guided by four interrelated objectives. First, it aims to map existing evidence on cumulative social and economic disadvantage across the life course and its impact on older adults in sub-Saharan Africa. This involves identifying the volume, range, and nature of studies, whether empirical, theoretical, or policy oriented, and summarizing their key findings. Second, the review examines how life course and cumulative disadvantage concepts have been applied within SSA ageing research. It explores whether studies explicitly invoke life trajectories, critical periods, or cumulative inequality theory, or whether they address life course dynamics implicitly through retrospective accounts or cohort comparisons. Third, it seeks to identify the determinants, pathways, and outcomes of cumulative disadvantage, focusing on factors such as childhood circumstances (education and health), adult socioeconomic status (occupation and income trajectories), gender, and marital history, as well as outcomes related to health, financial security, and social participation. Finally, the review investigates methodological and theoretical gaps in the current literature, including the scarcity of longitudinal data capturing life course processes, the underrepresentation of specific subpopulations such as older women and rural elders, and the extent to which Western theories of cumulative disadvantage adequately reflect African realities.

2. Conceptual framework

2.1 The life course perspective

Life course theory posits that individual lives unfold through interconnected phases shaped by the timing of events, social relationships and historical context (Elder, 1998). Key concepts include trajectories (long-term patterns of stability and change, such as employment or health trajectories), transitions (role changes, e.g. leaving school, marriage or retirement) and linked lives (the interdependence of individual life courses within families and communities). The timing of events matters: the same event, such as job loss, can have different long-term consequences depending on whether it occurs at age 30 or age 60. Aging outcomes thus reflect not only recent circumstances but the cumulative sequence of experiences across the lifespan. Historical context also matters: cohorts who lived through colonialism, structural adjustment or epidemics share common exposures that shape their trajectories. In SSA, a life course lens reveals that later-life vulnerabilities are rooted in long-term processes. Childhood poverty, educational disruptions, gender norms, employment patterns and health shocks converge to shape an elder's status at age 60 or 70. The perspective aligns with African cultural notions of life as a journey with interconnected stages and emphasises how macro-level structures such as economies and policies intersect with individual biographies.

2.2 Cumulative disadvantage theory

Cumulative advantage/disadvantage (CAD) theory argues that inequalities widen over the life span because early advantages enable individuals to capitalise on opportunities, whereas early disadvantages constrain opportunities and amplify risks (Dannefer, 2003; Ferraro & Shippee, 2009). Initial differences in education, family wealth or social capital can set people on divergent trajectories, resulting in compounding benefits or deficits in health, skills and economic resources. In other words, “the rich get richer and the poor get poorer.” CAD theory emphasises that age is not a social equaliser; rather, longer exposure to disadvantage tends to magnify inequalities in old age. In SSA, CAD theory is particularly relevant because poverty traps and gendered labour patterns mean that people born into poverty have difficulty escaping it. A child from a rural poor household may have limited schooling, leading to low-paid informal work and no pension eligibility, culminating in old-age poverty and ill-health. Women often have less access to education and formal employment, spend much of their adulthood in unpaid care

roles and therefore enter old age with fewer financial assets than men (Schatz & Seeley, 2015). These individual disadvantages reflect structural factors such as patriarchy, racial and ethnic marginalisation and urban–rural disparities. Without intervention, gaps in wellbeing between groups (e.g., men and women, urban and rural elders, high and low socio-economic status) are likely to widen with age.

2.3 Contextualising cumulative disadvantage in sub-Saharan Africa

While life-course and CAD theories provide a general framework, their manifestation in SSA is shaped by unique historical, cultural and structural factors:

Historical legacies. Older cohorts in SSA have lived through colonial rule, independence and post-colonial restructuring. Colonial policies limited education for the African majority and skewed labour markets toward extractive industries, creating long-term educational and occupational disadvantages (Aboderin & Beard, 2015). Structural adjustment programmes in the 1980s–1990s led to public-sector retrenchment and undermined job security, affecting mid-life employment and pension prospects. The HIV/AIDS epidemic imposed caregiving burdens on many adults who are now elders (Skovdal et al., 2011). These historical shocks can alter life trajectories in ways not captured by Western CAD models.

Informal economy and labour trajectories. In most SSA countries a large share of the workforce operates in the informal sector, which provides no pensions, health insurance or stable income. People who spend their lives in informal work accumulate little savings and often have to continue working or rely on family support in old age. Formal employment, by contrast, is limited to a small minority and confers access to retirement benefits. The absence of universal social security means that life-course earnings translate directly into old-age income security (He et al., 2020).

Cultural norms and family systems. African societies traditionally emphasise filial piety and intergenerational reciprocity; adult children are expected to support elderly parents (Aboderin, 2004). However, migration, urbanisation and economic hardship have eroded the availability of kin support, leaving many elders without reliable family assistance. Conversely, older adults often continue to provide care for grandchildren or sick relatives, especially in the

context of HIV/AIDS, which can exacerbate their own economic and health challenges (Schatz & Seeley, 2015).

Structural inequalities. Rural areas generally have fewer schools, clinics and economic opportunities than urban centres, leading to cumulative rural disadvantage. Gender, ethnicity and class intersect with geography: an uneducated rural woman faces layers of disadvantage that accumulate over time. Policies such as apartheid in South Africa created lifetime inequalities that persist among today's elders.

These contextual factors underscore the need to contextualise life-course and CAD theories for SSA and to consider family and community dynamics as mediating pathways of disadvantage. Figure 1 (below) summarises the conceptual model linking early-life exposures, mid-life factors, contextual influences and later-life outcomes.

3. Methods

3.1 Review framework

The review followed the scoping methodology of Arksey and O'Malley (2005) with enhancements by Levac et al. (2010) and adhered to the PRISMA-ScR guidelines (Tricco et al., 2018). A protocol was developed a priori specifying objectives, inclusion criteria and search strategies. Six stages were conducted: (1) identifying the research question; (2) searching for relevant studies; (3) selecting studies; (4) charting data; (5) collating, summarising and reporting results; and (6) consulting experts. Because scoping reviews aim to map the literature rather than evaluate the quality of individual studies, no formal critical appraisal was undertaken, although methodological limitations were noted.

3.2 Eligibility criteria

Studies were selected based on the population, concept and context (PCC) framework. Table 1 summarises the inclusion and exclusion criteria.

Criterion	Inclusion	Exclusion
Population	Adults aged ≥ 50 or ≥ 60 years from sub-Saharan Africa. Studies of community-dwelling or institutionalised elders, or research using life-history data on ageing.	Studies outside SSA, or those focusing solely on children, youth or middle-aged adults without linking to later life. Migration/diaspora studies were excluded

Criterion	Inclusion	Exclusion
		unless they analysed the life course in SSA.
Concept	Cumulative social and/or economic disadvantage over the life course and its effects on late-life outcomes. Included studies explicitly invoking life-course or cumulative disadvantage theories and studies examining life-time factors (education, poverty, work history) in relation to older-age outcomes (health, economic status, wellbeing).	Studies focusing solely on biomedical outcomes without social or economic determinants. Studies on ageing that examined only current status without any life-course variables were excluded.
Context	Any setting within SSA (rural, urban, institutional). Both single-country and multi-country analyses were eligible.	Studies on African-origin populations outside Africa and studies from North Africa were excluded.
Evidence type	Empirical research (quantitative, qualitative or mixed methods), theoretical papers, literature reviews and policy analyses with data. Grey literature was considered if it contained relevant empirical evidence.	Commentaries, opinion pieces and non-English publications were excluded.
Time frame	Publications from 1990 to mid-2025 to capture contemporary ageing research and the period after major economic reforms and the HIV/AIDS epidemic.	Studies published before 1990 were excluded due to limited relevance to current cohorts.

3.3 Information sources and search strategy

Electronic searches were conducted in PubMed, Scopus, Web of Science, PsycINFO, Sociological Abstracts, CINAHL/SocINDEX, African Journals Online (AJOL) and Global Health. Keywords and controlled vocabulary terms combined concepts related to the life course (“life course,” “cumulative disadvantage,” “trajectory,” “lifelong poverty,” etc.), ageing (“older adults,” “ageing”), and SSA (country names, “Africa south of the Sahara”). The search strategy was adapted to each database. Additional sources were identified through Google Scholar (first 200 results), reference lists of relevant articles and citation tracking of seminal papers (e.g. Elder, Dannefer, Ferraro). Grey literature (e.g., WHO, HelpAge International, UN reports) was searched for empirical data. Searches were initially performed in January–February 2025 with an update in June 2025 to capture in-press articles.

3.4 Study Selection

All retrieved records were imported into a reference manager, and duplicates were removed. I independently screened the titles and abstracts of all studies using the predefined inclusion criteria. Records deemed potentially relevant were subjected to full-text review. During this process, I documented reasons for exclusion at the full-text stage to ensure transparency. The overall screening and selection process is illustrated in the PRISMA flow diagram (Figure 1).

3.5 Data Charting

I developed and piloted a data extraction form to capture relevant information, including bibliographic details, country setting, study design and methodology, research aims, life course concepts (explicit or implicit), types of disadvantage examined, key outcomes, main findings, theoretical or policy implications, and funding sources. I extracted data from all included studies and synthesized the information narratively and thematically to identify recurring patterns and conceptual insights.

3.6 Collating, Summarising, and Reporting Results

I summarized the characteristics of the included studies descriptively by year, country, and methodological approach. Using inductive thematic analysis, I synthesized conceptual findings and developed overarching themes related to the determinants, pathways, and outcomes of cumulative disadvantage. Themes were refined iteratively to capture nuanced relationships among life course exposures, contextual factors, and later-life outcomes. Finally, I constructed a conceptual map to visually represent how cumulative social and economic disadvantages interact across the life course to shape ageing experiences in sub-Saharan Africa.

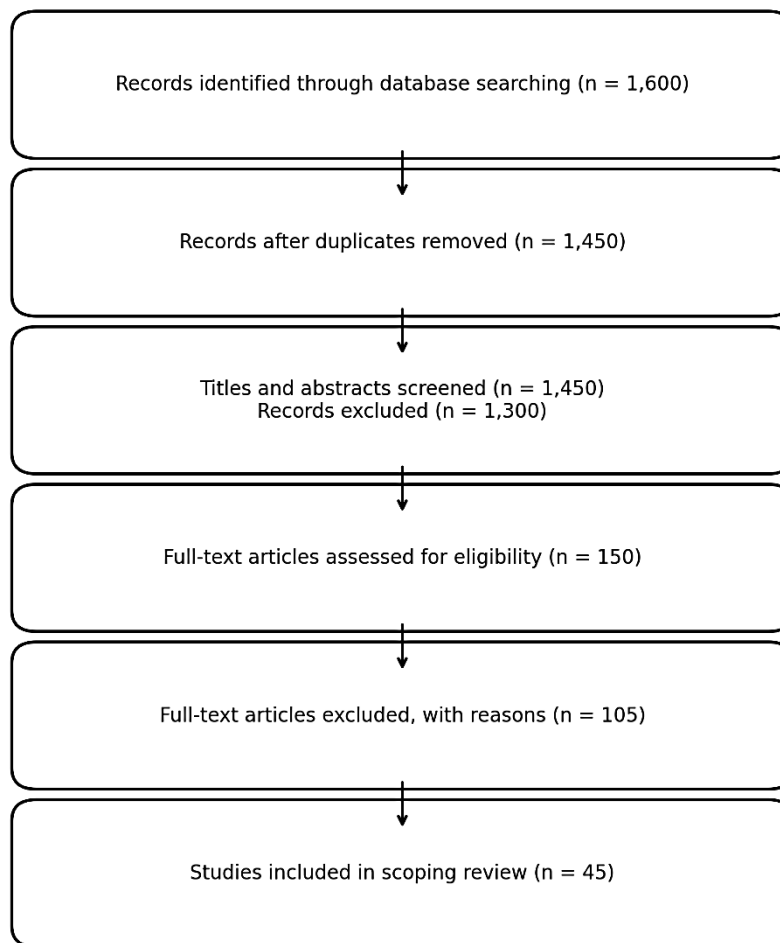
4. Results

4.1 Study selection and characteristics

The search yielded approximately 1,600 records. After removing duplicates, 1,450 titles and abstracts were screened; 1,300 were excluded as clearly irrelevant. One hundred and fifty full texts were assessed for eligibility, and 45 studies met the inclusion criteria. Figure 1 depicts the screening process, and Table 2 summarises selected examples of included studies. The included studies spanned 1999–2025, with more than half published after 2015, reflecting growing interest in life-course approaches to ageing in SSA. Eighteen countries were

represented, though unevenly: South Africa, Kenya, Ghana, Nigeria and Uganda were most frequently studied, while Central African and Sahelian contexts were under-represented.

Figure 1: PRISM Flow Chart



About one-third of the studies were quantitative (mostly cross-sectional surveys or secondary analyses of existing data), another third qualitative (interviews, focus groups, ethnographies) and the remainder reviews or mixed-methods. Only a few longitudinal studies were found, reflecting the scarcity of long-term ageing datasets in SSA. Approximately one-quarter explicitly cited life-course or cumulative disadvantage theory; the rest examined life-course variables without naming the framework.

Table 2 – Examples of included studies

Study	Country/Setting	Design	Focus
Mudege & Ezech (2009)	Kenya (Nairobi slums)	Qualitative	Survival strategies; gendered poverty
Aboderin (2004)	Ghana (urban)	Qualitative case	Decline in family support
Schatz & Seeley (2015)	East & Southern Africa	Literature review	Gender, ageing & care work
Aremu et al. (2025)	SSA (general)	Theoretical review	Structural inequalities
Bosu et al. (2019)	Africa (multi-country)	Systematic review	Hypertension determinants
Ake & van der Wielen (2020)	Ghana	Policy analysis	NHIS old-age exemption
Ani et al. (2023)	Nigeria	Qualitative	Disability perceptions
Moore & Mutambudzi (2018)	South Africa	Longitudinal	SES & cognitive outcomes

4.2 Thematic results

Six major themes emerged from the synthesis, illustrating how disadvantages accumulate across the life course to shape later-life outcomes in SSA.

4.2.1 Early-life conditions and education

Many studies linked childhood socio-economic status and educational attainment to health and economic outcomes in later life. Older adults with limited or no schooling had higher rates of functional disability and poorer self-rated health than those who completed primary or secondary education (Bosu et al., 2019). Qualitative accounts often traced disadvantage back to youth: older people attributed current poverty to having been unable to attend school or having to work from a young age (Mudege & Ezech, 2009). Gender disparities in educational access (boys were often prioritised over girls) mean that women in today's older cohorts are more likely to be illiterate and to have held informal, unpaid roles, contributing to greater old-age poverty and worse health (Schatz & Seeley, 2015). These findings underscore the “long arm” of childhood disadvantage and its enduring impact.

4.2.2 Employment trajectories and economic security

Life-course employment patterns strongly influenced economic security in old age. Individuals who spent most of their working lives in informal, low-wage or agricultural work

lacked pensions and accumulated little savings, resulting in high poverty rates among older farmers and labourers. Studies from rural Kenya showed that elders who were smallholder farmers without supplementary income relied on subsistence well into their seventies, whereas those with formal employment histories (e.g., retired teachers) benefitted from modest pensions and better housing (Ake & van der Wielen, 2020). Less than one-fourth of older adults above the statutory pension age in SSA are covered by a pension (He et al., 2020), meaning that life-course earnings translate directly into old-age income security. Consequently, many elders continue to participate in the labour force out of necessity rather than choice. Mid-life shocks—such as job losses during structural adjustment programmes or conflicts—were shown to have lasting repercussions on later-life poverty.

4.2.3 Gendered life-course experiences

Gender emerged as a pervasive axis of cumulative disadvantage. Older women were consistently more likely than men to be widowed, poor and excluded from formal protection systems (Schatz & Seeley, 2015). Lower educational attainment, concentration in unpaid or informal work, early marriage and high parity limited women's ability to build assets. Widowhood often precipitated economic hardship when women lacked inheritance rights or were dispossessed of property (Aboderin, 2004). Women also bore disproportionate caregiving burdens across their lives, caring for children, grandchildren and sick relatives, which reduced opportunities for paid work and savings. While some men also faced disadvantage, particularly those with unstable work histories or multiple marriages, gender norms generally amplified women's cumulative disadvantage.

4.2.4 Health and wellbeing outcomes

Studies consistently demonstrated that cumulative socio-economic disadvantage was associated with poorer physical and mental health in old age. A life-course disadvantage index combining education, lifetime poverty and housing quality was correlated with higher odds of multimorbidity among adults aged 50 and over in Botswana (Bosu et al., 2019). Older people who reported childhood hunger or illness had higher rates of chronic diseases such as hypertension and diabetes. Mental health outcomes also reflected life-course disadvantage: elders who experienced major life traumas (e.g., conflict, displacement) or long-term financial insecurity were more likely to suffer depression. Differences in hypertension prevalence between

high and low socio-economic groups widened with age, suggesting that disadvantage compounds over time. Protective factors included sustained social support and stable marriage; elders embedded in strong kin or community networks often reported better mental wellbeing despite material poverty.

4.2.5 Social support, family structure and intergenerational exchanges

Family and social relationships played a critical role in mediating the effects of cumulative disadvantage. Traditional norms of filial responsibility meant that elders often relied on adult children, but support was not guaranteed, particularly when younger generations faced their own economic struggles or migrated away (Aboderin, 2004). Elders who had invested in educating their children sometimes benefited from reverse transfers, while childless or estranged elders faced “social poverty” regardless of material wealth. HIV/AIDS and other crises produced “skipped generation” households in which grandparents raised grandchildren, creating both burdens and a sense of purpose. Community groups and faith-based networks provided supplementary support and fostered resilience among elders, though their reach was limited.

4.2.6 Structural and policy factors

Macro-level policies and structural conditions strongly shaped the accumulation of advantage or disadvantage. Until recently, formal social protection for older people was scarce in SSA. Countries with social pensions (e.g., South Africa, Namibia, Botswana) showed reductions in old-age poverty and positive spill-over effects on grandchildren’s wellbeing, suggesting that cash transfers can mitigate life-course disadvantages. However, pensions reach only a small minority of elders because eligibility is tied to formal employment or means-testing (He et al., 2020). Health policies such as Ghana’s National Health Insurance Scheme exemption for elders were found to have limited impact because many older adults never enrolled when younger and continue to face indirect costs (Ake & van der Wielen, 2020). Historical legacies (e.g., apartheid) and social inequalities continue to shape divergent trajectories among today’s elders. Collectively, the evidence indicates that strong social protection systems, universal health coverage and gender-equitable policies are needed to interrupt cumulative disadvantage.

5. Discussion

5.1 Summary of key findings

This scoping review synthesises evidence on how social and economic disadvantage accumulates over the life course to influence the wellbeing of older adults in SSA. The literature reveals that later-life inequalities are deeply rooted in early-life and mid-life experiences. Childhood poverty and limited education restrict human capital formation, leading to informal work trajectories, low earnings and absence of pensions. These disadvantages compound across decades, resulting in high rates of poverty, ill-health and social isolation in old age. Gender and geography are powerful stratifiers: women and rural residents consistently face greater cumulative disadvantage. Despite heterogeneity across countries and communities, the overarching pattern is one of compounding inequity.

5.2 Theoretical insights

The findings largely support cumulative disadvantage theory: initial advantages (e.g., education, formal employment) lead to accumulating benefits, whereas initial disadvantages yield mounting deficits. However, the SSA context introduces nuances. Life trajectories are often disrupted by historical events such as colonialism, structural adjustment or conflict, suggesting that CAD models must account for macro-level shocks and non-linear pathways. The centrality of extended families and “linked lives” in African societies implies that an individual’s life course cannot be understood in isolation; family and community networks can both mitigate and magnify disadvantage. Western measures of socio-economic status may not fully capture African realities; land ownership, livestock and kin networks may be more relevant indicators than income alone. Concepts of resilience and non-material assets (e.g., social capital, spirituality) should be integrated into life-course analyses to explain why some individuals maintain wellbeing despite cumulative disadvantage.

5.3 Policy and practice implications

Addressing cumulative disadvantage requires interventions across the life course. Investments in early-life nutrition, universal education (particularly for girls) and decent employment opportunities will reduce the downstream burden of poverty and ill-health. Expanding non-contributory social pensions and universal health coverage can provide

immediate relief for today's elders and prevent further accumulation of disadvantage. Policies must recognise unpaid care work and ensure that widows and informal workers have legal rights to assets and social protection. Integrated services that support older caregivers and strengthen intergenerational solidarity are essential. At the macro level, ageing should be integrated into national development plans; frameworks such as the African Union's Protocol on the Rights of Older Persons can guide policy. Ultimately, a life-course perspective encourages multisectoral collaboration to prevent and redress inequalities across generations.

5.4 Gaps and future research

Despite growing literature, significant gaps remain. Longitudinal studies tracking individuals from early life into old age are scarce, limiting our ability to observe causal pathways and timing of divergence. Intersectional analyses exploring how gender, class, ethnicity and geography interact to produce unique life trajectories are needed. Qualitative research that centres older adults' narratives can illuminate resilience and coping strategies often overlooked in quantitative studies. Under-studied populations (such as institutionalised elders, displaced persons and the oldest-old) deserve attention. Comparative research across different SSA countries and across regions can elucidate how policy regimes shape cumulative disadvantage. Finally, evaluations of interventions (e.g., social pensions) using a life-course lens will strengthen evidence for policy.

5.5 Limitations of the review

This scoping review has limitations. It included only English-language publications and primarily peer-reviewed literature, potentially overlooking relevant French- or Portuguese-language research and grey literature. I did not appraise the methodological quality of included studies, so findings should be interpreted as indicative rather than conclusive. Cross-sectional designs predominated, restricting causal inference. Definitions of "older adult" and "disadvantage" varied across studies, complicating synthesis. Finally, the review focused on studies published from 1990 to mid-2025; earlier research and future developments lie beyond its scope.

6. Conclusion

Sub-Saharan Africa is experiencing rapid population ageing amid persistent inequalities. This review shows that later-life poverty, ill-health and social vulnerability are the culmination of cumulative social and economic disadvantages rooted in childhood and reinforced over decades. Policies aimed solely at old age will be insufficient unless they are accompanied by investments across the life course; educating girls, creating decent work, ensuring gender equity and providing universal social protection. Recognising the interdependence of life stages and generations is key to fostering sustainable, equitable ageing. As Africa moves toward the goals of the African Union's Agenda 2063 and the UN Decade of Healthy Ageing, adopting a life-course perspective will help break cycles of disadvantage and promote intergenerational solidarity.

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