
**SITUATION AND CONDITIONS OF ACCESSIBILITY OF POOR ELDERLY PEOPLE
TO HEALTH CARE AND BASIC SOCIAL SERVICES IN MALI**

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<https://doi.org/10.35410/IJAEB.2023.5866>

ABSTRACT

The care of the elderly in need is a topical issue today. As a result of the consequences of scientific progress, Most of the elderly are destitute seems to be facing difficulties in accessing basic needs. This study, whose main objective is to contribute to the implementation and application of support policies for the elderly in need, took place in the first five regions of Mali and in the District of Bamako. It involved 1200 destitute elderly people and heads of certain institutions in charge of managing support for the elderly. The results obtained showed that 3% of respondents said they could not take care of themselves, 83% were not affiliated with social networks, 98% said they needed help on a daily basis, 73% had an annual income of less than 200,000 FCFA and finally 71% said they were unaware of the existence of the priority card. This study highlighted the lack of social protection for the elderly in need and calls for more policy interventions.

Keywords: Elderly, Ageing, Care, Social Protection, Assistance.

1. INTRODUCTION

The care of the elderly in need is increasingly becoming a topical national issue (Dia et al., 2022). For a long time, traditional societies paid a lot of attention to the elderly, giving them a prominent place in the organization of the social fabric. The repercussions of changes in traditional social protection systems appear to have an impact on the most vulnerable segments of the population, including the elderly (Locoh, 1995). The phenomenon of mass impoverishment, exacerbated by the phenomenon of longer life expectancy, seems to be a new situation with which governments will be confronted (Locoh, 1995; Dia et al., 2022).

According to Golaz (2022), the underlying factors related to the inadequacy of social protection systems and social changes underpinning accelerated ageing (Golaz, 2022).

An increasing trend in the number of people aged 60 and over in the world, thus, increases this population from 590,000,000 to 2,000,000,000 by 2050 (WHO, 2022). Moreover, in Africa, the over-60s represent about 5% of the total population and are expected to quadruple in Africa between 2010 and 2050, from 56 to 215 million, almost the same number as in Europe (241 million). In Mali, analyses show an upward trend in the elderly population, 4.6% in 2006, according to estimates in a World Bank report (Ouane and Tangara, 2012).

While the numbers of the elderly population are growing over time, demographic indicators show that their living situations and conditions seem to be deteriorating (Castel, 2011; Dia et al., 2022).

Mali, in harmonization with international legal laws in favour of the elderly, has adopted legal instruments to support the elderly: the adoption of Decree No. 95-368/P-RM of 13 October 1995 on a system of remuneration for services for the elderly within State diagnostic, care and hospitalization structures. In addition, the institutionalization in 1995 of the month of solidarity and the fight against exclusion in Mali; the establishment of the National Council for the Elderly (CNPAM) in 1996 and; the adoption of Law No. 038 of 20 July 1998, creating the Institute for Research Studies in Geronto-Geriatrics, Maison des Aïnés (PDDSS, 2014).

Despite the adoption of all these provisions and regulations and several actions and interventions in favor of the elderly, their access to basic needs seems limited on a daily basis, especially for those living outside the capital. It is in this perspective that a study seemed appropriate in order to identify the barriers faced by disadvantaged elderly people in their care and to what extent these obstacles can be solved. The main objective of this research work is to contribute to the improvement of the situation and living conditions of the elderly in need. It is specifically aimed at to be aroused the implementation of policies to support the elderly as well to identify social protection floors by public authorities to facilitate access to goods in the regions of the elderly poor.

2. MATERIALS AND METHODS

Based on the conceptual framework and taking into account the geographical diversity, we hypothesized that there are inequalities and disparities in accessibility in the care of the elderly. All of which led us to do this study in Kayes, Koulikoro, Sikasso, Ségou, Mopti and the District of Bamako in Mali. It is a study conducted by the Institute for Studies and Research in Geronto-Geriatrics, Maison des Aïnés (IERGGE-MA). The study initially carried out a desk search of documents and registers of basic services in the field of social welfare and gerontology. As for the second stage, fieldwork consisted of field work during which data collection was collected in the field. It consisted of individual interviews, the administration of semi-structured questionnaires by the survey teams in all the regions concerned and in the District of Bamako. For the sake of efficiency, multidisciplinary survey teams composed of members of the National Institute of Statistics (INSTAT) and those of the IERGG-MA were responsible for collecting the information.

The information collected concerned socio-demographic characteristics, income status, health status and the functioning of the intergenerational chain. The approach used focused on the main problems of each site and what made it possible to identify the main barriers and difficulties of access related to goods and services faced by older persons.

Sampling: The data are taken from the database of the National Institute of Statistics (INSTAT) in 2014. A total of 1200 elderly people took part in this study in the five regions mentioned above and the District of Bamako.

Data processing: For the sake of efficiency, the data was entered into an EXCEL software and processed at the SPSS. The Enumeration Sections (SEs) were used as a sampling frame and made it possible to draw 10 households within the selected SEs.

Duration: This study took place over a period of 6 months.

Study Framework: The case study focused on the first five regions and the Bamako District of Mali. Mali is a Sahelo-Saharan country located in sub-Saharan Africa, which covers an area of 1,241,231 km². The five regions concerned are Kayes, namely Koulikoro, Ségou, Sikasso, Mopti and the District of Bamako. Due to safety concerns, northern regions were not included in this study. It would be good to get acquainted with the space where the research could still be carried out.

Kayes Region is the first administrative region of Mali. It covers an area of 120,760 km² and its capital is the city of Kayes. It is made up of 7 circles and has 129 municipalities, of which 12 are urban and 117 rural. In terms of health, the region has one hospital, 7 referral health centres and 199 functional CSCOMs and the service utilization rate is 0.34%.

Koulikoro **Region** is the second largest administrative region in Mali. It stretches over 90,120km. This region lacks hospital infrastructure, it has 7 referral health centres and 184 CSCOMs.

Sikasso **Region** is the 3rd region and located in the extreme south of Mali. It is home to 1 hospital, 7 CSREFs and 208 CSCOMs.

Ségou Region, covers an area of 60,917 km². It has 188 CSCOMs, 8 CSREFs and a hospital, about 50% of its population live 5 km from a CSCOM. Malaria remains the most dominant disease.

Mopti region is the fifth largest region in the country with an area of 79,067 km². Today, it consists of: 1 hospital, 8 CSREF and 151 functional CSCOMs, 10 private structures, 3 parapublic structures and 2 faith-based health centers.

District of Bamako, it covers an area of 239 km². It is currently facing the consequences of social and economic transformations linked to accelerated urbanization and industrialization since the country's independence. The District of Bamako is currently home to more than 55% of the total urban population and 12.5% of the country's total population. It is both the nest of many elderly people who have fallen into decay in search of easy housing and a refuge for the unemployed. It is a pocket conducive to insalubrity, sickness and begging, etc. Indeed, the apparent prosperity of the district attracted thousands of rural people, including elderly people who were mainly engaged in begging.

However, the district of Bamako is the most affluent of the other regions of the country, relatively better equipped with health infrastructure than the regions previously presented. There are 4 3rd referral hospitals, 6 CSREF, and 57 CSCOMs.

After reviewing all the sites of the study, one observation is made, it is related to the weakness of health and social development service structures both in the regions and in the District of Bamako. Also, human resources for the care of the elderly is on the agenda due to the absence of geriatric structures in the study settings.

3. RESULTS

Socio-demographic characteristics of respondents

This section describes the socio-demographic characteristics of the following respondents: gender, age, marital status, religion, ethnicity, level of education, number of elderly people living in the household, occupation, etc.

We first present the distribution of the surveyed population according to their place of residence. The percentage of males (66%) is higher than that of females (34%) in all regions of Mali.

(7.1.2) Age

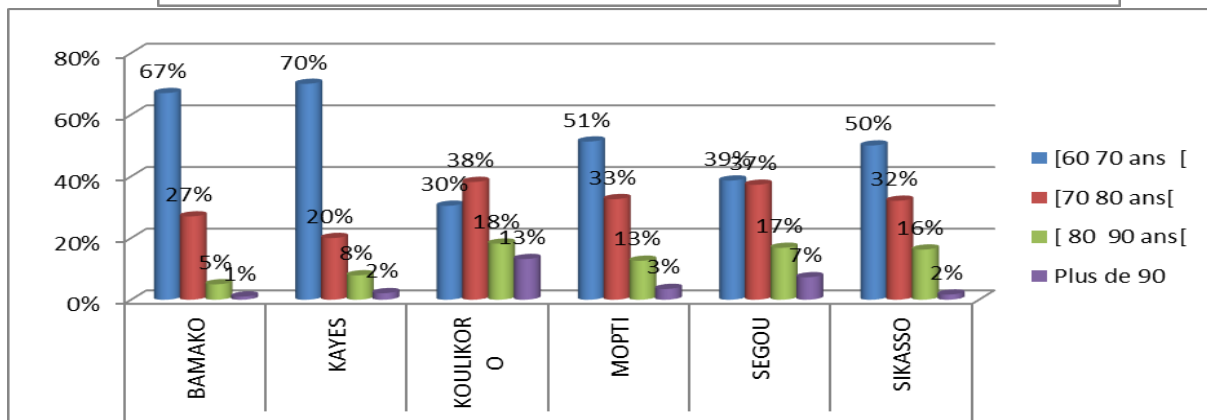
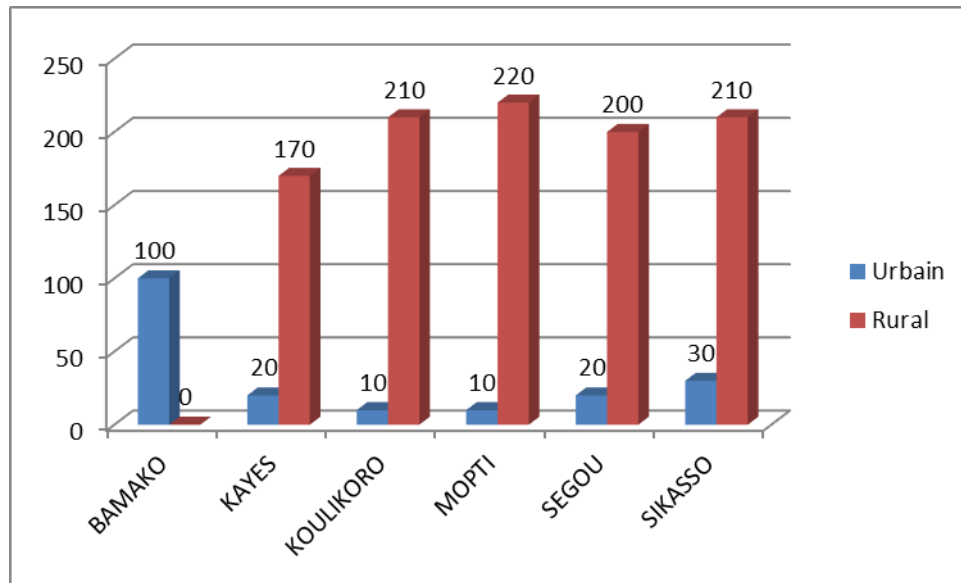


Figure 1: Distribution of respondents by age

The average age was 71.33 years, which is well above the life expectancy in Mali which is 54.94 years (World Bank Report). There is a difference of 16.39 years between the two.

Educational attainment

Table 1: Distribution of Seniors by Educational Attainment

Educational attainment		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Primary	Actual	23	6	15	16	34	16	110
	%	23%	3%	7%	7%	15%	7%	9%
Secondary	Actual	7	1	3	1	17	5	34
	%	7%	1%	1%	00%	8%	2%	3%
Upper	Actual	0	0	0	0	2	2	4
	%	00%	00%	00%	00%	1%	1%	00%
Literacy	Actual	4	2	13	3	0	3	25
	%	4%	1%	6%	1%	00%	1%	2%
Not attending school	Actual	50	174	123	147	115	202	811
	%	50%	92%	56%	64%	52%	84%	68%
Madrasah/Quranic School	Actual	16	7	66	63	52	12	216
	%	16%	4%	30%	27%	24%	5%	18%
Total		100	190	220	230	220	240	1200

This table highlights the fact that older people do not attend school, i.e. more than 68%. This is due to the fact that there were not enough schools in the pre-colonial and colonial periods, as many of the respondents were born around these times. However, 18% of the elderly attended madrasas or Koranic schools. The percentage of students attending Koranic schools is high in the regions of Koulikoro (30%), Mopti (27%) and Ségou (24%). There are also 0% of respondents who did not reach the upper level, compared to 3% for the secondary school.

Awareness of the existence of the priority card

Table 9: Distribution of respondents according to knowledge of the priority map

Are you aware of the existence of the priority card?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	Actual	40	41	41	18	102	107	349
	%	40%	22%	19%	8%	46%	45%	29%
No	Actual	60	149	179	212	118	133	851
	%	60%	78%	81%	92%	54%	55%	71%
Total		100	190	220	230	220	240	1200

The majority of respondents are not aware of the existence of the priority card (71%); this is the same in all regions such as in the district of Bamako, but there is a high rate in the region of Mopti.

Working life status

Table 2: Distribution of the Surveyed Population by Labour Force Status

What is your situation in working life?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
	ActiveOccupied	26%	71%	37%	62%	46%	47%	50%
	Unemployed	3%	1%	1%	0%	1%	0%	1%
	Inactive	68%	28%	60%	38%	52%	53%	49%
	Other (specify)	3%	1%	2%	0%	0%	0%	1%
Total		100	190	220	230	220	240	1200

Through this table, we see that the most numerous people in employment (50%) are followed by the inactive and the unemployed. Among the active population, Kayes has the highest rate.

Sources of income

Income is an important variable to observe because it determines the potential of the people concerned and their ability to meet the expenses related to the satisfaction of their basic needs. In this study, the income variable allowed us to collect information on the activities carried out

by the target groups and the ways and means through which older people resort to their material and financial care and sometimes to meet the expenses inherent in their family responsibilities.

Table 3: Distribution of Annual Income by Place of Residence

Annual income in FCFA		Middle		Total
		Urban	Rural	
[0 - 200 000 [86	734	820
%		45	73	68
[200 000 - 400 000 [49	134	183
%		26	13	15
[400 000 - 600 000 [21	49	70
%		11	5	6
600,000 and over		34	93	127
%		18%	9%	11%
Total		190	1010	1200

For the sake of simplicity, we have grouped annual income into four brackets: less than 200,000 CFA francs, between 200,000 and 400,000 CFA francs, between 400,000 and 600,000 CFA francs, and more than 600,000 CFA francs.

Overall, 68 per cent of the total elderly have an annual income (from all sources) of less than CFAF 200,000. This number is dominated by rural dwellers (73% of the total).

As incomes increase, the proportion of rural dwellers decreases. For example, in the 600,000 CFA francs and over class, which generally accounts for 11 per cent of the total, 9 per cent are rural and 18 per cent urban.

The main source of income for APs is the sale of products (in terms of the number of people they employ). The sources of income of APs are quite diverse: sales of agricultural products, retirement pensions, cash transfers, in-kind donations, etc. On average, it employs 36% of the total number of respondents. This activity is relatively much more practiced in some regions than in others: 59% in Kayes, 45% in Sikasso, 37% in Mopti and 34% in Ségou. Bamako and Koulikoro come in last place with 10% and 19% respectively. The predominance of agricultural activities in the sources of income can be explained by the fact that the majority of respondents lived in rural areas where agriculture is the main activity.

Parental cash transfers are the third largest source of income for the elderly surveyed, accounting for 22% of the total total. They are by far the main source in the Koulikoro region with 63% of the total.

The distribution of income for the elderly people surveyed who had to work in small businesses and the public and semi-public sectors shows that the majority of them have relatively low annual incomes.

Are there any family members who help you materially and/or financially?	Region							Total
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO		
Yes	64%	86%	85%	83%	94%	93%	86%	
No	36%	14%	15%	17%	6%	7%	14%	
Total	100	190	220	230	220	240	1200	

In the course of this survey, 86% of APs reported having received assistance (material and/or financial) from their family members. This practice was observed in all regions with the same magnitude except in Bamako, where 36% of PAs did not receive assistance from their families.

Support for grassroots structures

Table 4: Distribution of beneficiaries of aid from basic structures

Have you benefited from any actions or assistance intended for the elderly?	Region							Total
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO		
Yes	12%	14%	6%	7%	5%	5%	8%	
No	88%	86%	94%	93%	95%	95%	92%	
Total	100	190	220	230	220	240	1200	

We note that 92% of poor PAs do not receive aid from intervention structures. For the minority that receives this support, 94% do not know the identity of the structure that provides the aid.

Table 5: Distribution of respondents according to support or not by local groups

Do local self-help groups, national associations, faith groups help you in times of need?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	Actual	36	132	158	82	104	47	559
	%	36%	69%	72%	36%	47%	20%	47%
No	Actual	64	58	62	148	116	193	641
	%	64%	31%	28%	64%	53%	80%	53%
Total		100	190	220	230	220	240	1200

More than half of those surveyed (53%) do not receive any assistance at all when it comes to assistance in case of need. Koulikoro is the region with the lowest rate of non-aid.

Belonging to a social network or traditional social organization

Table 2: Distribution of respondents according to membership of a social network

Are you a member of a social network or traditional social organization?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	Actual	23	26	44	30	61	26	210
	%	23%	14%	20%	13%	28%	11%	18%
No	Actual	77	164	176	200	159	214	990
	%	77%	86%	80%	87%	72%	89%	83%
Total		100	190	220	230	220	240	1200

The table shows that more than half of the respondents (83%) are not members of a social network or traditional social organization. This rate is highest in the Sikasso region. And weak in the district of Bamako.

Beneficiary of a social protection scheme in the event of illness

A society in which traditional values and the emotional demands of family solidarity in the broad sense of the term are recognized, respected and applied by all its members is a collectivity in which not only the hierarchy between members of different generations is still alive, but also the privileged place and status of older persons because of their wisdom and experience. are favourably established.

Table 7: Distribution of beneficiaries of a social protection scheme in the event of sickness

Do you have a social protection scheme in case of illness?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	Actual	22	13	7	7	26	3	78
	%	22%	7%	3%	3%	12%	1%	7%
No	Actual	78	177	213	223	194	237	1122
	%	78%	93%	97%	97%	88%	99%	94%
Total		100	190	220	230	220	240	1200

More than half of the sample, 94%, do not benefit from a social protection scheme in the event of illness. This distribution is almost uniform across regions, with the exception of the district of Bamako, where 22 per cent of respondents benefit from a social protection scheme. This can be explained by the presence of this structure in the district.

Knowledge of social protection measures for the elderly

At the family level, intergenerational mutual aid involves men and women in a differentiated way according to their own backgrounds. The aim is to identify indicators of mutual aid, in order to perceive the extent to which families intervene to compensate for the shortcomings of the State, and how these mechanisms evolve.

Table 8: Distribution of respondents according to knowledge of social protection measures

Are you aware of social protection measures for the elderly?		Region						Total
		BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	Actual	26	17	4	14	21	58	140
	%	26%	9%	2%	6%	10%	24%	12%
No	Actual	74	173	216	216	199	182	1060
	%	74%	91%	98%	94%	90%	76%	88%
Total		100	190	220	230	220	240	1200

About 88% of people do not have knowledge about social protection measures for the elderly; this rate is high in the Koulikoro region and low in the Bamako district.

Table 30: Distribution of respondents according to the type of occupancy of a premises

What is the occupancy status of the premises in which you live?	Region					
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO
Are you a title owner?	11%	4%	14%	12%	18%	9%
Untitled Owner	24%	82%	50%	60%	63%	85%
Co-owner	24%	0%	4%	20%	3%	5%
Tenant	24%	1%	1%	4%	2%	0%
Lodged for free	16%	12%	30%	4%	0%	1%
Other	1%	2%	0%	0%	13%	0%
Total	100	190	220	230	220	240

The indicates that 85% of people live in untitled properties, compared to 9% of titled properties, while 5% are in condominiums, while 1% live for free. **Mobility of respondents** These are mainly the difficulties related to travel and the most frequent disabilities.

Table 13: Distribution of Respondents by Mobility Difficulties

Are you having difficulty getting around?	Region						Total
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO	
Yes	31%	35%	34%	36%	55%	59%	43%
No	69%	65%	66%	64%	45%	41%	57%
Total	100	190	220	230	220	240	1200

According to the table, we find that 57% of the people surveyed have difficulties in getting around; the district of Bamako has the largest population (69%).

Policies and Strategies

At the institutional level, the aim of health care and social protection systems is to contribute to the improvement of living and health conditions. They also help to avoid their social exclusion. The socio-cultural environment of older persons is also an important factor to be taken into consideration when understanding their socio-economic situation.

Table 11: Distribution of Recipients by Satisfaction with Policies and Strategies

Are you satisfied with the policies that have been implemented?	Region							Total
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO		
Yes	9%	24%	3%	3%	6%	9%	9%	
No	91%	76%	97%	97%	94%	91%	91%	
Total	100	190	220	230	220	240	1200	

With regard to the policies and strategies implemented in favor of the elderly for the satisfaction of the needs, 91% of the people do not like the policies and strategies of the structure.

Knowledge of the existence of a state structure in charge of old age issues called the "seniors' home"

Table 12: Respondents' Knowledge of the Seniors' Home

Are you aware of the Seniors' Home?	Regions							Total
	BAMAKO	KAYES	KOULIKORO	MOPTI	SEGOU	SIKASSO		
Yes	52%	10%	4%	4%	26%	32%	19%	
No	48%	90%	96%	96%	74%	68%	82%	
Total	100	190	220	230	220	240	1200	

82% of people are not aware of the existence of a state structure in charge of old age issues called "the house of the elderly" compared to 19% who are aware of the structure.

Interpretation of the data collected

In the course of the study, the phenomenon of difficulty in identifying age resurfaced: historical dates, social events and the age of classmates were used as references to estimate certain ages. The oldest person was a resident of the Koulikoro (Diola) region, his age was estimated to be 150 years. With regard to marital status, the proportion of elderly men is 66% compared to 34%. The difference observed between the two sexes in this study can be explained by social burdens, a first factor linked to the inferior status of women compared to men.

The analysis of data on marital status shows that polygamy is the dominant regime, with 39% of respondents compared to 33% monogamous. This situation can be explained by the fact that the Muslim religion tolerates polygamy and culturally celibacy is not tolerated by our society. Widows and widowers make up 26%. In addition to the socio-cultural advantages (social status) offered by the bonds of marriage, the majority of the poor married elderly (71.65%) benefit from natural social protection provided by the family in general.

With the emergence of situations of people living in celibacy, it would be desirable to think now about devising mechanisms to prevent more elderly people who are not in marital ties from being exposed to deprivation of means of subsistence.

On the spiritual level, Muslims occupy the most numerous stratum with a rate of 94%, for many elderly people the practice of religion is an activity that gives rhythm to life and contributes to their respectability. This is one of the reasons why many elderly people say they are members of a religious association belonging to the Muslim religion. Furthermore The vast majority of respondents are without any level of education, 68%. With regard to social and cultural life, 97% of the people covered by the survey say that their close friends and family are interested in them. This behaviour reflects Mali's centuries-old heritage, which has been influenced by several cultures, including those of the Muslim religion. Even if we often see more and more frequent exceptions. Supports local self-help groups, national associations, faith groups.

The income distribution shows that the majority of them have fairly low incomes. The average annual income of respondents whose main activity is agriculture was CFAF 246,152, compared to the minimum income of CFAF 2,500. Still with regard to the annual income of this group of the study, i.e. 403 people, the maximum income is 6,000,000 CFA francs, while the median has been established at 1,000,000 CFA francs. There is a correlation between annual resources and the satisfaction of needs.

For the categories of self-employed workers, who make up the majority of cases, retirement pensions do not exist. The formal retirement age is almost non-existent and most of them continue to work for as long as they are able. This leads the majority of destitute elderly people to work that is degrading for their age, or work that requires intense physical effort, such as agriculture and masonry, activities that have an impact on their health conditions.

More than half of the APs surveyed, i.e. 52% of the total, do not have any disability. This proportion is lower in Sikasso 30%. Also in Sikasso, 41% of PAs suffered from a visual impairment and 18% from a motor disability. We realized that many diseases appear with age, influencing the socio-economic situation of the elderly. Indeed, changes in the schedule linked to an upheaval due to a disabling illness, or to a decrease in activities or even physical decline, is a source of loss of earnings sometimes causing depression in some poor seniors.

Indeed, illness is not only the cause of a state of destitution but also a psychosocial situation. This variable is sometimes at the root of certain forms of discrimination against the elderly, especially those living in precarious situations in terms of employment, acquisition of technical and technological knowledge, and skills.

98% of respondents were supported. The findings show that from a certain age, the need for financial assistance and/or support for the execution of their daily activities becomes significant. There is little contrast between institutional data recorded at the level of guardianship services, communities and civil society organisations, and the census of poor older people. The one-off actions carried out during the Month of Solidarity do not extend to all strata of this population concerned.

The Sikasso region is the most in need of help or support, with a rate of 99%. Among all other regions. This high rate can be explained by the predominance of agriculture in the area. Unlike a fairly high number of older people who say they are not aware of the benefits given to older people by the government. It appears from the survey sheets compiled that there are a number of mechanisms for the identification and care of elderly people in need (these materials relate to the actions carried out in favour of the target groups mentioned in the administrative registers, the survey sheets at the level of the SDES, the certificate of indigence, and the priority card).

With regard to the structures and partners likely to support elderly people in distress, there is also a clear will on the part of the public authorities through the actions carried out by the Social Development and Solidarity Economy Services and the bodies of local authorities. However, the limited financial resources and the lack of professionalism of the structures in charge are problematic. Compared to the charitable actions and interventions developed by local NGOs, religious groups, and people of good will are very little counted in the registers of guardianship services.

However, in view of the questions raised by the research, with regard to the extent of support for the elderly in need, the bottlenecks remain the inadequacy and nature of the interventions planned by the public authorities. Secondly, there is a lack of communication, which hinders the access of beneficiaries to the aid programmes intended for them. At the Community level, organisations and associations provide a response to this situation, even if their contribution cannot meet the desired support.

4. DISCUSSIONS

This section discusses interpretations of the results and analyzes the links with our results and those of other studies in the field. The results highlight the low income level of most of them, as do those found by Pitcher (2020) who estimates that: *Family care for the elderly is disappearing in Africa. Workers are adopting the same behaviour as in Europe compared to their elders. The elderly person is no longer seen as a wise man but as a burden.*

Among those surveyed, the percentage of older males is overwhelmingly higher (66%), about double that of the opposite sex (34%), there is a significant gap between the two rates (32%). This is different from the result of the last population and housing census in 2009, which found 51% women against 49% men, and also different from the results of the Demographic and Health Surveys, which give a report of Masculinity of 98 per cent. Even though the results found from national surveys note a numerical superiority of women in Mali (EDSM-V, 2012-2013).

The differences observed between the sexes can also be explained by the fact that in our study it was not a census but rather a survey of heads of household. Generally, the heads of households are men. Again, this could be partly explained by the weight of social burdens, especially in the socio-cultural context of Mali where the functions of head of household are generally devolved to men rather than women.

At the matrimonial level, the data found show the predominance of the polygamous matrimonial regime (39%). That is 26% in this study is lower than 50.9% by another study carried out by the IERGG in 2008. *Although men also experience old age, which often excludes them from working society, ageing does not endanger their status, as is the case for women* (Cordonne, 2013). The discrepancy between the results could be explained by the predominance of the Muslim religion on the one hand. This is because the practitioners of this religion accept the patriarchal principles that endorse the domination and supremacy of men over women and, on the other hand, because of the influence of these beliefs could possibly explain the fact that the respondents give a privileged rank to men.

One of the implications of these discriminatory practices against women is that they become lonely in old age. This state of affairs should be reconsidered when planning actions in favour of the elderly in need. One of the characteristics of old age that has led many gerontologists and demographers to say that the face of old age is '*feminine*'.

Compared to income, our results showed that the main source of income is represented by agricultural activities, i.e. 36%, this result is much lower at 58.1% than that obtained by the study on *Factors limiting the socio-health care of the elderly in the first 5 regions of Mali and the district of Bamako*. (CODES, 2014). This observation shows the decline in the incomes of the elderly population through agriculture. One of the explanations may be due to the advanced age of the people concerned, the ageing of the abandonment of the elderly.

The increase in life expectancy is highlighted from the data found in this study, which includes theThe average age was 71.33 years, according to a World Bank report, well below 54.94 years (World Bank Report,.....). Our data showing that life expectancy is on the rise is in line with Seke's findings that this indicator is increasing globally: *Globally, life expectancy increased from 47 years in 1950-1955 to 65 years in 2000-2005 and is expected to reach 75 years in 2045-205.*(sekedesyg@yahoo.fr). *Always about Increasing life expectancy* Golaz et al show that: *The share of people aged 60 and over is expected to double in 20 to 30 years in the countries of the South, while this doubling took more than a hundred years in France, for example.*(Golaz et al, 2018). An analysis of all this information helps to shed light on the extent of the phenomenon of ageing in the world and more particularly in developing countries, hence the need to develop appropriate institutional measures.

In terms of the distribution of social networks and psychological support and goods, the results obtained show that the main support received by the elderly comes from their immediate environment, i.e. 98% compared to 67% in Senegal, the result of a study carried out by CREPOS. Moreover, it turns out that within this country, still in Senegal, disparities exist, while the social link between the elderly is 67% in urban areas compared to 85.7% in rural areas, figures that are close to that found in Mali (CREPOS, 2011).

In terms of access to the health and social development system, the results found highlight that older populations are affected by inequalities and disparities in social protection systems. It appears that 93% do not benefit from a social protection scheme, this rate is 99%

hence almost non-existent in Sikasso, this rate is roughly equal to that found i.e. 90% by another study carried out by the IERGG (CODES, 2011). Bamako is an exception to these rates, 78%. These results are always in line with the information of a research carried out in Senegal by a researcher, according to this study that only a part of elderly subjects benefit from a retirement pension and do not have sufficient financial resources to contribute to social protection schemes (Hanne, 2010).

With regard to innovative social protection floors, our study highlighted examples of the beginning of initiatives, actions and interventions to address some of the challenges of access to health care and the well-being of older persons (ILO, 2015). Among the cases reported, it is worth mentioning here the example of the implementation of the priority map, the institutionalization of the month of solidarity and other initiatives and interventions by public authorities efforts have been made in other countries, which is an initiative comparable in the context of our study to the implementation of the Sesame Plan in Senegal (Gueye, 2007).

Finally, with regard to the implementation and enforcement of institutional measures, only 29 per cent of APs are aware of the existence of the priority map and other mechanisms and strategies implemented in favour of people by the political authorities, data corroborated by the statements made by other researchers in the sub-region: *Social protection mechanisms for older persons are characterized by low coverage (Dimi, 2014)*. This is also illustrated by the observations of the International Labour Organization (ILO): *Coverage gaps are linked to significant underinvestment in social protection, particularly in Africa, Asia and the Arab States (ILO, 2017-2019)*.

5. CONCLUSION

The aim of this study was to analyse the problem of caring for poor elderly people in order to improve their socio-economic situation. At the end of the study, the data analysis first made it possible to identify the socio-demographic characteristics of the poor elderly, the majority of whom live in rural areas. It then revealed the difficulties in accessing goods and services related to their precarious incomes, the lack of communication and information for the elderly regarding their access to goods and services. Based on the actual data obtained during this study, it becomes possible to make projections on the impact of the aging process in both urban and rural areas.

While at first glance the indicators related to the density of social networks are high, particularly in rural areas, it appears that those reflecting effective access to well-being and access to health care are characterized by a very low level of performance. The fact remains that those in charge of dealing with the phenomenon of ageing do not seem to have taken into account the issues relating to the insufficiency of material and financial resources implemented to deal with the risks that society as a whole runs in view of the advancing age of the entire population. Therefore, will initiatives to address the challenge of healthy ageing be possible while it is not too late, as has been the case in many other areas?

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