HIV/AIDS: who cares?

Many programmes celebrate family and community-based care for orphans and vulnerable children, but few recognise that the human face of these families and communities is usually that of an older woman. About 13 million children have lost one or both parents to HIV/AIDS, the vast majority in sub-Saharan Africa. New analysis of data from UNICEF and USAID-supported surveys in sub-Saharan Africa shows that:

- Nine out of ten orphans are cared for by the extended family.
- In southern Africa, more than half of orphans who are not living with a surviving parent, or who have lost both parents, live with their grandparents.
- Households headed by older women are twice as likely to include orphans as those headed by older men.
- Grandparents’ responsibility for orphans is increasing as the epidemic progresses.

Children are often in their grandparents’ care before their parents have died, since many people with AIDS return home in the final stages of their illness to be cared for by their parents, bringing their children with them. However, the safety net provided by grandparents is stretched very thin. Older people already make up a significant proportion of the poorest, and HIV/AIDS exacerbates the extreme poverty faced by many older-headed households, compromising older carers’ ability to care adequately.

New data from voluntary testing centres in Uganda also highlights older people’s risk of becoming infected. About 17% of those aged 40 to 59 years who came for testing were HIV-positive. Older people already make up a significant proportion of the poorest, and HIV/AIDS exacerbates the extreme poverty faced by many older-headed households, compromising older carers’ ability to care adequately.

The findings from these data sets provide further evidence of the scale of the impact of HIV/AIDS on older people and the need to include them in policies and programmes to tackle the epidemic,” says Fiona Clark, HelpAge International policy officer.

‘Policy makers need to be clearer who the home and community-based carers for orphaned children are, and what resources they have, and provide them with adequate financial, social and emotional support, including direct income in the form of social protection and access to foster care grants. They also need to recognise that older people are at risk of infection, and that they need equitable access to HIV/AIDS prevention and treatment measures.’

More information:
Pages 6, 7 and 9
Impact of HIV/AIDS in Cambodia

A study in Cambodia points to significant changes in the responsibilities and needs of older people in households affected by HIV/AIDS.

A small-scale indicative survey in 15 villages in Battambang province shows that the workload of older people in many households affected by HIV/AIDS has substantially increased, as they have assumed the role of primary carer for sick relatives and/or orphaned children. Older people in households affected by HIV/AIDS are vulnerable to extreme poverty, and at times destitution. They often have few productive assets and limited access to financial, health and other support services.

Many older people in HIV-affected households also suffer from poor physical and mental health, and are commonly subjected to discrimination from other community members.

Grandparents caring for people living with HIV/AIDS and orphaned and vulnerable children have a deep sense of responsibility to keep the family together, even if it is at a high personal cost to themselves. Mol, a 62-year-old widow in Battambang province, is the sole carer of three children aged 7-14. Two were orphaned by her niece and one by her daughter. She sometimes transplants rice for other people or makes cakes to sell. She often becomes tired and depressed. ‘I do this work because I don’t have enough food or money for the family,’ she says. ‘I have no choice.’

The study identifies possible local interventions to address the needs of older people affected by HIV/AIDS.

AIDS conference promotes access for all?

Older people will take part in the 15th International AIDS Conference in Bangkok in July, to press for their inclusion in policy and programme responses.

The conference will bring together government officials, scientists, academics, NGOs, community groups and those living with or affected by HIV/AIDS. The theme is ‘Access for all’ – to prevention, treatment and resources. HIV/AIDS has an enormous impact on older people, especially as carers of sick adults and orphaned children. Older people are also at risk of infection. Yet they are largely ignored by HIV/AIDS programmes.

Older people’s organisations from Thailand, and a group of older persons from the north of Thailand, will attend the conference, along with HelpAge International representatives from Thailand, Kenya, Mozambique and UK.

Through presentations, discussions, an exhibition and cultural performances, they will highlight the roles older persons play and the burdens they face in responding to HIV/AIDS, and point out that ‘Access for all’ must include access for older people.

Forgotten families: older people caring for orphans and vulnerable children affected by HIV/AIDS, published jointly by HelpAge International and the International HIV/AIDS Alliance, will be launched at the conference.

Comment

Mind the gap in data on AIDS

An estimated 40 million people are living with HIV. Three million people died of HIV-related illnesses in 2003. Around 13 million children under the age of 15 have lost one or both parents to HIV/AIDS.

These statistics are increasingly common currency in today’s world. However, a significant group of people are not counted in global estimates of the impact of HIV/AIDS, or included in interventions aimed at dealing with the disease. International data on HIV prevalence rates ignores the over-50s (see Talking Point on page 9), and the mass of information on orphans fails to acknowledge the role of older carers (see Briefing on page 6). This issue of A&D focuses on HIV/AIDS because of the ever-increasing evidence of its impact on older people, both as carers, and as a group at risk of infection.

If HIV/AIDS is to be effectively dealt with, information, policies and programmes must be inclusive of everyone, infected and affected, young and old. The Millennium Development Goals to halve extreme poverty and to halt and reverse the spread of HIV/AIDS will not be achieved without supporting the large numbers of older women and men currently battling with the impact of the epidemic.

Fiona Clark
Policy Officer, HelpAge International
Two workshops on HIV/AIDS in Africa have highlighted the changing role of grandparents and produced recommendations for policy makers.

In January 2004, representatives of governments, NGOs, academics and practitioners from eight countries in southern Africa took part in the Policy Workshop on HIV/AIDS and Family Well-being, organised by the UN Department of Economic and Social Affairs and hosted by the Government of Namibia in Windhoek.

Participants explored the effects of HIV/AIDS on family and family networks, changing generational roles and related social integration issues. They produced a draft policy framework and recommendations for addressing these issues.

A workshop on Older People and Orphans in Africa, organised by HelpAge International in Nairobi in September 2003, brought together representatives of community, faith-based and non-governmental organisations, governments and international donors across eastern and southern Africa.

They explored the role of older people in community-based models of care for orphans and vulnerable children, and outlined the need for African governments, with support from the international community, to ensure that national policies mainstream and respond to the needs of older carers.

Specifically, they highlighted the need to deliver social protection measures in the form of universal non-contributory pensions for older people, foster care grants and child care grants for vulnerable households.

More information:
Progress Report on the Pilot Social Cash Transfer Scheme, Kalomo District, 3rd Report
Dr Bernd Schubert, Kalomo, November, 2003. Email: bernd.schubert@agrar.hu-berlin.de

EU resolution on older carers passed


As a result, a resolution was passed in January 2004, calling for increased resources for a scaled-up response to HIV/AIDS, tuberculosis and malaria, and for policies and programmes addressing the specific needs and contributions of older people as carers and educators of orphans and vulnerable children.

The resolution responds to recent international agreements on HIV/AIDS and ageing. The Declaration of Commitment on HIV/AIDS (2001) commits all UN member states to develop and implement multi-sectoral national strategies that address gender and age-based dimensions of the epidemic, and strengthen family and community-based care.

The Madrid International Plan of Action on Ageing (2002) commits all UN member states to support older people living with HIV/AIDS, and those who are carers, including those caring for children, with adequate information, training, treatment, medical care and economic support.

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In April 2004, Zambia’s Ministry of Community Development and Social Welfare launched the Social Safety Net Project in three agricultural areas of Kalomo District. Funded by the German development agency, GTZ, the project aims to reduce extreme poverty, hunger and starvation in the 10 per cent most destitute and incapacitated households, which number approximately 1,000.

It focuses mainly on households that are headed by older people who are caring for orphans and vulnerable children, because the breadwinners are chronically sick or have died from HIV/AIDS or other causes. The aim is to reach households that are excluded from labour-based schemes such as food or cash for work or micro-credit.

Each household will receive K30,000 (US$6.20) a month in cash – the average price of a 50kg bag of maize. Households may spend the money as they wish. The scheme assumes that heads of households, most of whom will be older women, will spend most of the money on orphans and other vulnerable children living with them.

The scheme also aims to generate information on the feasibility, costs and impacts of a social cash transfer scheme as a component of a social protection strategy for Zambia.

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Cash transfer scheme targets older carers

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Workshops highlight grandparents’ role

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Specifically, they highlighted the need to deliver social protection measures in the form of universal non-contributory pensions for older people, foster care grants and child care grants for vulnerable households.
Age figures in Bolivia

New statistics from Bolivia’s National Institute of Statistics point to rising numbers of older people living in poverty, especially in rural areas.

Bolivia is the poorest country in Latin America, and it has the highest indigenous population, at 62 per cent. Figures drawn from the last ten-yearly census in 2001 show that older people (aged 60+) represent 7 per cent of the country’s 8.3 million inhabitants. This proportion is projected to rise to 16.7 per cent by 2050.

Poverty levels among older people are strikingly high – 63 per cent overall live in poverty (higher than the general population, at 59 per cent), and 90 per cent in rural areas, where half of older people live.

A high proportion of older people lack proper housing or basic services, especially in rural areas:

- Overall, 62 per cent of older people live in adobe or tapia (compacted earth) houses, rising to 80 per cent in rural areas.
- 43 per cent lack access to safe drinking water (71 per cent in rural areas).
- 43 per cent lack access to electricity (77 per cent in rural areas).
- 42 per cent lack proper sanitation (70 per cent in rural areas).

Four out of nine older people continue to work for a living (more men than women). In rural areas, more than four in five older people are engaged in agriculture. In urban areas, of older people who are still working, about two in seven work in the informal sector so that they can pay for basic necessities.

The figures, which are given for each of Bolivia’s nine municipalities, are published in Spanish in Bolivia: situación sociodemográfica de la población adulto mayor.

A summary is also available in print and on the HelpAge International website.

The project was supported by UNFPA, HelpAge International and DFID UK. A new study will look at older people in residential care.

Africa meeting links ageing and poverty

In October 2003, the government of Tanzania hosted a workshop in Dar es Salaam on ageing and poverty with the United Nations Department for Economic and Social Affairs and HelpAge International.

One of a series of follow-up meetings to the Madrid International Plan of Action on Ageing 2002, the workshop brought together over 60 representatives of governments, UN agencies, the World Bank and civil society from 12 eastern and central African countries.

Participants reviewed the links between ageing and poverty in national policy mechanisms linked to achieving the Millennium Development Goals. It was agreed that the principle challenge was the incorporation of targeted responses to older persons that take forward national policy recommendations on poverty and ageing.

Recommendations included ensuring that responses to ageing are included in all sectors, including health, agriculture, HIV/AIDS and education. Participants agreed to strengthen national capacity to gather age-related data on poverty and to analyse existing data from an age perspective.

A further outcome was an agreement between HelpAge International and the United Nations Development Programme to collaborate on a UNDP practice and policy note on ageing, poverty and the Millennium Development Goals.

Report and background papers

www.un.org/esa/socdev/csd/ageing

csoc2004.htm

More information:

Review of Madrid Plan


At its 42nd session in New York in February 2004, the Commission for Social Development, the UN body responsible for monitoring the Madrid Plan’s progress, passed a resolution to review implementation every five years, focusing each time on one of the plan’s priority directions.

Member states were asked to develop national coordinating bodies on ageing, and to include both ageing-specific policies and ageing-mainstreaming efforts in their national poverty reduction strategies.

A panel discussion on participatory methodologies for policy making in relation to the Madrid Plan heard evidence on social appraisal in Jamaica, HelpAge International’s Older Citizens Monitoring Project (see page 5) and the poverty reduction strategy process in Guinea.

With the priority theme, ‘Improving public sector effectiveness’, the session affirmed that the social sector reform process should aim to promote universal and equitable access to public services.

It should also aim to eradicate poverty, protect human rights, promote full employment, foster social integration and promote participation of all stakeholders.

The Commission passed a resolution emphasising that governments have primary responsibility for the provision of services that enhance social development. It was agreed that a substantial increase in resources would be required for developing countries to achieve internationally agreed social development goals.
Older citizens get involved

Kivindu, aged 82, walked five kilometres to his local hospital in Kenya. He joined a long queue to see the doctor.

Eventually, Kivindu was prescribed expensive medicines that he had to buy himself, because the hospital had run out of free drugs for older people. ‘I now understand why older people choose to stay at home and die from treatable ailments – but this needs to change,’ he says.

Initiatives such as the Millennium Development Goals and national poverty reduction strategies aim to improve the health of the poor, and to involve all citizens in policy planning. But issues of equity are rarely addressed.

HelpAge International’s Older Citizens Monitoring Project is supporting older people such as Kivindu to demand their rights.

A new handbook setting out minimum standards for disaster response recognises older people as a vulnerable group, but also emphasises their role as carers, resource managers and income generators. The revised edition of Humanitarian Charter and Minimum Standards in Disaster Response is published by the Sphere Project.

In a relaxation of China’s one-child family policy, the Shanghai municipal government has announced that divorcees who remarry would be allowed to have a second baby. The government of Shanghai, which has a population of 17 million, is concerned that the shrinking pool of high-rate taxpayers will be unable to support a rapidly increasing older population. Similar concerns about the pension and healthcare systems are being voiced nationwide.

A new network of older people’s organisations in nine countries in south-east Europe is being developed to tackle age discrimination. The region includes the poorest countries in Europe and countries recovering from war. The programme is coordinated by HelpAge International in Slovenia, with funding from the UK Community Fund.

HelpAge International is pressing for older people’s issues to be included in high-level meetings. A high-level Commission for Africa has been created to lay out a radical vision for Africa to secure its goals. Commissioners met for the first time in May 2004 to review development finance and trade, conflict resolution, human development, natural resources, governance, and culture.

HelpAge International is pressing for older people’s issues to be addressed. The final report will be presented to the G8 meeting in the UK in June 2005.

Chronic poverty report calls for social protection

Njuma, aged 70, lives in a remote mountainous area of Uganda. She is largely dependent on food from relatives and neighbours.

Njuma earns the equivalent of US$0.02 an hour gleaning coffee beans. Economic surveys and the census would, if they recognised her at all, class her as poor and not working. In fact, she is employed in some of the lowest paid work in the world.

Njuma’s situation is highlighted in The Chronic Poverty Report 2004-2005, published by the Chronic Poverty Research Centre, an international partnership of universities, research institutes and NGOs.

The report estimates that up to 420 million people globally are trapped in chronic poverty. Many of these are older people such as Njuma. As people age, and income through work declines, they face spiralling debt, hunger and destitution.

Launching the report in London in May, UK finance minister Gordon Brown admitted to being shocked by its findings, and said he recognised the need for increased aid if the Millennium Development Goals were to be met.

More information: Chronic Poverty Research Centre

Email: info.hai@siol.net

Slovenia, with funding from the UK Community Fund.

www.chronicpoverty.org

David Hulme, director of the Chronic Poverty Research Centre, said livelihood security was the ‘number one issue’. He called for wider social protection measures in poverty reduction strategy budgets to target the chronically poor.

‘If people living in chronic poverty are to benefit from economic development and have the chance of escaping from poverty, they need targeted support, social assistance and social protection, and political action that confronts exclusion,’ argues the report.

A video produced by the UK Department for International Development to launch the report also highlights social protection measures, such as basic social pensions, as effective mechanisms to re-distribute wealth and target development aid to the poorest.

An award-winning Russian film highlighting older people’s poverty and powerlessness has touched audiences in Russia and beyond.

Babunya, directed by Lidia Bobrova, tells the moving story of an older woman who is not wanted in the house by her sons and grandsons. It stars Nina Shubina, a ‘real older woman with a homestead, children and a cow’. Younger audiences said they recalled their own grandparents and parents, or thought ahead to when they might themselves be old.

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Grandparents’ growing role as carers

New analysis of data from sub-Saharan Africa highlights the increasing role of grandparents as carers of children orphaned by HIV/AIDS, and throws up important messages for policy makers, write Roeland Monasch, UNICEF, and Fiona Clark, HelpAge International.

According to UNAIDS estimates, about 11 million children have been orphaned by HIV/AIDS in sub-Saharan Africa. New data analysis shows that the extended family takes care of nine out of ten of these orphans. In most cases, responsibility for care falls on grandparents, usually the grandmother.

As the epidemic progresses, and more children lose their parents to HIV/AIDS, grandparents’ responsibility for care will increase. Furthermore, the analysis indicates that orphans are, if anything, cared for better by their grandparents than by other carers.

A quantitative analysis of 27 sub-Saharan African countries compared older-headed and grandparent-headed households with children, to general childcare patterns, in order to better understand the responsibility for care in different societies.

The analysis used data from two major international survey programmes, collected between 1998 and 2002: the Multiple Indicator Cluster Surveys (MICS) supported by UNICEF, and the Demographic and Health Surveys (DHS) sponsored primarily by USAID.

The surveys define children as those aged below 15, and older-headed households as those headed by persons over the age of 55. The data differentiates between maternal and paternal orphans (children who have lost their mother or father) and double orphans (those with no living parents).

Core findings

In sub-Saharan Africa, a significant proportion of households are headed by an older person, and the majority of these include children (see graph 1).

- About 30 per cent of all households in sub-Saharan Africa are headed by an older person.
- Over 65 per cent of older-headed households have at least one child under the age of 15.

The importance of older-headed households is even greater for orphans, especially double orphans.

- In southern Africa, 59 per cent of double orphans live in an older-headed household, compared with 30 per cent of non-orphaned children (see graph 2).
- Although a growing concern, numbers of orphan-headed households are still very low, with less than 1 per cent of double orphans and single orphans not living with a surviving parent being the household head.

The heads of these older-headed households are mainly grandparents. And the responsibility for orphan care is shifting increasingly onto grandparents as the epidemic progresses. This is especially so as more women die of HIV/AIDS and the number of maternal and double orphans increases.

- Over 60 per cent of double orphans and single orphans not living with a surviving parent live in grandparent-headed households in Namibia, South Africa and Zimbabwe, and over 50 per cent in Botswana, Malawi and Tanzania.

- In Namibia, the percentage of orphans living with grandparents increased from 44 per cent in 1992 to 61 per cent in 2000, with a relative drop in those living with other relatives (see graph 3).

Other countries for which this data is available – Tanzania and Zimbabwe – confirm this trend.

Older women bear a greater responsibility for orphans than older men.

- Households headed by older women are twice as likely to include orphans as households headed by older men.
- Grandmother-headed households include a higher proportion of orphans than grandfather-headed households.

It is also worth noting that older male-headed households take in more orphans than younger male-headed households.

- In southern Africa, 24 per cent of older male-headed households take in orphans, compared with an average of 12 per cent for all male-headed households.

Little information exists on the impact of orphanhood on children, and on carers’ capacity to look after them. However, comparison of school attendance figures – so far the only reliable evidence of the impact of orphanhood – suggests that orphans in grandparent-headed households are, if anything, in better care than those living with other carers.

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Analysis of ten countries shows that orphans living with grandparents are more likely to be enrolled in school than orphans living with other relatives or non-relatives.

Policy implications
Assumptions that grandparents are the ‘last resort’ carers for children have to be challenged. As this data shows, older people in sub-Saharan Africa play a significant role in the care of children, including orphans, and this responsibility is increasing.

The experience of HelpAge International is that older people are often the first resort for children, who can be in their grandparents’ care even before their parents have died. Often the parents with HIV/AIDS return to the grandparents’ home in the final stages of their illness to be cared for by their parents, bringing their children with them.

In countries such as Botswana, Lesotho, Namibia and Zimbabwe, where HIV prevalence rates are among the highest in the world (20+ per cent of 15-49 year olds), it is the period between now and 2015 – the date set for the achievement of the Millennium Development Goals – which is likely to see the highest number of deaths in adults of reproductive age. This will leave a larger proportion of older people and children to make up the core of families and communities dealing with the impacts of HIV/AIDS.

In order to target interventions successfully at those families, there is a need to understand the situation of orphans and the role older people play within the extended family.

While households headed by older people care for orphans themselves are undoubtedly among the most vulnerable, this issue needs to be addressed in the context of the range of households in which orphans live. More effort is needed to increase understanding of the role of older women and men in caring for orphans and ways of targeting support to them.

Policy makers need to be more aware of who the main carers are and what resources they have, and provide them with adequate financial, social and emotional support in this task, including direct income in the form of social protection and access to foster care grants.

One of the Millennium Development Goals is to achieve universal primary education. The evidence presented here suggests that keeping orphans with their grandparents could help in attaining this goal. Efforts to put in place policies for universal primary education (as in Uganda and Kenya) must be complemented with support to those families who bear the greatest responsibility for orphans.

Furthermore, the numbers of young children and adolescents living in households headed by grandparents points to the important role other people can play in influencing their behaviour, beliefs and conduct and helping them attain life skills. This role should be explored further to complement efforts already underway in HIV prevention.

Older people must be targeted with information on HIV and AIDS and the consequences of orphanhood, in order to be part of the global effort to halt and reverse the spread of HIV/AIDS.

Key recommendations
- Increase understanding of the role of older women and men in caring for orphans.
- Support older people as first-resort carers for orphans and vulnerable children.
- Provide social protection for vulnerable older carers in the form of universal non-contributory pensions, foster care and child care grants.
- Keep families together and support older people as educators of children.

1. Analysis of ten countries shows that orphans living with grandparents are more likely to be enrolled in school than orphans living with other relatives or non-relatives.
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**Policy implications**

Assumptions that grandparents are the ‘last resort’ carers for children have to be challenged. As this data shows, older people in sub-Saharan Africa play a significant role in the care of children, including orphans, and this responsibility is increasing.

The experience of HelpAge International is that older people are often the first resort for children, who can be in their grandparents’ care even before their parents have died. Often the parents with HIV/AIDS return to the grandparents’ home in the final stages of their illness to be cared for by their parents, bringing their children with them.

In countries such as Botswana, Lesotho, Namibia and Zimbabwe, where HIV prevalence rates are among the highest in the world (20+ per cent of 15-49 year olds), it is the period between now and 2015 – the date set for the achievement of the Millennium Development Goals – which is likely to see the highest number of deaths in adults of reproductive age. This will leave a larger proportion of older people and children to make up the core of families and communities dealing with the impacts of HIV/AIDS.

In order to target interventions successfully at those families, there is a need to understand the situation of orphans and the role older people play within the extended family.

While households headed by older people care for orphans themselves are undoubtedly among the most vulnerable, this issue needs to be addressed in the context of the range of households in which orphans live. More effort is needed to increase understanding of the role of older women and men in caring for orphans and ways of targeting support to them.

Policy makers need to be more aware of who the main carers are and what resources they have, and provide them with adequate financial, social and emotional support in this task, including direct income in the form of social protection and access to foster care grants.

One of the Millennium Development Goals is to achieve universal primary education. The evidence presented here suggests that keeping orphans with their grandparents could help in attaining this goal. Efforts to put in place policies for universal primary education (as in Uganda and Kenya) must be complemented with support to those families who bear the greatest responsibility for orphans.

Furthermore, the numbers of young children and adolescents living in households headed by grandparents points to the important role other people can play in influencing their behaviour, beliefs and conduct and helping them attain life skills. This role should be explored further to complement efforts already underway in HIV prevention.

Older people must be targeted with information on HIV and AIDS and the consequences of orphanhood, in order to be part of the global effort to halt and reverse the spread of HIV/AIDS.

Key recommendations

- Increase understanding of the role of older women and men in caring for orphans.
- Support older people as first-resort carers for orphans and vulnerable children.
- Provide social protection for vulnerable older carers in the form of universal non-contributory pensions, foster care and child care grants.
- Keep families together and support older people as educators of children.

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- Keep families together and support older people as educators of children.
Profile
Taking older people’s interests forward

Self-help scheme brings hope in Cambodia

Older people’s associations have started to provide practical and emotional support to older people affected by HIV/AIDS in Cambodia. Sarah Graham-Brown talked to some of the members.

Suom, 86, lives in a village in Battambang province near the Thai border. She is in poor health – she does not eat or sleep well, and she cannot see properly without spectacles, which she cannot afford. Yet she helps to care for five great-grandchildren – a two-year-old girl and four boys aged 5-13. The children’s parents (Suom’s grandson and his wife) are both sick.

‘I am losing my senses now,’ Suom says. ‘It seems as if I don’t have any soul – it has gone away. In the past, my grandchildren looked after me. I was very shocked about my grandson getting sick and I am worried about my great grandchildren.’

Suom’s situation is increasingly common, yet HIV/AIDS interventions rarely cater for older people, especially those left to care for sick adults and young children.

Now HelpAge International is running a pilot project in 15 villages to support older people’s associations to help families affected by HIV/AIDS. Members are selected by their communities to become HIV/AIDS volunteers.

Visits by volunteers
The volunteers visit families affected by HIV/AIDS, bringing food, money and medical items, such as oral rehydration salts, gloves, cotton wool and anti-fungal soap. The money goes towards the cost of funerals and medical care, and clothes for children to help them stay in school. The volunteers also help with practical tasks and provide much-needed emotional support.

Suom and her family are among those to benefit from the scheme. They have also been given vegetable seeds, and Suom’s oldest great-grandson looks after the growing crop.

Raising awareness
Older people are well placed to educate others in their community, and another key role for the volunteers is to raise awareness about HIV/AIDS and reduce stigma.

Leng Lay, a 57-year-old volunteer, believes that young people respect what the older volunteers tell them. ‘After a few months of working as an HIV/AIDS volunteer, young people have listened to what I have told them about AIDS,’ she says. ‘I don’t find it difficult to get them to listen. The community has changed its attitudes and people now know how to protect themselves.’

Grandparents’ knowledge
Another volunteer is Vit, a 74-year-old widower. He himself is struggling to bring up four grandchildren, after his daughter died of AIDS a year ago. He feels exhausted, but is hopeful for the future.

‘At the moment I feel I have run out of capacity,’ he says. ‘I have exhausted my energy and property. But I hope when my grandchildren have knowledge, they will have a good future. If I die they will remember me, and they will say that they had good knowledge... and they wouldn’t have had that except for their grandparents.’

The project is funded by the Mercury Phoenix Trust, Isle of Man and Help the Aged.

More information:
Dim Vy, Programme Manager, HelpAge International, PO Box 525, Phnom Penh, Cambodia.
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Cambodia’s turbulent history and the country’s acute poverty, high urban migration and weak public health system contribute to its having the highest HIV prevalence in the region.

The HIV/AIDS epidemic has had a devastating but under-reported impact on older people, even though they are those left to care for sick adults and young children.

Over the past few years, about fifty older people’s associations have been established in Battambang and Banteay Meanchey provinces with support from HelpAge International’s Cambodia programme. Through these associations, older people help each other meet their basic needs – for example, by running rice banks and credit schemes or arranging home visits.

Suom with one of her five great-grandchildren and the boy’s mother – the family has started to receive some support from the local older people’s association.
Talking point
Understanding older people’s experience

Last in the queue for treatment?

Fiona Clark explains why older people must be included in the drive to make HIV/AIDS treatment more widely available in developing countries.

‘Access for all’, the theme of the 15th International AIDS Conference in Bangkok in July 2004, takes forward the momentum that is building on developing ways of financing and delivering drugs that can help prolong the life of people living with HIV/AIDS – antiretroviral therapy.

The World Health Organization last year announced its initiative to bring treatment to three million people by the year 2005, and this has received backing by many donor agencies and governments. The new political and financial commitment to making antiretroviral treatment in developing countries a reality has been welcomed by organisations of people living with HIV/AIDS, AIDS service organisations and civil society more broadly.

However, core concerns include how decisions will be made about who will receive treatment, how it will be administered, and how it will reach the poorest and most vulnerable.

HelpAge International’s concern is that the repeated exclusion of the over-50s from programmes tackling the HIV/AIDS epidemic will result in their exclusion, also, from this new initiative.

At risk of infection

International data on infection rates does not include the over-50s. Yet, women and men often continue to engage in sexual relations into old age. In a study in Thailand, more than half of married men in their later fifties and married women in their earlier fifties reported having sexual intercourse in the previous month.

In societies where women have little control over the use of protective measures, and where men may have a number of wives or use commercial sex workers, older wives, just like younger women, are put at risk. Furthermore, it is known that older women are more susceptible to HIV because of the thinning of vaginal walls with the menopause.2

In countries with poor blood screening, older people are also exposed to the HIV virus through contaminated blood transfusions. Analysis of infection data collected by AIC-MIS between 1992-2002 from voluntary testing and counselling centres in Uganda found that the over-50s made up 4.6 per cent of those who presented at these centres.

Of these, one in five tested HIV positive (23.9 per cent of women and 18 per cent of men). For this period there was a tenfold increase in numbers of people aged 50 or over seeking voluntary counselling and testing services, with a twenty-fold increase in the over 70-year-olds.

Yet the risk of infection and spread of HIV among older age groups continues to go undetected and unreported. Experience from the United States shows that persons aged 50 and over may not be promptly tested for HIV infection following the onset of HIV-related illnesses, because doctors are less likely to consider HIV infection.3

This age discrimination is exacerbated by the fact that HIV-related illnesses mimic other diseases associated with ageing, such as Alzheimer’s. As a result, older people also respond differently to treatment from younger people and are frequently excluded from clinical drug trials.4

Key role in caring

Older women and men are often the primary carers for their adult children living with HIV/AIDS. A study by the World Health Organization in Zimbabwe found that 71.8 per cent of carers were over the age of 60 and 74.2 per cent were women.5 In Thailand, older parents are the primary carers for a third of adults living with HIV/AIDS.6 This role exposes

More importantly, with the advent of medicines and treatment for HIV and AIDS, older carers must be recognised and targeted as an important part of the supply chain in ensuring effective administration of anti-retrovirals for the people under their care.

Right to protection

HIV/AIDS prevention and awareness programmes are almost exclusively targeted at younger adults and adolescents. As a result, older women’s and men’s understanding of the nature, cause and transmission of HIV can be limited. They are also less likely to come forward to use voluntary testing and counselling facilities.

Thus older people’s ability to protect themselves and care safely for their children and grandchildren is severely compromised. Older people must be part of the new push for treatment – as primary carers, as educators, and as people with HIV/AIDS, who have a right to access treatment and care services.

Fiona Clark is Policy Officer, HelpAge International.

2. ‘AIDS and the elderly: facing facts’, Perspectives in Health Promotion and Aging, 11:1, American Association of Retired Persons, 1996
4. ‘AIDS and the elderly: facing facts’
Journal articles
A round-up of what is being written on ageing issues. For journal details please write to the editor or email: cft@helpage.org

National
Intergenerational family support provided by older people in Malaysia

Ageing and Development
Economic security for the elderly in India: an overview
V S Kumar, Health status and health care services among older persons in India
P B Nayyar

Old-age homes and services: old and new approaches to aged care
P Liebig

Gender
Gender dimensions of support for elderly in Vietnam

A co-twin control study of physical function in elderly African American women

Gender and aging in the developing world: where are the men?

Health
Health, ageing and social differentials: a case study of Soweto, South Africa

Factors associated with depression among elderly patients in a primary health care clinic in Malaysia

Prevalence of depression with chronic illness among the elderly in a rural community in Malaysia

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T P Ng et al., Age and Ageing 33 (2004)

Functional limitations in Mexican American elderly

An audiologic rehabilitation programme for elderly adults in Brazil

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Assessment of the nutritional risk of over 53 year old men and women in Taiwan

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Suitability of the WHOQOL-BREF for community dwelling older people in Taiwan
H-F Hwang et al., Age and Ageing 32:6 (Nov. 2003)

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K Kashi et al., Int. J. Epidemiology 32:6 (2003)

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Assisted living for older people in Israel: market control of government regulation?

Health care reform and older adults: notes from the Polish experience

Social security systems in Uganda

Ageing service need and use among Chinese American seniors: intragroup variations

Cross-cultural perspectives on the concept of retirement: an analytic redefinition

Health care for older persons in Singapore: integrating state and community provisions with individual support

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Correlating cross-cultural stereotypes: ageing in Shanghai and Canada

Elderly suicide rates in Asian and English speaking countries

‘We’re not speaking any more’: a cross-cultural study of intergenerational cut-offs

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Integrating housing wealth into the social safety net: the elderly in Moscow
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C Lundgren and A Aberg, Dept Economics, University of Lund, Minor Field Study Series 145 (2003)

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http://elsa.berkeley.edu/users/emiguel/miguel_witch.pdf

Dynamics of ageing and support of the elderly in Nigeria
A Adepoju, Human Resources Development Centre, Nigeria,
Email: aadepoju@infoweb.abs.net

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US Social Security Administration and International Social Security Administration
www.ssa.gov/policy/docs/progdesc/spt/per2002-03africa/index.html

ISSA reports (www.issa.org):
Non-contributory pension schemes: a new model for social security in the South?
There is more to a decent income in lengthening old age than individual savings: a discussion of income security for old age in Singapore and Malaysia
K Caraher (2003)
The role of informal social security in an inter-generational society
A Decker (2003)
Social security in a long living society: Brazilian experience in the Latin American context
M Maljasits and R P Catsavara (2003)
Population ageing and the labour market: issues relevant for social security in Mexico
Impact of liberalisation on social security arrangements in India
Social security scheme in Indonesia: a utopic programme?
T Setiabudhi (2003)
Universal pensions in Mauritius: lessons for the rest of us
L Wilmore (2003)

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Generational accounting in Korea
A J Auerbach and J C Young, no. w9583 (Sept. 2003)
Rearranging the family? Income support and elderly living arrangements in a low income country
E Edmonds et al., no. w10306 (Feb 2004)

The Impact of HIV/AIDS on Older People in Cambodia
The author examines the real implications of the ageing phenomenon and challenges our preconceptions about how it should be tackled. He argues that the accumulated skills and experience of older people should be employed to enrich society, rather than being perceived as a burden, and that the reintegration of older people into societies worldwide is vital.
ISBN 0745 3183 98

Pensions and retirement funds in Hong Kong
J Gadbury et al., ISI Publications (2003), 240pp. ISBN 9627762861
USD299 (including delivery)
Email: info@isipublications.com

Other publications:
A framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS
UNICEF, 2004

Growing up alone – children orphaned or made vulnerable by HIV/AIDS in sub-Saharan Africa
UNICEF Ireland, 2004
www.unicef.ie

Orphans and vulnerable children: technical consultation
Meeting report November 3-5, 2003
USAID, 2004

Supporting older carers
In ‘Building blocks: Africa-wide briefing notes’ series
International HIV/AIDS Alliance, due 2004
www.aidsalliance.org

Africa’s orphaned generations
UNICEF, 2003
www.unicef.org/media/files/orphans.pdf

Events
Old-Age Vulnerabilities: Asian and European Perspectives
International workshop, 8-10 July 2004, Malang, Indonesia
Email: elisabeth.schoedler-butterfield@isant.ox.ac.uk

Aging in Africa
Training course, 2-6 August 2004, Nairobi, Kenya
Email: helpage@helpage.co.ke

Global Ageing: Sustaining Development
7th International Federation on Ageing Global Conference
5-8 September 2004, Singapore
Email: info@7ifaconference.com

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P Kreager and E Schroder-Butterfill (eds), Berghahn Books (due 2004), 256 pp.
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A Moneer and M Mukherjee, Institute of Economic Growth, Delhi.
Email: moneer@ieg.emet.in

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UNICEF, UNAIDS, USAID, 2004
www.unaids.gov

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J Knodel and W Im-em, PSC Research Report 02-504, revised Oct. 2003
www.psc.isr.umich.edu/pubs/papers/rr02-504.pdf
A new study examines poverty in highland Bolivia and Peru.

Consultations on poverty in Latin America

A series of consultations with older people has been carried out in Argentina, Bolivia, Chile, Colombia and Peru to examine the situation of older people living in extreme poverty.

The project is coordinated by HelpAge International as part of its Active Ageing programme, funded by the UK Department for International Development, European Commission and Help the Aged.

The results will be used to inform older people’s organisations, policy makers and programme planners.

The study aims to go behind official data to discover how older people are affected by their poverty. It includes a critique of official data (such as census data), focus group discussions with older men and women, and key informant interviews.

Common themes to emerge are older people’s worry about their families and their future, given the income from formal employment and 5 per cent receive an occupational pension.

Almost 30 per cent, for various reasons, such as lack of documentation and inability to travel, do not access the Bonosol – the universal payment to older people, equivalent to US$0.6 a day.

Contact: HelpAge International, Latin America Regional Development Centre, Bolivia. Email: helpagedeboliviaalamo.entele.net.bo

Ageing and social policy

The Institute for International Health and Development (previously Centre for International Health Studies) at Queen Margaret University College, Edinburgh is conducting preliminary research on the extent to which issues about ageing and older people are included in social policy in developing countries and the strategic nature of those policies.

Contact: Dr Margaret Leppard, IHD Email: mleppard@qmuc.ac.uk

Social networks in south-east Asia

A three-year post-doctoral research project on older people’s social networks in rural south-east Asia was begun in March 2004 by Elisabeth Schröder-Butterfill of Oxford University. The central question is: Why are some older people vulnerable, while others are secure?

The research aims to explain what it is about the composition, processes and dynamics of networks that reduces or heightens older people’s vulnerability, defined in terms of the risks of destitution, social exclusion and uncertainty about future support.

The project, funded by the British Academy, will involve ethnographic fieldwork and randomised surveys on household economy and health.

In Indonesia, support networks first documented during doctoral research will be followed up and their responsiveness to old-age transitions and crises examined. These will then be compared with networks of Malays and Indians in Malaysia.

Contact: Dr E Schröder-Butterfill. Email: elisabeth.schroeder-butterfill@qant.ox.ac.uk

Impact of HIV/AIDS in Tanzania

Participatory research to assess the impact of HIV/AIDS on older carers, especially older women, has been carried out in two districts of Tanzania, coordinated by HelpAge International.

Preliminary findings from Dar es Salaam and Tanga highlight families’ hardship – some children in older-headed households miss school to beg or trade. Lack of government support to older people caring for young children is also highlighted.

Older people identified four major factors that contribute to the spread of HIV/AIDS among them – ignorance of HIV/AIDS, because of their exclusion from prevention programmes, traditional practices, poverty and excessive drinking.

Poverty leads some older people to resort to casual sex as a means of raising income to meet their basic needs, including caring for orphans.

The research, carried out by Good Samaritan Social Services and Tanga Elderly Women Resources Centre, is funded by the governments of Canada, Denmark, Finland, Ireland, Netherlands, Norway, Switzerland, and the United States.

Contact: Alusua Mfga, Information and Communications Officer, HelpAge International, Tanzania. Email: hai@helpage.co.tz

Tercera Edad y Desarrollo

HelpAge International is discontinuing publication of Tercera Edad y Desarrollo, the Spanish edition of Ageing and Development. Materials in Spanish continue to be available from HelpAge International’s Latin America Regional Development Centre in Bolivia.

Email: helpagebolivia@alamo.entele.net.bo

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Ageing and Development aims to raise awareness of the contribution, needs and rights of older people and to promote the development of laws and policies supporting older people. It is published by HelpAge International, with funding from Help the Aged (UK).

Copies are available free of charge on request to policy makers, programme planners and researchers. Please contact us with brief details of your work. If requesting multiple copies, please explain who these are for and how they will be distributed.

Ageing and Development is also available on the web at: www.helpage.org

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