



## Review

# Food insecurity among older persons in the Southern African Development Community: a scoping review

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## ABSTRACT

Despite the heterogenous challenges of growing older in low- and middle-income settings, there is a deficiency of research explicating food insecurity among older persons. Given rapid population ageing in Sub-Saharan Africa, alongside worsening deprivation, this paper offers an interrogation of existing evidence and exposes concomitant shortfalls in the knowledgebase. Scoping review methodology was employed using PRISMA Guidelines which systematically searched and screened three academic databases. At the global level, climate shifts and natural disasters, pandemics and epidemics such as Coronavirus-2019 and HIV/AIDS affect food insecurity. At a national level, food and welfare systems play a comparatively well-researched role in food insecurity among older persons. Community factors; levels of self-mobilisation or actions of civil society, and intrahousehold dynamics of kinship and associated resource distribution also proved important variables in determining food insecurity. Finally, demographic characteristics; age, marital status, gender, physical and cognitive abilities and coping mechanisms are discussed. In critical review, the work identifies two salient shortcomings in the understanding of food insecurity among older persons. One, extant research fails to account for path dependency, either within the lives of older persons, or socio-economic and political structures surrounding them. The findings, therefore, call for greater impetus upon the adoption of a life-course perspective. Two, scholars have failed to acknowledge older persons' role in shaping these structures and the food/welfare matrix at large. The work concludes by advocating for further theoretical development toward a comprehensive political economy of food insecurity, accounting for changes in the life-course of the individual, and the food, family and welfare systems in which they find themselves.

## 1. Background

Almost 29 % of the world's population experience moderate to severe food insecurity (FI) [1]. Stagnating economies and agricultural production, lacking investment and infrastructure, gender inequity, changing demography, climate shifts, and maladministration leave Southern Africa in particular threat of FI [2]. Exacerbated by economic repercussions of the Russo-Ukraine War and COVID-19 Pandemic [3], over 50 million people are FI within the Southern African Development Community (SADC) [4].

Concurrently, Sub-Saharan Africa is predicted to see the greatest increase in persons over 60 years from 60 million in 2025 to over 160 million in 2050 [5]. There is concern surrounding abilities of health/welfare systems to respond to the drastic demographic shift [6]. Older persons (OPs) may be particularly vulnerable to FI [7]. Despite the

heterogenous challenges concomitant with ageing in lower-resourced settings, there remains a paucity of literature concerning FI among OPs in Sub-Saharan Africa, with dominant concern for children [8].

Challenges pertinent to deprivation among OPs are affected by individual, household, community, national and global factors [9]. To the foremost, ageing may engender physical and psycho-social deterioration [10]; limiting human capital which may compromise food sufficiency [9]. Diet remains fundamental to healthy ageing [11]. However, FI is consistently associated with poor physical [12], and mental health [13].

OPs in Southern African often find themselves responsible for well-being of kin [8]. Phenomena such as pension sharing [14], and downward intergenerational food diffusion [15], have been documented. While intergenerational distribution of resources may enhance agency of OPs [16], familial obligation to share resources may engender intrahousehold conflict [17], and hinder OPs' ability to procure food [18].

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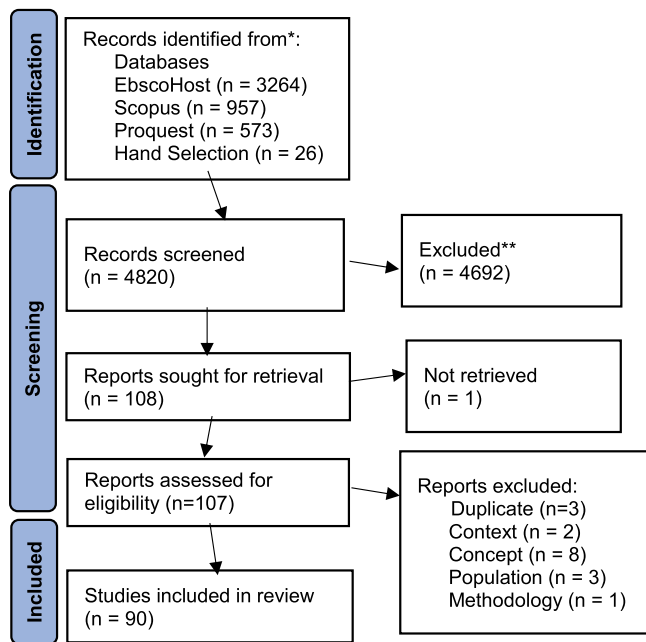


Fig. 1. Prisma flow chart.

Although SADC espouses the universal right to social security [19], reach of welfare systems differs across states. South Africa maintains a relatively expansive, means-tested non-contributory Older Persons Grant [17]; the same cannot be said for neighbouring Zimbabwe which has no such scheme [20]. In lacking social security, many OPs find relief through community organisations [21], receiving food from networks such as friends or neighbours [22], or potentially exploitative informal credit providers [23]. Thus, FI among OPs is influenced by factors at individual, household, community and wider political economic levels.

2. Aim

Objectives of scoping reviews are identification of academic lacunas, investigation of breadth of research, and clarification of concepts [24]. The purpose of this scoping review was to collate, synthesise and navigate existing insight regarding FI among OPs in SADC. It provides a bases of enquiry on which further research may build. It must be noted that prevalence of FI was not the scope or interest of this work. That has

been adeptly covered by Saha et al. (2021) in their systematic review. Unlike this review, Saha et al. (2021) considered only quantitative analyses between 2000 and 2021. Given their delineations, 22 studies were included in their work contrasted to the larger sample of 90 included in this review.

3. Conceptual framework/s

The social ecological approach focuses upon “progressive

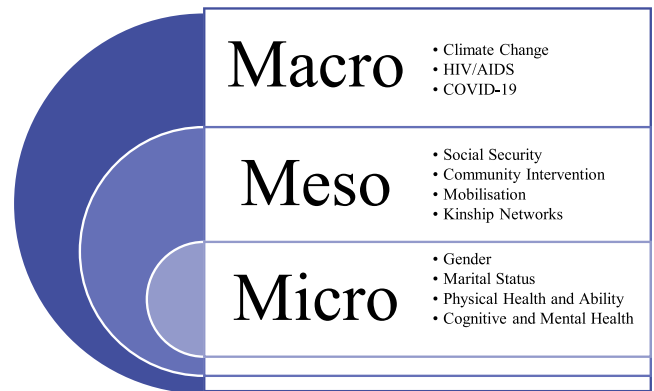


Fig. 3. Summary of findings.

Table 1 Eligibility criteria.

	Included	Excluded
<b>Time frame</b>	Published in and after official formation SADC (1992) until September 2024.	Published prior to formation of SADC (1992) or after September 2024.
<b>Region</b>	Pertaining to one or more of official SADC nation states as of September 2024.	Literature that does not consider nations not members of SADC as of September 2024.
<b>Language type</b>	Literature in English Grey or peer-review literature adopting quantitative, qualitative, or mixed-methods.	Languages other than English. Secondary scholarship and reviews.
<b>Population</b>	Pertaining to OPs as defined by the authors.	pertaining to other age classifications.
<b>Concept</b>	Reference to FI; including causes and consequences.	Literature without clear reference to FI.

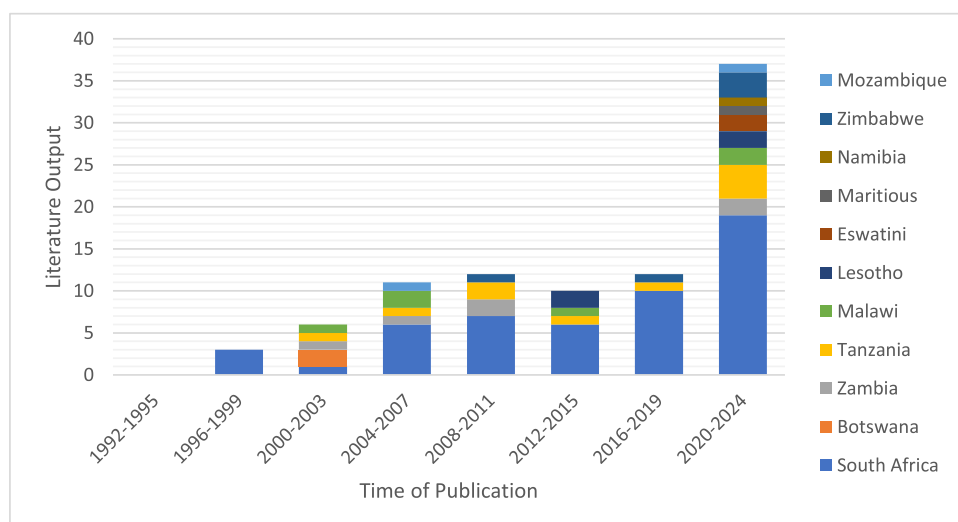


Fig. 2. Description of publication by time and place.

accommodation, throughout the life span, between the growing human organism and the changing environments in which it actually lives and grows" [25]. There is precedence for using such a framework in studying FI among OPs and in review of associated work [7,9]. Following delineation of population, concept, context, the social ecological model aided in informing a search strategy whereby causes, characteristics and consequences of FI may be identified at micro, *meso*, and macro levels. Given its impetus upon the 'life-span' a social ecological model is naturally undergirded by a life-course perspective. The author takes cognisance of the validity and relevance of a life-course perspective, and particularly, cumulative dis/advantage theory. Cumulative dis/advantage theory provides a valuable lens through which historical patterns of disenfranchisement affecting older persons and their families may be viewed. In brief, and according to Bengston and DeLiema [26] cumulative advantage/disadvantage theory offers a life-course perspective to better explain the consolidation of inequality and deprivation from birth and sustained in older age. Thus, the social ecological variables outlined are better understood in a their spatio-temporal context.

#### 4. Methodology

Scoping reviews offer greater transparency and reliability through rigid protocol and structured data extraction and presentation [27]. Given the transparency scoping reviews require, clear explication of research procedure is necessary [28]. Analysis was guided by the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) checklist in conjunction with Joanna Briggs Institute (JBI) guidelines on scoping reviews. EndNote version 21 was used as the reference management tool. Data extraction and analysis, specifically qualitative content analysis, was aided by recommendations from Pollock et al. [29].

##### 4.1. Population, concept, and context

Following these guidelines, the first undertaking was delineation of population, concept and context.

###### 4.1.1. Population

There is no definitive age which may be considered 'older' [7]. This research will show studies sampling 'older persons' included lower-bound age thresholds of 45 years [30]. To allow room for subjectivity, any population defined as 'older' by the primary researchers were included.

###### 4.1.2. Concept

Several instruments are adopted in determining 'food insecurity'. Nevertheless, I follow a most common understanding of FI in policy and scholarly discourse as the "lack [of] regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and/or lack of resources to obtain food" [31]. Malnutrition and poverty were considered as potential complimentary concepts to include but neither runs exclusively with FI [32,33].

###### 4.1.3. Context

SADC refers to several member states reaching from Democratic Republic of Congo to South Africa alongside surrounding islands. SADC seeks to "achieve economic development, peace and security, and growth, alleviate poverty, enhance standard and quality of life of the peoples of Southern Africa" [34]. Sates include Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

##### 4.2. Pilot search

Upon determining population, concept and context, a pilot search was conducted to refine an appropriate search strategy and string. This was done in consultation with an expert librarian at the University of Cape Town. An initial search was run across two databases (EbscoHost and ProQuest) during August 2024. Initial findings were shared with three subject experts in the social sciences and public health fields. Following, these subject experts acted as curators of the literature by scrutinising the relevance of works retrieved as well as identifying any missing literature or scholars which might be considered. Any disagreements were ultimately solved through discussion, however, the ultimate decision rested with the sole author.

##### 4.3. Final search string

("Older persons" OR "Older People" OR "Older adults" OR Elderly OR Elders OR Aged OR Geriatrics OR Ageing OR Aging OR Seniors) AND ("Food insecurity" OR "Food security" OR "Food poverty" OR "Food disparity" OR "Food insufficiency" OR Hunger OR Deprivation OR "household resources" OR "support networks" OR "care and caring" OR carer OR "care-giving" OR "long-term care") AND ("South Africa" OR Angola OR Botswana OR Comoros OR Congo OR Eswatini OR Lesotho OR Madagascar OR Malawi OR Mauritius OR Mozambique OR Namibia OR Seychelles OR Tanzania OR Zambia OR Zimbabwe).

##### 4.4. Selection, extraction and analysis

Titles and abstracts were screened and stored via EndNote (v21). With the automotive function of EndNote and self-screening, duplicates were removed. The database was consolidated by recommendations from three subject experts, bibliography screening and hand-selection. Data extraction was accomplished via Excel spreadsheets, available upon request, which included: author/s, year of publication, journal/source, title, objective/s, method/s, nations state/s, setting (rural, urban or *peri* rural/urban), defining age, key outcomes and domains. Again, three subject experts where consulted to ensure the this database was comprehensive.

##### 4.5. Limitations

Given this scoping review was authored independently, albeit with the input of subject experts curating the literature, there were limitations with respect to analysing literature in languages outside of English. However, the academic *lingua franca* in SADC is, to large extent, English and therefore it is unlikely that the omission of these studies would greatly impact results. Similarly, owing to constraints on time in this independent work, no further databases could be consulted. However, these three databases alongside hand selection ultimately offered a comprehensive retrieval of relevant work.

#### 5. Results

90 reports were garnered for analysis. EbscoHost offered 3264 results; Scopus, 957, and ProQuest, 573. Scanning and duplicate removal left 82 results; supplemented by hand-selection. 26 Reports where garnered through consultation with experts, hand selection, and citation checking. This left  $n = 108$  papers for full text scanning. 18 results were removed upon further analysis, either as a result of incorrect methodology, wrong context, concept or population, duplication or inaccessibility. Final results for qualitative content analysis  $n = 90$ .

##### 5.1. Geography

Five countries offered no work considering FI among OPs: Comoros, Seychelles, Angola, Democratic Republic of Congo, and Madagascar.

One study was garnered from Mauritius and Namibia; two from Eswatini, Botswana, and Mozambique, and six from Zambia and Malawi. Lesotho provided four analysable documents; Zimbabwe five and Tanzania 10. Two papers were multinational. South Africa has dominated literature on the topic with 52 papers for analysis. This dominance may result from several factors but likely due to greater research infrastructure and data.

### 5.2. Chronology

Three studies were published before 2000 [35–37]. Aligning with Friere et al. (2022) 50 % of literature garnered was published in the last five years. This would indicate significant increase in interest in deprivation of OPs which coincides with growing policy impetus on their wellbeing (e.g. Decade of Healthy Ageing (2021–2030).

### 5.3. Methodologies

Deprivation among OPs receives multidisciplinary attention. Consequently, several methods have been adopted to understand it. 42 papers were quantitative (46.6 %), 36 qualitative (40 %), and 12 were informed by mixed methods (13.3 %). Quantitative work mostly used cross-sectional surveys [38–40] and a few adopted a longitudinal approach [41]. Qualitative work was dominated by interviews [42–45], observation [46] and focus groups [47]. Across SADC states, 34 articles considered rural contexts (37.7 %), 22 urban (24.4 %), four considered peri-urban or semi-rural sites (4.4 %) and 29 concerned both rural and urban FI amongst OPs (32.2 %). One item was left unstipulated as to their setting.

### 5.4. Global factors

Global factors included climate change, HIV/AIDS, and the COVID-19 Pandemic. Environmental factors influence FI amongst OPs across Southern Africa [48]. This was made apparent by Chipfupa (2005) concerning floods in Malawi, drought in Zambia [49] and Zimbabwe [50], and cyclones in Mozambique [51]. Climate offers both direct challenges as it effects abilities of OPs' households to produce food [49, 50]. And, climate factors influence wider agricultural and food systems, leading to increase food prices and decreases in availability of food [51].

COVID-19 and subsequent socio-economic repercussions radically affected FI. While social security played a role in ameliorating the socio-economic shock of COVID-19 [52], some OPs were unable to continue income-generating activities [42]. NGOs may have offered food-aid [42] but closure of community centres negatively impacted food access [52]. Chemen and Gopalla (2021) suggest fears of contracting COVID-19 discouraged OPs from venturing to procure food; threatening FI.

FI compounds HIV/AIDS suffering [53]. But, its effect on FI amongst OPs manifests divergently. HIV/AIDs compromises household food production [41]. At times, OPs forewent production: occupied by caring for ill kin [54], sold their property (including livestock) or went into debt [55]. Conversely, OPs engage in subsistence farming as a result of HIV/AIDs among kin; acknowledging HIV/AIDs suffers require particular nutrition [56]. Ntuli and Mabida (2021) saw purchase, preparation and feeding of nutrient dense foods to HIV/AIDs affected kin by OPs. Conversely, HIV/AIDs and associated stigma meant isolation and thus less care from kin [56].

Concerning intergenerationality and HIV/AIDS, Tamasane and Head (2010) found no difference in standard of care, including food consumption grandmothers caring for orphaned children. Conversely, Skovdal et al. (2011) found OPs less adept at ensuring adequate diet and ART adherence among children in Zimbabwe. HIV/AIDs infection among OPs themselves is associated deprivation and worse physical health [57]. Nevertheless, Knight et al. (2020) acknowledge difficulty in determining this relationship: OPs may be affected by FI not resulting from HIV or ART, but rather comorbidities.

### 5.5. National factors

At the national level, two elements of social security may affect OPs; material and intangible. Social security may enhance psychological wellbeing [58], dignity and esteem [35,59], decision-making power [60, 61], and strengthened familial bonds [59]. Pensions receipt assists OPs in procuring a range of material resources [59,62,63] including food [64]. David and Grobler (2020) suggest with greater access to the South African state pension, rates of FI decrease. Unsurprisingly, converse to private pensions, FI is associated with receipt of the same pension [65].

Amoateng and Setlalentoa (2015) find that having an OP within the household was negatively associated with FI. Alloush et al. (2024) argue that once a household head accessed state pension in South Africa, reports of hunger almost halved. Case and Menendez (2007) note that pensions may reduce both adult and child food insufficiency, albeit differently. Conversely, Gelo and Dikgang (2022) find while access to state pension causes a reduction of household hunger by 25 %, it has no significant effect on hunger of children. Shaibu and Wallhagen (2002) note that OPs in Botswana avoided social security due to stigma associated with perceived destitution.

Several authors noted that while social security may assist, it may not be sufficient to ameliorate FI [66]. Duflo (2003) find a gendered component in so much as female pensioners have a significant effect on children's nutritional wellbeing in households, while male pensioners do not. Alternative forms of income may have a greater effect upon food sufficiency among OPs. Muchiri and Choi (2021) find that only older women-headed households experience significantly reduced FI (7 %) as a result of pension receipt.

### 5.6. Community dynamics

Two community level dynamics influence FI among OPs; involvement of community-based organisations and ability of OPs to mobilize to avoid destitution. OPs were able to mobilise themselves in an effort to ameliorate risk of FI. Dolbin-MacNab (2016) reference Southern African philosophy of Ubuntu as a basis interpersonal support by OPs. While this manifested divergently according to context, participation in borrowing societies [35,67] was consistently referenced, as was collaborative farming [46,68]. Further examples of community collaboration are discussed below as coping mechanisms in response to immediate FI as opposed to preventative mobilisation.

Several studies referred to food-related support, predominantly from charity, religious and other non-governmental organisations across SADC member states [47,52,68–72]. Assistance may be described as either direct, i.e. provision of food to OPs or indirect through facilitating income-generating opportunities. However, when household level dynamics around resource distribution are not accounted for, assistance may prove ineffective in securing sufficient food [71]. Merten and Haller (2009), found food aid provided to OPs was subject to 'grabbing' by other kin, particularly if that OP was physical unable to maintain their entitlement over that food. In this instance, non-governmental employees considered this to be abusive, however, dynamics of intrafamily resource distribution and dynamics of kinship obligation and legitimacy concerning FI among OPs is shown to be extremely complex.

### 5.7. Domestic economy and food insecurity among older persons

Current research shows that such dynamics may both be a response to FI and a cause of FI among OPs. Kinship as legitimisation for resource distribution, and a subsequent cause of FI amongst OPs is complex and manifests heterogeneously. Consequently, the phenomenon is delineated as 'direct' or 'indirect' causation. 'Direct causation' refers to extraction of food from an OP while 'indirect causation' refers to the extraction of resources necessary for an OP to obtain food.

Direct causation, disparate division of food to OPs' detriment, has received little attention in literature dominated by interest in pension

division. Direct causation is contingent upon the context, cultural values and norms underpinning kinship. At times, OPs are prioritised by family members when it comes to intrahousehold food distribution. Alternatively, OPs, unable to maintain physical control over food provided to them by a relief program, have it “grabbed” by family members [71]. Alternatively, OPs feel morally obligated to relinquish food to other family members; legitimised by kinship [37].

Indirect causation manifests predominantly as pension sharing in literature, and receives much attention, particularly in South Africa. While sharing is often a ‘voluntary’ action, there are instances in which OPs feel robbed of their pension by kin [73] and there is perception of kin’s use of an OP’s pension as abusive [52]. Dilution theory is both posited [32] and contradicted [74] as an antecedent to FI among OPs. However, in the majority of instances, qualitative evidence would suggest pension sharing is underpinned by a feeling a kinship obligation [15,35,37,75] and love [70,76,77]. This may have positive psychosocial outcomes for OPs; including enhanced self-esteem, consolidated relationships and reciprocal care.

Calling upon kin may be both a mechanism whereby OPs respond to FI, and a cause of FI among OPs. To the former, older persons were frequently observed calling upon kin, in most respects affinal and consanguineal, to provide them with food [49,78–81], labour required to produce or prepare food [49,78,80,82], or other resources to procure food [46,75], often through remittances [78,80,82]. Thus, kinship provides an invaluable structure whereby OPs may ameliorate FI and is adopted across nation states included in this review.

Several studies noted impacts of terminal illness and death in the household regarding FI among OPs [41,55,83,84]. Nutritional wellbeing worsened during the course of illness among family members and improved after death [41]. However, in the majority of reports, death, and concomitant expenses associated with death, cause OPs to either sell assets, including livestock, [55] or fall into debt [83], to pay for funeral expenses.

### 5.8. Individual variables associated with food insecurity among older persons

Several individual characteristics were found to be associated with FI among OPs. These variables included age, race, gender, marital status, physical, cognitive and mental health.

#### 5.8.1. Gender

Gender’s intersection with age and FI is complex, and both causes and characteristics of FI differ between men and woman contingent upon context. Quantitative and qualitative insight would suggest older men experience less FI than women in Tanzania [85,86], South Africa [65], Malawi [51], and Zambia [87]. In Tanzania, older women were found to be 24 % more likely than older men to experience poor food consumption [88]. The only study not in concurrence was that of Muchiri and Choi (2021); who found that elderly women-headed households were 7 % less likely to be food insecure than male headed households.

#### 5.8.2. Marital status

Being single is associated with FI [89], along with being widowed [65]. In conjunction with FI, being single also predicted an increased risk of multimorbidity [86]. However, there is little qualitative evidence vis-à-vis relationships between marriage and FI with the exception of Cligget (2010) who observes that men may use affinal kinship with younger wives as means to resource security.

#### 5.8.3. Physical health and ability

Both issues of health and FI were put forward as challenges facing OPs in Sub-Saharan Africa [90]. Nutritious food is essential to healthy aging [11]. Concurrently, ageing itself may lead to physical deterioration, cognitive decline [10], and increased susceptibility to chronic

disease [91]. Physical decline prohibits some OPs from continuing to engage in farming in both rural [82,88,92] and urban agriculture [20]. Regarding other food-related labour, functional disability concomitant with ageing means OPs require assistance with preparing food and retrieving wood and water necessary to cook [80].

As noted, HIV/AIDs amongst OPs similarly contributes to FI [57,93]. Cost of an appropriate diet for older sufferers of diabetes also contributes to FI [78,79]. FI was associated with greater risk of multimorbidity [94]. Concerning pension-receiving OPs and resource distribution, obesity and pension household spending on alcohol and tobacco are also cause for concern [95,96].

Few studies observed intersections of FI, welfare and health systems. However, As noted by Tomita et al. (2021), “health resources remain scarce, reducing costly inpatient hospitalisation requires multilevel interventions that address clinical and structural challenges (e.g. food insecurity) to mitigate multimorbidity and promote long-term healthy in dependent living among OPs in Tanzania.”

#### 5.8.4. Cognitive and mental health

Food insecurity, alongside physical decline and morbidities, negatively effects psychosocial wellbeing of OPs; increased association with loneliness [13,97]; depression [39,98,97], and cognitive impairment [99,97,100]. Unfortunately, less work explicitly examined mental health in conjunction with FI among OPs.

### 5.9. Coping mechanisms

In responding to FI, OPs exhibit a range of coping mechanisms. These include decreasing consumption, and consuming less desirable or costly foods [51,66,67]. To the latter, there may be a rural/urban discrepancy, noting both consumption patterns and potential for subsistence production differs [101]. Other coping mechanisms included begging from neighbours [49]. At times this mechanism is not employed due to social stigma [102]. More often OPs looked to kin on bases of familial obligation [92,82]. Others turn to NGOs [103], community based organisations [52], religious organisations [98], or practise and prayer for food [75]. OPs purchasing on credit and borrowing from money lenders is a common occurrence [23,43,66] and quantitatively associated with FI [104]. This often results in an older debtor’s greater economic precarity given high interest rates [83] and lead to a cycle of debt [15].

## 6. Discussion

Understanding of deprivation among OPs has been temporally static and geographically siloed. There exists a clear lack of longitudinal or comparative work and theoretical development. Most extant research has failed to account for path dependencies over the life-course of OPs or changes in relevant social structures. Second, scholars have failed to illustrate agency of OPs imbedded within these structures, and the role they play in shaping them.

Adopting path dependency, deprivation among OPs is contingent upon earlier experiences in the life course, and earlier manifestations of family, food and welfare systems. Southern Africa has experienced heterogenous and rapid augmentation of food, family and welfare systems. Indeed, many of the SADC states only gained independence in the lifetime of today’s OPs. Notwithstanding, mechanisms of socio-economic and political change concerning their wellbeing has been overlooked.

Prior to colonial advent, pre-capitalist food systems were largely characterised by subsistence production [105]. The market, therefore, remained subservient to social norms and regulation of agrarian society. Similarly, the interests of the individual remained subservient to the interests of the society in which they found themselves [106]. These social arrangements and norms historically ensured equitable food access for OPs.

However, colonialism, forced removals, and the introduction of

industrialised cash-cropping in the 19th century [105] radically altered family, food and welfare systems. Esping-Anderson (1998) argues that in the context of post-colonial modernisation, industrialisation cannot be the core antecedent nuclear family structure [107]; This is contentious in so far as the radical impact of deagrarianisation<sup>2</sup> has ultimately affected family welfare function [108].

Mechanisms by which people provide food for themselves has always been a chief basis for social arrangement [109]. As deagrarianisation has continued in Southern Africa, so too has welfarism and transition to increasing supermarketisation and cash-based food systems [110]. These patterns are disparate across regions; thus comparative analysis is required, albeit ignored, in scholarship.

For example, South Africa, which developed a relatively consolidated industrial agri-food sector, maintained national food security, however entitlement failure meant many are nevertheless unable to afford food [111]. Thus, cash transfers were the dominant mechanism of response to deprivation [112]. Conversely, in settings less adept to industrial agricultural production, e.g. drought-prone Botswana, larger focus on food transfers is apparent and shape its existing welfare [111] and Zambia, for example, offers only limited assistance focussing particularly for small-scale farmers [113]. These divergent trajectories in the food-welfare matrix and their affect upon the livelihoods of OPs have been overlooked.

Support in cash or kind, receives dominant attention. Other forms of social security, such as school feeding schemes, taxation and tariffs, subsidies, other agricultural support, and funding to third sector have been, to some extent, overlooked. Again, this leaves a considerable gap in our understanding of the intersection of family, food and welfare systems and deprivation among OPs and efficacy of responses across alternative milieus.

Moreover, the role of OPs in shaping the food-welfare matrix has been ignored. This aligns with undergirding narrative which dominates research which “uses a limited and static conceptualisation of older persons as ‘dependent’ because of their withdrawal from the labour force and increasing physical frailty” [114]. While ageing may bring increasing physical incapability, such a static and ageist assumption has facilitated a lacuna within our knowledge.

From a life-course perspective, this leaves our understanding of any form of destitution in older age incomplete. As noted, the perspective seeks to better explain the processes and consolidation of deprivation from early life, through to older age. It highlights the link between a person’s experiences in older age, and the lapsed experiences which facilitated deprivation, while accounting for radically shifting social, economic and political landscapes [113]. To fully understand FI among OPs, the manner in which their lives are embedded in shifting family, food and welfare systems, must be accounted for.

Research illustrated the role of OPs and especially older women, as producers, and retailers; active agents in food systems as opposed to mere victims of failing food, family and welfare systems. Several papers mention OPs in the capacity of producers, either of vegetables or livestock. Regarding retail, OPs gain income from selling food-stuffs, predominantly within the informal market. Given deagrarianisation and turn to cash-bases, OPs may be left more responsible for production due to intergenerational attitudes around cultural acceptability of subsistence farming (see Mosoetsa, 2011).

At the opposing end of the food system, OPs maintain an under-acknowledged position in food systems owing to the their entitlement relations in the welfare/food systems matrix. At the macro-level, with the expansion of welfarism in Southern Africa, alongside concurrent deagrarianisation, food systems are increasingly cash-based. Many

countries such as South Africa, Botswana, Lesotho, Mauritius, Namibia and Swaziland offer systems of cash transfers to OPs [115]. Given the extent to which social security measures for OPs manifest largely in cash transfers OPs have unrecognized power to shape the food system.

Their interconnection remains so sensitive that payment of older persons’ grants in, for example South Africa, is correlated with changes in food price inflation (see Allison and Pillay, 2024). Such changes are underexplored regarding actions of OPs. The results of this work illustrate a considerable lack of understanding of the food, family and welfare systems, and the role and agency of OPs in augmenting the economic field.

This argument extends to household food systems. As noted, access to social security may alter power dynamics in domestic economies. With greater financial leverage, OPs’ agency and symbolic capital may be enhanced both in the household and within the community [83]. No work sort to determine how this capital, symbolic or otherwise, influences FI particularly among OPs.

Above shortcomings could be ameliorated with development of a political economy and life-course analysis of deprivation among OPs. Such development requires consideration of interconnected macro, meso-, and micro-systems pertinent to food, family and welfare arrangements. Failure to illustrate the nexus of these systems, and the role of OPs in shaping them, compromises efforts to confront deprivation over the life-course and in later life.

## 7. Conclusions and recommendations

Findings showed causes and consequences of food security among OPs in multi-level domains; global (climate and pandemics and epidemics such as COVID-19 and HIV/AIDS); national (welfare and food systems, deagrarianisation and urbanisation); community (self-mobilisation and third sector operations); household (resource distribution, kinship and production), and individual (age and gender; physical and cognitive abilities and coping mechanisms). However, this scoping review identified several gaps and points of contention including geographical discrepancies, the role of OPs in food systems and how those food systems intersect with family and welfare systems to facilitate food access among OPs and their households. Ultimately, this review made clear the need for a comprehensive political economy of deprivation among OPs which accounts for the changes in individual life-course and the life-course of the political economy itself. For development practise, the immense evidence illustrated above shows the profundity of cash transfers and state pensions in ameliorating deprivation among older persons. Most apparent was the manner in which such transfers have broader impact on the household and community. For policy makers, it is apparent that responding to FI among OPs means paying careful consideration to the social and political economic context in which those OPs find themselves. Both researchers and policy makers are required to be cognisant of social change; demographic, political, cultural, and social in confronting deprivation amongst OPs, (Fig. 1, Fig. 2, Fig. 3, Table 1).

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## CRedit authorship contribution statement

**Finn Hartwell-Kinnear:** Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Resources, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

<sup>2</sup> Deagrarianisation is defined by Bryceson (1996) as a process of: “(i) economic activity reorientation (livelihood), (ii) occupational adjustment (work activity), and (iii) spatial realignment of human settlement (residence) away from agrarian patterns.”

## Declaration of competing interest

The author has no conflict of interest to declare.

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