Chapter Three

Ageing Women in a Poor Economic Environment

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Contents:

1. Introduction

The well-being of older women has been a prominent item in the agenda of conferences of the United Nations (UN) and women and age care organisations since the First World Assembly on Ageing in 1982. "Elderly women" constituted a key issue of concern in the Assembly's deliberations then, as they were again in the Second World Assembly in 2002, from which emanated the Madrid International Plan of Action on Aging. In a UN resolution, 1982/23 of May 1982, entitled "Elderly women and the World Assembly on Aging", the Economic and Social Council emphasised that elderly women worldwide had suffered from past discrimination and a lack of opportunity, and that in many cases their economic plight was becoming even more serious. The resolution urged that special problems faced by older women such as income security, education, employment, housing and health and community support services, be given explicit and full attention by the Assembly. These concerns were reiterated in the General Assembly Resolution 38/27 of 1983, in which it was recognised that women have a longer life expectancy than men and will constitute an increasing proportion of the older population. Subsequently, governments were urged in the ensuing Plan of Action to develop social services and other policy measures to safeguard the special needs of older women.

This paper reviews the situation of ageing women in economically depressed regions using Africa as an example. In this chapter the words 'ageing', 'older', and 'elderly' are used interchangeably.

2. Women and longevity

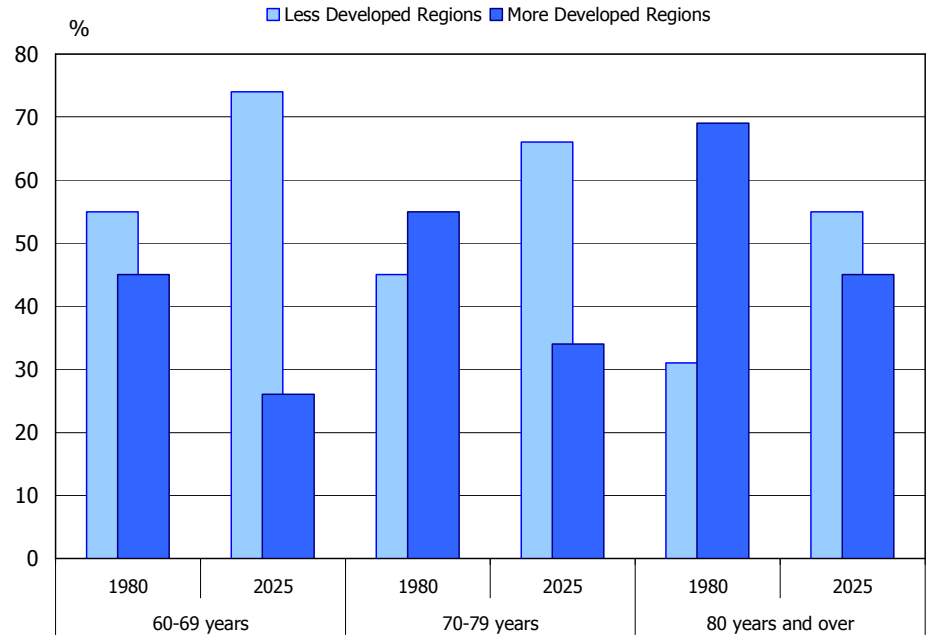
In most parts of the world, women comprise the majority of the ageing population due to their longer life expectancy. At younger ages there are more males than females alive in every age group, but the ratio begins to shift in mid-life. Because men die at significantly younger ages, the gender differential favouring them reverses. This reversal accelerates with age, changing the US population for example from approximately 80 males to every 100 females among 65 year olds to 44 males for every 100 females among 85 year olds (Gist & Hetzel, 2004). Thus, the study of older people, especially the oldest old, increasingly involves the study of older women. Therefore, an 'ageing society' is predominantly a woman's world.

It has not always been like that. Until one hundred years ago, globally, many women died at childbirth. Even though this situation persists in some of the poorer regions of the world, as a result of improved medical science and preventive medicine, life

expectancy of women is now about 10 per cent greater than that of men. This trend is becoming increasingly visible in less developed regions, including Africa.

The discrepancy in life expectancy between men and women is greatest in the more developed regions. Nevertheless, also in the less developed regions, in the next decades, the number of ageing women is expected to rise dramatically. The US Bureau of the Census (2000), for example, projects that by 2025, the number of women aged 60 years and over will increase by 150 per cent in the less developed regions. It is worth noting in this dramatic increase of older women the fact that older women in the world will be living in the less developed regions. At around 1980, the proportion of women aged 60–69 living in less developed regions was not more than 55 per cent; for ages 70–79 years is was 45 per cent; and for ages 80 and over not more than 31 per cent. By 2025, still according to the prospects made by the US Bureau of Census, these percentages will have increased to 74, 66, and 55 per cent, respectively (see figure 3.1).

Figure 3.1 — Changes in the distribution in the world (%) of women aged 60–69, 70–79 and 80 and over, from 1980 to 2025



SOURCE: U.S. Census Bureau (2000)

The policy implications of this dramatic increase of older women in less developed regions should be a subject of great concern, especially since the countries in this part of the world are by far the least prepared for this important demographic shift.

Many theories have been put forward to explain a growing difference in male and female longevity, presently set at approximately 5-8 years in favour of women in the more developed world and 3-5 years in the less developed world. Genetic differences as well as socio-economic factors have often featured in the theoretical debates as affecting men's longevity more than that of women. Nevertheless, longevity in itself is not necessarily desirable for women. Indeed, the fact that a woman may live longer does not always indicate that she is healthier than a man, or that the woman has a better quality of life than a man.

Women's greater longevity often results in a world of older people where a great majority of women are poor, who are often widowed or divorced, and who all too often face physical suffering, economic disadvantage and social exclusion (Heslop, 1999; De Haan, 1998). This situation is especially true in many less developed countries with harsh economic environment. Clearly the problems affecting elderly women in these countries are inseparable from the poverty and chronic hunger, unsanitary living conditions and environmental hazards which confront the population as a whole. With advancing age, women run the greatest risk of suffering from poverty, and are therefore particularly vulnerable to the adverse effects of precarious socio-economic conditions prevailing in their country (Aboderin, 2001).

Globally, older women face many hardships, which are directly linked to their economic condition. Women have a different work history over their working life, and in old age they are disadvantaged by gender-related differences in the allocation of pensions and other benefits. Moreover, in less developed countries, women's work history is typically characterised by low paid jobs and frequent interruptions for reasons of childbearing, child care and family responsibilities. Also, women who were not employed in the formal sector have little or no access to a pension. Especially in African countries pension coverage is limited to a small proportion of the population generally, and to an even smaller proportion of the female population. By contrast, in more developed countries, widows' pension levels are linked to that of their deceased husband

Thus, the added years that women supposedly enjoy over men can in fact disadvantage them. By comparison, older men are frequently cared for by a wife; in polygamous African societies, by multiple wives even. But in order to simply survive, many older women must continue to work into very old age; often they must work not only to support themselves, but also to support younger family members. In Africa, many

elderly women work harder physically after their childbearing years and after they become widowed or divorced, than when they were younger.

3. Ageing women in a poor economic environment: The African context

Sub-Saharan Africa ended the millennium poorer than it was in 1990 (UNDP 2003; 2004). Of the 53 countries that constitute this region, 23 are poorer today than they were in 1975. More so, over 50 per cent of the population lives on less than $1 per day; the large majority live on less than $2 per day (Aboderin, 2005). Bad governance, corruption and ethnic wars continue to deplete scarce resources. Africa has the worst human development indicators in the world (UNDP, 1999; 2005): It has the lowest primary school enrolment (only 60% of children). Only half the population has access to improved water sources. Globally, the continent has the 20 worst performing health systems. HIV and AIDS erode capacity for economic growth. Between 1992 and 2002, South Africa lost $7 billion annually to AIDS-related mortality; in 11 African countries, the disease reduced annual GDP growth by 1.1 per cent (ILO, 2000). Together with the burden of malaria and TB, HIV undermines the potential of human capital. The most economically active segment of the population (those aged 20-44) also tends to have the highest rate of infection. In other words, population ageing in Africa is occurring at a time when its human resources are most depleted. As can be expected, this situation must have negative socio-economic implications for older persons, especially older women (Okatcha, 1999).

Africa's impoverishment is resulting in a deterioration of individuals' living conditions. In many countries, women carry a triple responsibility of raising a family, working to generate income and upholding community structures. Entire generations of African women have been assigned the role of homemaker from a very young age (Apt, 2006). Mothers and their daughters have been responsible for housekeeping chores and food preparation. In rural Africa, the latter entails carrying water, growing and procuring food and providing fuel. As already pointed out, even in old age, women must continue to be economically productive until they are physically or mentally incapacitated and unable to continue their homemaker's tasks.

Throughout their lifetime, African women, especially those living in rural areas, have poor access to resources. The cumulative effect means that in old age they have insufficient resources for a decent quality of life. Their task overload throughout their life also takes its toll on their health. While physical disabilities are often cited as a primary reason for diminished quality of life in old age, it is increasingly apparent that factors such as mental health, retirement policies, social expectations and family

structure, may have a greater impact on whether older women are able to maintain a productive and meaningful place in their society.

3.1. Lack of education

In most African countries, women have little or no formal education. Although education for women may have recently become more equitable for women in urban areas, older women's gravest disadvantage in modern Africa is that they lack education (Apt, 1996). They are less likely to participate in and benefit from national development efforts. Education is an important variable in development not only in its own right but also because it is related to occupation, income, access to credit, fertility and mortality behaviour, health status and health practices, political awareness and participation. A low level of education, or none, has several consequences for them. Informal education may be considered still quite important in an African setting but it needs to be realised that most high-level skills and training can only be acquired through formal education. The level of participation in social and political activities, openness to social change and acceptance of new ideas are all influenced by formal education. Consequently, only formal education may prepare women properly to aspire a decent place in society when they will have reached older age.

3.2. Impact of migration

As already pointed out in Chapter 1 by Schoenmaeckers, because most rural-urban migrants are 'economically active' and relatively young, rural populations have a tendency to age faster than urban populations. In Africa, the heavy rural-urban migration does not only affect the age structure of the rural population, but also undermines the traditional kinship structures that are the basis for the provision of income and care for elderly family members (Kinsella, 2001; Apt and Grieco, 1994). Male-dominant migration strongly reduces the potential of economic support that mothers in rural areas can aspire to obtain from sons. Older women without the support of male offspring have to confront additional challenges for survival, thereby weakening their already frail position in a rural environment.

3.3. Older women's health

Health problems of older African women may be linked to their economic insecurity and social rejection. Often, after many years of physical toil to keep her family going, a frail older woman may be identified by persons in her village or community as a witch and will suffer the consequences (Apt, 1996). This behaviour has been ascribed to a

lack of education and unfavourable traditional practices. The woman, who typically is widowed or divorced, the childless woman, and even married elderly woman, may be displaced (hounded from her home and village), at a time when she most needs care and consolation. An area of concern therefore is the mitigation of marriage norms and unfavourable cultural practices that impact negatively on older women in Africa.

Health and welfare are important elements in women's social participation. In Africa, a woman's health status is compromised from childhood and may suffer poor health throughout her life. This situation is culturally inspired in societies that value males more than females. Inequality among male and female children is widespread. Occupational socialisation begins very early for girls: girls are expected to work with their mother, while boys are allowed to play. As boys need energy, they are encouraged to eat more. Frequently, girls have to leave school in times of a family economic crisis, in order to work to support the education of their brothers (Apt van Ham *et al.*, 1992; Apt, 2006). Some girls must undergo the agony of circumcision with all its implications for sexual health, simply for the benefit of their future spouse. Many girls enter reproductive age without the physical and social maturity needed for childbearing and parenthood and some girls are forced into marriages with partners three to four times their age and reluctantly become mothers. Thus, a girl child who survives the drudgery and pain of childhood must still face challenges posed by long-term implications of the risk factors that women face in a less developed region such as Africa.

Existing and emerging health conditions such as maternal anaemia and malnutrition, sexually transmitted diseases (in particular HIV infection) and repeated pregnancies, compromise women's health in Africa long before old age. Numerous health concerns are specific to women at specific ages, which influence older women's health. For example, vaginal infections, infertility, cancers of the reproductive organs and fibroids have a direct effect on their morbidity and mortality, and increasingly cumulative effects on their already weakened health as a result of numerous (and frequently excessive) childbearing.

Nonetheless, in spite of these chronic health conditions, many older women feel forced to function in supportive roles. They continue to provide important social services such as health care, food and herbs preparation, child care, and continue to take care of their grandchildren. Many act as economic anchors holding the fort while young parents work, or they contribute through unpaid work to the household budgets of the young (HelpAge International, 1999).

3.4. Vulnerability of ageing women

In many African societies, women have unequal and inadequate access to basic services, food and nutrition. They have no rights to land ownership; widowed and divorced women may suffer degradation and extreme deprivation. Due to existing social inequalities, women are often disproportionately vulnerable to hunger. While they produce 60-80 per cent of food in most developing countries and more than 80 per cent in Africa, they own only 1 per cent of the land and receive only 7 per cent of agricultural extension time and resources (Sanchez *et al.*, 2005: 5). Although some elderly women's needs may still be met by family members, there is growing evidence of a weakening of support systems. Widowed, divorced and childless women are at greater risk of hardship than married women with children in old age. All these factors have a disproportionate impact on the health of ageing women, most of who depend upon their families for economic support.

Those without children and able relatives are most vulnerable. Increasingly, to a large extent, ageing women without spouse or children are experiencing lack of abilities and declining social power (Apt, 1992; 1995).

The following case studies, from Kenya, Egypt, Ghana and Mozambique depict instances of cultural victimisation of older women who are widowed, single or divorced. Miriamu, the first case study, represents a typical case of an unschooled ageing widow without pension or any other securities, who must continue to eke a living from the land for herself till physical disability renders her unable to continue working and now survives on the charity of occasional visitors. Samia Nasser, the second study, is a typical case of an African woman divorced to make way for a younger wife. She is cast out of her erstwhile comfortable family home without reasonable financial support from her husband and is forced by her circumstances to share a crowded flat with another divorcee. Zinabu Wumbli represents a typical African case of cultural branding as a witch and driven out of her home and village, while Firmina also branded as witch is cut off from her son's family:

> ***Mariamu*** *was born around 1900 and lived among the Samia of Kenya. Miriamu's husband had died many years before and she was forced to live without significant resources in the village compound (along with two co-wives). Of the four children to whom she gave birth, two grew up to maturity but one, a son, died in 1965. Miriamu's co-wives, younger and stronger, still grew their own food and lived in separate houses. Mariamu however was nearly blind from cataracts and in generally frail condition – unable to leave her tumbledown dwelling. Her roof leaked and there was a gaping hole in the wall (letting in the cold night air). She was naked save for a dirty, ragged blanket. She survived as a result of occasional visit from her daughter (who was*

married and lived a day's journey away), occasional food from her co-wives and a nearby stepson and the receipt of a little assistance from outsiders.

[from Maria Cattell, 1990]

Samia Nassar *was 61 years old, living in Melt-Okba in the governorate of Giza in Egypt. She was divorced but had two daughters whom she saw frequently. She rented a shared apartment on the ground floor of a three-floor building with another woman who was 65 years old and also divorced. Their apartment consisted of two regular rooms, a hall, a bathroom and a kitchen. Samia Nasser's room was about 3x3.5 meters. It was not well ventilated, with only a small window covered with a net to keep out insects. The room had a tiled floor and contained a small bed with a mattress, a cushion and a sheet. In different corners of the room were a sofa, a closet, a sewing machine, a refrigerator, a stove, a cooker and a cupboard. The kitchen was used as a storeroom and the hall as the other woman's kitchen*

[from Adel Azer and Elham Afifi, 1990]

Zinabu Wumbli *was a woman of approximately 60 years. Her real age is unknown. Zinabu lived in the Kukuo Witches Home in the Bimbilla district of the Northern Region of Ghana. Zinabu who looked much older than her estimated age, was married and had seven grown up children, four males and three females. Until five years ago, Zinabu was living with her husband, her sons, their wives and children in their patrilineal home in Bimbilla. Why was Zinabu living as an outcast in the witches' home? She said there had been an outbreak of cholera in the section of the town where she used to live with her family resulting in massive deaths of young adults and children. Through soothsayers, she was accused of being the witch responsible for the deaths and was banished from her home. Zinabu lived in a single small round mudroom roofed with thatch. There was no furniture in the room but a mat, which she used as a bed. She lived with her granddaughter, the child of her eldest son, given her by her son to assist her while in banishment. This old woman virtually lived from hand to mouth through her own initiative and that of her granddaughter. To eat, she either worked on the village chief's farm in return for food or gathered firewood for sale*

[From Nana Araba Apt, 1996].

The northern region of Ghana is the most economically deprived region in the country. In its rural areas, disruptions in the health, wealth or fortune of a community can lead

to allegations of witchcraft against older women in particular. Witchcraft accusations are not unusual events in Africa. They are certainly not limited to Ghana (or western Africa), as the following interview in Mozambique illustrates:

> ***Firmina T.*** [72 years old and accused of being a witch]: *"I don't know how many grandchildren I have because my son doesn't tell me when they are born, nor even show me the child. I have asked them many times to give me a grandson who could take care of me, but they refuse saying I am a witch. I don't know who started this story, my son or my daughter in law".*
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> [from da Silva, 1999].

3.5. The burden of AIDS: care of orphans

Regionally, the following grim picture on HIV/AIDS exists (UN 2001; UNAIDS/WHO, 2004). Africa currently has 10 per cent of the world's population but 63 per cent (12 million) of global HIV/AIDS cases. As a result, the pandemic is over-burdening the already scarce resources that are available as, on average, 3,800 adults in Africa are infected daily with AIDS. The regions that are being most affected are Eastern and Southern Africa. Older persons are increasingly at risk of contracting the disease. AIDS has lowered average life expectancy levels by as much as 10-17 years in some African countries. Hardest hit is Zimbabwe where AIDS has reduced life expectancy by more than 20 years. Expected increases in life expectancy may not occur if AIDS-related mortality continues at present rates.

World Bank (1999) estimates of the increased life time risk of dying from AIDS in selected African countries are as follows (in increasing order):

Ethiopia	11%	Malawi	43%
South Africa	24%	Botswana	44%
Kenya	31%	Zimbabwe	53%
Uganda	35%	Zambia	68%
Tanzania	39%		

Since the start of the AIDS pandemic in the eighties, some 13 million children in Africa have been orphaned through their parents' dying as a result of AIDS. The number of AIDS orphans will continue to grow in countries where the epidemic is still gathering

momentum. A striking feature in AIDS orphan care in Africa is the proportion of older women who fill the role as family care givers.

In Africa, grandparents, most particularly grandmothers, must take responsibility for the cost of medical expenses and then of the care of orphaned children when their adult children die of the disease. In all circumstances taking care of infected adult children and the general care of grandchildren after the death of their parents, would be a source of added stress for the already vulnerable older women. But in an impoverished region with limited and unequal health care systems, such a situation has serious implications for the health status of the older women themselves.

Above all, it is estimated that 95 per cent of Africans infected with HIV/AIDS live in abject poverty and upon the death of economically active breadwinners no resources are left behind for caregivers who are mostly grandmothers, old, and disadvantaged (HelpAge International, 2003). The socio-economic impacts of raising their grandchildren, providing financial and material support at a time when they themselves might need care and have lost old age support provided by their deceased children have not yet been fully appreciated by policy makers. The physical and emotional stresses endured by these grandmothers doing their duty nevertheless are examples of the sacrifices women in Africa make throughout their lifespan.

4. Conclusions and policy recommendations

How significant is the impact of global ageing on women in poor economic environments? The impacts are overwhelming and the UN recognises this. As mentioned in the introductory paragraphs, at the Second World Assembly on Ageing in 2002, a new Action Plan on Ageing was adopted namely, the Madrid International Plan of Action on Aging, or MIPAA. It was adopted by no less than 159 countries of both the developed and developing regions [1]. Among others, the Plan calls for changes in attitudes, policies and practices to benefit the growing number of older populations. Implementation of the Plan requires commitment and political will from all governments, from both 'North' and 'South' of the globe including developing regions.

The implementation of the Plan will be extremely difficult. This will be especially the case for the poorer countries in the 'South'. For one thing, they will be facing limited resources; and financial assistance from the richer countries of the 'North' is scarce. In spite of the dramatic increases in the numbers of older people, the fact that, compared to the proportions of older people in the more developed regions, the proportions in the less developed regions are still relatively low [2] is apparently the explanation for the

lack of an international programme on population ageing that could be the basis for coordinated action at the global level.

It cannot be denied that the proportions of persons aged 60 and over in Africa are still relatively low (5.3% at current estimates for Africa; 4.9% for sub-Saharan Africa). However, to correctly assess the seriousness of the situation one also needs to take into account the economic and cultural context in which the demographic changes take place. This is what we have tried to do (briefly) in this chapter.

To conclude, it is clear that the increase in the overall numbers of older people will strain every aspect of our global society from families, to communities, to nations. It is, therefore, critical that systematic programs of research, training and welfare services be developed that attend to every dimension of our society affected by population ageing. We wish especially to formulate the following recommendations for further actions:

Recommendations:

- Improved quality of life for older women can only be achieved through an understanding of the relationships between biology of ageing, age-related conditions and social characteristics. While the impact of rapid socio-economic change on traditional support systems is becoming more manifest, there is a serious lack of data documenting the conditions and needs of ageing women, particularly those left behind in rural areas where most of the older population lives. Studies in this respect could provide a basis for social policy actions.
- Income generation opportunities need to be created for older women to tackle their poverty situation. The ageing of African societies requires a change in traditional gender arrangements where women's financial position was mediated through their male partner. Programmes and policies which endow women with social and economic resources at the point of widowhood provide an opportunity for women to negotiate better care and support within their own kinship structure. Thus, women's greater longevity calls for the development of appropriate education and training based on gender considerations.
- Gender and ageing should be critically discussed as part of poverty alleviation strategies in Africa. The domestic character of women's life in Africa frequently leaves them unprepared for entering the public sphere on the death of a spouse. Strategies must be developed to enable older women to participate actively in public life through training. Orientation and self esteem courses are needed for women within their education at younger and older ages.

- How to enable older women to be less poor and to take an active part in public life should constitute social policy questions on ageing in Africa. Investment in women in earlier life stages within families and communities and at macro-level institutions can generate the capital needed to sustain ageing women as agents and beneficiaries and for reinvestment back into society for continuing development.
- Finally, building public awareness about the demographic shift and the issues that surround the rapidly increasing ageing populations in developing countries can provide leaders of these countries with the mandate and support they need to take action.

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Endnotes Chapter Three:

1 The MIPAA is available at http://www.un.org/esa/socdev/ageing/madrid_intlplanaction.html.

2 See the comparison of the evolution and the current proportions of people aged 60 and over in Chapter 1 by Schoenmaeckers.