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Ageing and Development.

Amanda Heslop

HelpAge International

August 1999

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Social Development Department
Department for International Development
94, Victoria Street
London
SW1E 5JL
UK

Tel: 44 (0) 171 917 7000
Fax: 44 (0) 171 917 0197
Email: sdd@dfid.gov.uk

DFID homepage: http://www.dfid.gov.uk

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SUMMARY

A global demographic transition is underway. At its heart is the growth in the numbers and proportions of older people and the worldwide transition from high birth and death rates to low fertility and mortality. The far reaching economic and social implications of global ageing during the next century are beginning to be recognised in countries throughout the South and the North.

Poverty and exclusion are the greatest threats facing older people. Despite the huge growth in the numbers and proportions of older people in the poorer regions of the world, they remain largely excluded from full participation and on the margins of the development process. Many older people are unable to access and are beyond the reach of basic social and health provision. Many are women, often widows, who suffer multiple disadvantages on the basis of their gender, their abandonment and failing health. Most older people in the South work into very old age, in spite of poor health and disabling illness. The evidence is that not only are older people resourceful managers of their own livelihoods but they are supporting the well being of their families and communities in numerous ways.

Despite this evidence, the productive contribution of older people goes unrecognised by policy makers. Much of the focus is on the 'problems', especially the perceived economic burdens upon national social welfare resources, rather than the challenge of ageing. The consequences of this neglect is increasing poverty, for those who are old now and for future generations of older people. It also represents a denial of rights to a significant and growing proportion of the world's people. Many older people face age discrimination in the provision of services and access to support, and are often forgotten by social planners in stable societies and in emergencies.

To address the consequences of this major demographic transition there must be a fundamental shift in policy and opinion on ageing. Firstly we must acknowledge the substantial contributions to economic and social development made by older people. Secondly we must address the situation and needs of older people in the context of

their basic human rights and within the framework of wide ranging poverty alleviation strategies.

This paper firstly describes the main features of the demographic transition and highlights the areas of consequence for social development. It reviews the theory and practice in ageing and its relation to a wider development framework. The second section discusses key social and political issues facing the lives of older people, particularly concerning poverty, their rights, family and community, livelihood security, health and well being. The paper concludes by highlighting policy implications and suggested actions that could be taken to ensure improvements to the conditions described.

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1. OVERVIEW OF DEMOGRAPHIC CHANGES: IMPLICATIONS FOR PRACTICE AND POLICY DEVELOPMENT

1.1 DEMOGRAPHIC TRANSITION: ISSUES IN POPULATION AGEING

During the last 40 years global populations of all age groups have grown substantially. However, projections for the first quarter of the next century indicate that the fastest growth will occur amongst older groups. Whereas the number of under four year olds will barely change, the number of 60 year olds is expected to double and those over 80 will almost treble in number.[1] Declines in both mortality and fertility, witnessed in some industrialised countries at the beginning of this century are now being seen throughout the world. Better health care combined with lower fertility has had the effect of increasing the proportion of older people at a faster rate than ever before. The share of the world's aged 60 and above is projected to rise from today's 10% (542 million) to 20% of the world (1.9 billion) by 2050. Before 2050 the number of those over 60 will surpass those under 15 for the first time in history.[2]

Whilst this demographic transition is global, the growth in numbers and proportions of older people is most rapid in the so-called "developing" countries. Already 61 percent of the world's older people live in these countries and this will increase to 70 percent by 2025. In France for example it took over a century (from 1865 to 1980) to increase the proportion of older people from 7 to 14%. In developing countries as a whole, about 8% of people are currently over 60 years. In just 25 years (by 2025) this proportion will rise to 13% and by 2150 it will be 30%. Population ageing in the industrialised countries of the North was largely a result of improved living standards, including better health and nutrition. This same transition is occurring at a faster rate in countries in the South without the rising affluence and development of social welfare infrastructure that has accompanied this change elsewhere. The important

[1] Lloyd-Sherlock, P. & Johnson, P. (eds) (1996) Ageing and Social Policy: Global Comparisons. London LSE. p. 6

[2] Projected from medium fertility estimates of UN Population Division, in Berg R. J. (1998) "Demographic Trends: the Numbers and Issues they Raise" paper presented to the Global Meeting of the Generations, Washington, January 1999

policy challenge is to address the fact that increasing numbers of people in the South are ageing in poverty.

It has been argued that ageing is not a priority issue for some developing countries because over a third of their populations are still under 15 years old. Yet even in these countries, particularly in Africa, where life expectancy is low and mortality is high, the trend of fertility and mortality is downward, and lifespans are gradually growing longer.[3] The currently large proportions of under 15 year olds in such countries have a much better chance of living into their sixties and it will be this group that will form the increasingly large proportion of their countries' older populations from the 2040's.

The highest growth rate of any group will be those aged 80 and over. As life expectancy is increasing in all countries the clear trend is a narrowing of the lifespan gap between country groupings. In the South the 'old-old' (those over 75 years) are already forming a growing proportion of older populations. This has implications for social policies particularly relating to health and provision of care which increasingly need to recognise the diversity within this age group. The oldest old are more likely to be in poorer health and require more support than the young old.

Another notable difference in age profiles is the relative number of women and men. Life expectancy continues to grow at a faster rate for women than men, and the proportion of older women in most older populations will continue to grow, particularly amongst the oldest old. In nearly every country, with the exception of Bangladesh, India and Pakistan, women generally live longer than men. By 2150 life expectancies in the North will be 86 years for men and 92 years for women, and in the South 83 years for men and 88 years for women. These figures also demonstrate that life expectancy is lower for poorer people. Poverty rankings based on Human Development Indicators, such as literacy levels, access to water and per capita income, all correlate with lower life expectancy.[4] The circumstances of older women's lives depend in large part on their marital status. Unmarried women have a higher

[3] UNFPA (1998) The State of the World Population. New York.
[4] Human Development Report (1997) UNDP. Oxford University Press. New York. p. 164.

probability of living in poverty than married women.[5] Since women tend to marry younger than men do, married women are more likely to outlive their spouses and become widows, with this likelihood increasing with age. Unmarried, childless and widowed older women are particularly vulnerable as they are more likely to be without family support in old age. Although there is an increased understanding of the differential impact of development policies on women and men, the multiple disadvantages faced by older women have yet to be accorded the same recognition.

An important feature of the demographic transition is its effect on family structures and social relationships, and the effects of this on family support for older people.[6] As a result of falling fertility levels and increased longevity there is an increase in the number of generations alive at one time and a decline in the number of family members within each generation. New adaptations are forming, such as single parent or childless families. This implies increasing numbers of older family members and increasing numbers of older people living alone. Combined with other factors such as changing economic opportunities, urbanisation, migration and increasing numbers of women entering formal work, the availability and nature of mutual support offered between parents and children and between other kin in extended family networks is also affected. While the need for caregiving for older relatives increases the number of available family caregivers diminishes.

It is often argued that extended family networks in developing countries provide older people with clear social roles, security and care. Even within these settings, such provision is not guaranteed on the basis of old age alone, but has always been contingent upon other factors such as gender and material means. A study of the impact of socio-economic change on intergenerational relations in South Asian extended families concludes that "Given the already difficult choice facing sons regarding the allocation of their meagre income…and given the inability of poor third world governments to mount substantial social service programs, it is likely that more and more elderly will be unable to live their latter years in a secure and dignified

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[5] Gist Y. & Velkoff V. (1997) Gender and Ageing. US Bureau of the Census. Washington DC.

[6] Kinsella K. & Taeuber C. N. (1992) An Ageing World 2. US Bureau of the Census. Washington DC. p.164

setting."[7] Throughout the world the family is still regarded as the preferred provider of care in old age. In developing countries where alternative forms of public support do not exist, the continuing capacity of the family to provide effective care for older members is at greater risk.

Key points

- **Population ageing is taking place most rapidly in countries of the South where social and welfare infrastructures and resources are minimal. Increasing numbers of older people in the South are ageing in poverty.**

- **The proportion of older women will continue to increase and the multiple disadvantages faced by older women need to be addressed. Policies need to take account of the differential impact of social policy on older men and women**

- **The family is regarded as the preferred provider of care in old age. Demographic, social and economic changes have reduced the capacity of the family to provide this without alternative forms of support.**

1.2 THEORY AND PRACTICE

As the North appears to be the forerunner of global trends when it comes to demographic changes, social policy development on ageing is largely confined to and informed by the experiences of these countries. In the South where countries are still regarded as 'young' the impetus to establish information and research bases to inform policy and practice has been absent until very recently. This climate is rapidly changing and several governments particularly in Asia and Africa are engaged in developing specific policies on ageing for the first time. At national level there is a need for basic information, including statistical data, on older people. There is a

[7] Warnes A. "Social Welfare Policies and Old Age Incomes in Thailand" in Lloyd-Sherlock P. & Johnson P. (eds) Ageing and Social Policy (1996) LSE, London. pp 61-79

corresponding need to develop new perspectives on ageing in the context of development theory and practice.

Historically the influence of development theory in relation to older people has been especially negative. Early descriptions of development as a one way process to be measured by economic indicators translated into efforts to increase productivity. This excluded older people who were regarded as economically unproductive. Although discredited by the 1970's the polarisation of traditional and modern societies has had a pervasive effect on thinking about older people in development. As older people have not been visible actors in 'modernisation' they have come to be associated with traditional ways and the past. Indeed as attention finally turns to older people it is often modernization that is seen as the cause of their vulnerability as a group. Features of this process such as urbanization, increased social and geographical mobility, changes in family structures and social and cultural values are said to have undermined 'traditional' arrangements that provided security and status for older people. Typically, the 'breakdown of the extended family' and loss of respect for older people are ascribed to modernisation.

The danger of this analysis is that it overlooks the part played by structural inequalities in the exclusion and impoverishment of older people.[8] Inequalities experienced in earlier life, for example in access to education, employment, and health care, as well as those based on gender, have a critical bearing on status and well being in old age. For older people especially those who are poor, such inequalities are exacerbated through their further exclusion, for example from decision making processes, and access to services and support. The natural restrictions experienced as part of the ageing process are at the same time used to rationalise this social exclusion. Older people are often excluded from development initiatives, such as literacy programmes or credit schemes because of their perceived inability to participate. The appeal of modernisation theory is that it exposes some of the ways in which older people are vulnerable, specifically in 'developing' countries, without challenging

[8] Neysmith S. & Edward J. (1984) "Economic Dependency in the 1980's: Its Impact on Third Worlds Elderly" Ageing and Society Vol. 4, No. 1, argue that demographic and economic factors are more significant determinants of the status of older people than universal value systems.

underlying structural causes and attitudes towards older people that perpetuate this vulnerability.

Yet structural inequalities affecting older people are not confined to developing countries. Social and economic factors that affect the status and security of older people include relative wealth and poverty, gender, control of resources and ownership of assets. It is rather that the nature and impact of these forces differ within and between countries. In Britain for example, Vincent[9] suggests that work and ownership of property are key factors affecting social status in old age, and that "Inequalities resulting from low pay, unemployment, disability and sex and race discrimination are carried into old age." The challenge for development theory and practice is to locate older people in the context of their relationships with the critical social and economic factors that impact on older people in poorer countries. In such countries, any loss of status is more likely to have been "linked to ingrained structural inequalities experienced by most older people in most developing countries in earlier life. Impoverishment in old age may be a common cross cultural experience of the ageing process rather than simply resulting from modernisation."[10]

This paper takes the position that a poverty perspective is central to social development practice and policy on ageing. Much of the literature, so far overlooked in the field of ageing, on broadening conventional definitions of poverty[11] and on social exclusion[12] provides a significant contribution to the development of a research and policy framework on ageing and development. Some of the reasons why this poverty perspective which provides the link between actors in ageing and in development has been so neglected are discussed in the next section. However, it is interesting to note that the World Development Report for year 2000 on Poverty,

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[9] Vincent J. (1995) Inequality and Old Age. UCL Press, London

[10] Sen K (1993) Ageing. Zed Press, London

[11] Chambers R (1995) IDS Discussion Paper: Poverty and Livelihoods. IDS Sussex, and Whose Reality Counts? (1997) ITDG, London

[12] De Haan A. (1998) "Social Exclusion: An Alternative Concept for the Study of Deprivation?" and De Haan A. & Maxwell S. " Poverty and Social Exclusion in North and South" IDS Bulletin Vol. 20 No. 1. IDS, Sussex

draws upon 20 country poverty assessments ('Consultations with the poor'), none of which have so far considered older people as a category for inclusion.[13]

Key points

- **Structural inequalities affecting poor people are exacerbated in old age through exclusion from decision making processes and lack of access to services and support.**

- **Solutions to these difficulties require a poverty oriented framework that seeks to include older people in broad strategies for poverty reduction.**

1.3 THE INTERNATIONAL PLAN OF ACTION ON AGEING: RESEARCH AND POLICY DEVELOPMENT

Attempts to place ageing on the international development agenda date back to 1948.[14] In 1982 the United Nations hosted the first World Assembly on Ageing in Vienna and adopted the international Plan of Action on Ageing. Since then significant actions have been the designation by the United Nations of October 1st as the International Day of Older Persons in 1990, and in 1992 the designation of 1999, as the International year of Older Persons. There is no doubt that these actions have contributed to the relatively recent upsurge of interest in ageing. But why has it proved so difficult to capture the interest of the wider international community? The response during the decade following the 1982 Plan on Ageing has been largely confined to the population and labour agencies. Commitment of resources for research has stemmed almost entirely from this sector.

[13] Robert Chambers, personal communication.
[14] At the initiative of Argentina, a draft 'declaration on old age rights' was proposed at the UN General Assembly 1848

One of the objectives of the Plan of Action was to ensure that older people have the chance to contribute to and share in the benefits of development. A distinction was made between development and humanitarian dimensions of ageing.[15]

In 1994 the International Conference on Population and Development reported that since that time current orthodoxy had emphasised the humanitarian dimension so that "the elderly have come to be viewed as dependent beneficiaries of development, rather than contributors to it."[16] The conference report also noted the absence of research based on census information and household surveys in developing countries that would change this view by illustrating the contributions of older people. The first results of a multi-country research project funded by the United Nations Population Fund were presented. Significant findings included "the large proportion of older people who continue to work for a living" and the high number of domestic, social and cultural activities in which older people participate.

The body of research on ageing in development had followed this trend; characteristically large scale, based on household surveys and census information, and controlled by outside agencies.[17] This has a number of implications:

1) the significance and relevance of this research has yet to be recognised more widely across sectors in development
2) this research has not so far translated well into policy development
3) the capacity to conduct and develop research in country has not been developed or supported

Research models that foster links between sectors and countries have potential to increase the accessibility of information on ageing and to enhance understanding of its relevance within development strategies and debates. Ageing is a cross cutting issue and of critical significance to wider poverty alleviation strategies. A multi-disciplinary

[15] UN Department of Public Information (1982) Vienna International Plan of Action on Ageing, New York. See objectives (b) and (c) pp 11-12

[16] UN Office, Vienna (1994) "Development Implications of Population Ageing: Preliminary Results of a Multi-Country Study", Vienna

[17] For example, the US Bureau of the Census publications, New York; UNFPA (1998) The State of the World Population, New York; and the World Bank (1994) Averting the Old Age Crisis. Washington

approach to both funding and implementation of research would serve to increase awareness of issues as they relate across sectors. Critically, the linking of research to policy development implies the adoption of different and complimentary research methodologies.

There is a growing body of experience in context-bound participatory research linked to policy development.[18] Participatory Poverty Assessments, for example, are broadly aimed at eliciting the perspectives of poor people in order to deepen the understanding of poverty, and are increasingly included in research aimed at influencing policy and in strengthening policy delivery frameworks. Approaches such as this require the participation of primary stakeholders, for example poor people, children, older people, as well as a wide spectrum of institutional stakeholders. In relation to ageing there are opportunities both to draw upon and to contribute to this body of local expertise and knowledge. A small but growing number of governments have begun to employ such approaches to compliment more quantitative research in the formulation of policy on ageing.[19]

The literature on participatory research, notably Norton and Stephens (1995), Norton and Francis (1998), Agyarko (1997) and Gaventa (1998)[20] indicates areas of potential for development of policy on ageing.

1) Information and Analysis

Participatory approaches enable income and consumption information to be disaggregated at a level below the household. This reveals the specific ways in which older women and men contribute to, have access to and control over household

[18] Much of the experience of participatory research with a policy dimension has been developed during this decade through the World Bank Participatory Poverty Assessments. For an overview of issues and experiences see Holland J. & Blackburn J. eds. (1998) Whose Voice? Participatory Research and Policy Change. ITDG, London

[19] HelpAge International has supported participatory research with governments in Cambodia (1997), Tanzania (1998) and is supporting initiatives in Mozambique, Rwanda, Ghana and South Africa. Reports from Cambodia and Tanzania are available from HelpAge International office in London.

[20] Norton A. & Stephens T. (1995) Participation in Poverty Assessments. Environment Department papers, World Bank, Washington; Norton A. & Francis R (1998) PPA Topic Pack, IDS, Brighton; Agyarko R (1997) "Influencing Policy through Participatory Poverty Assessments". University of Sussex, Brighton, unpublished; Gaventa J. (1998) "Poverty, Participation and Social Exclusion North and South". IDS Bulletin Vol. 29 No. 1, IDS, Brighton

resources. The focus on dimensions of poverty that statistical outcomes do not capture, such as physical weakness, isolation, vulnerability and powerlessness has particular relevance to the experiences of older people. Assessment of assets, (including physical strength) social rights and obligations can indicate how older people as a group are vulnerable to conditions of poverty affecting the whole community. Areas of significance for policy include analysis of constraints on older people's capacity to maintain their livelihood strategies and of formal and informal support and 'safety' networks available to them.

2) Policy Development

Participatory studies are locally specific. Outcomes are relevant to specific social, physical, cultural and livelihood environments. This can increase rather than diminish their relevance for national policy. Insights drawn from a range of studies can contribute to national policy by revealing the areas of common experience and areas of diversity between them. Policy delivery frameworks can be informed by the identification of issues that are most appropriate for local level responses and those that are appropriate for national level policy responses. Issues can be related to sectors at all levels.

Participatory research attempts to bring together primary stakeholders and institutional stakeholders during the research process. The inclusion of older people as primary stakeholders enables their perceptions and priorities to be heard by those responsible for developing and implementing policy that affects them. Institutional stakeholders include members of government departments and civil society groups such as NGOs, church groups and academic institutions. The inclusion of institutional stakeholders across sectors facilitates the identification of issues relating to sectors and the transfer of lessons to national, regional and local level policy processes.

3) Training and Capacity Building

This approach demands local training and capacity building for research teams and those involved in translating outcomes to policy initiatives. Training in research methods takes place prior to and during data collection and analysis. The role of stakeholders goes beyond the gathering and analysis of information, and includes

developing research agendas beforehand, formulating strategies based on outcomes and disseminating results to achieve consensus on action. Links with participating communities need to be developed and maintained for future monitoring and learning about the impact of policy outcomes. Experience has shown that strategies for supporting these activities are the most crucial components of the policy research framework. However, some capacity already exists at local level, and this provides a valuable resource for research and policy initiatives focusing on older people.

Key points

- **The absence of information on the contributions of older people has reinforced the view of older people as dependent beneficiaries.**

- **Research has begun to challenge this view; the use of multi -disciplinary and participatory methodologies in particular illustrate wider dimensions of poverty experienced by older people and the specific contributions that they make.**

- **Areas for policy research include analysis of the constraints on older people's capacity to secure their livelihoods and assessment of the support and safety networks available to them.**

- **Support is also required to strengthen data collection, research and policy development capacity at local level.**

2. KEY ISSUES FOR AGEING AND DEVELOPMENT

2.1 POVERTY AND SOCIAL EXCLUSION

Participatory poverty research of the last decade has provided a broader understanding of dimensions of poverty that go beyond the lack of physical necessities, income and material assets.[21] Aspects of vulnerability such as physical weakness, isolation, powerlessness and low self esteem are all factors that are often profoundly interconnected with age. In many communities age is a factor in local definitions of poverty. Older people, especially older women, are amongst the poorest as described by poor people themselves. In Ghana for example, "the combination for women of age, widowhood and lack of adult children was frequently ...associated with chronic vulnerability."[22]

The majority of older people live in labour intensive livelihood environments. Older people are amongst the poorest because of their diminished capacity for labour that could mitigate against the lack of assets and income experienced by all poor people. In such communities, the significance of this may even be reflected through indigenous definitions of old age. A study of local definitions in six communities in Ghana,[23] showed that diminishing ability to work was consistently identified as the key criterion in defining old age by both older women and men. Furthermore this criterion was used to distinguish between categories of old age; the 'new' old being identified by reduced capacity and the oldest old by complete lack of capacity to work.

Lack of assets, isolation and physical weakness are elements of the multi-dimensional disadvantages to which older people are vulnerable. These are closely related to processes and institutional arrangements that exclude older people from full participation in the economic, social and political life of their communities.[24] It is this

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[21] Chambers R (1995) Poverty and Livelihoods: Whose Reality Counts? IDS, Brighton. & (1997) Whose Reality Counts? Intermediate Technology, London

[22] Norton, Aryeety, Korboe & Dogbe (1995) Poverty and Social Planning Discussion Paper series 83, The World Bank, Washington.

[23] Ahenkora K (forthcoming, HelpAge International) cited above

[24] De Haan A. (1998) Social Exclusion: An Alternative Concept for the Study of Deprivation? IDS Bulletin Vol. 20 No.1

social exclusion, the effective distancing of older people from the mainstream of their communities, that most profoundly disadvantages older people.

In the public domain, even where rights exist, for example over property or to access to free health care, older people frequently remain deprived through lack of information, and structures through which to pursue these claims. Public and private service delivery structures commonly mitigate against the potential of older people to participate as valued and active members of their societies. Older people face barriers accessing the most basic health and sanitation facilities, and are frequently denied access to bank loans and credit schemes as well as appropriate education and information. Practice in age care has tended to focus on specific aspects of exclusion, resulting in micro projects for older people rather than broader strategies for inclusion at all levels.

It is often assumed that informal social networks and extended families provide protection for older people, and social roles and responsibilities through which to express their full participation in social life of the community. However the role and security of older people within the family and community is also as we have seen contingent upon wider social and economic factors.

Key points

- **Lack of assets, isolation, physical weakness and discrimination are elements of the multi-dimensional disadvantages faced by older people.**
- **The social exclusion of older people is manifest in barriers they face in accessing basic health facilities and services, bank loans and credit schemes as well as education and training opportunities.**

2.2 HUMAN RIGHTS AND OLDER PEOPLE

There are a growing number of examples at community and national levels that demonstrate the emergence of a rights based approach in relation to older people.

Participatory approaches employed with older people enable them to express their concerns and participate in activities to address them. These processes can raise awareness within communities regarding rights and social exclusion issues and be an empowering experience for older people. Further work is required to develop these processes, establish good practice and develop advocacy work around them. If such approaches to programme development enable older people and their communities to recognise their rights it is more likely that they will develop ways of voicing these and participating actively in civil society. This implies encouraging partnerships with other groups and organisations and skills training to enable older people to fully participate at all levels of advocacy work.

Lessons can be learned from the experiences of NGOs working with people with HIV and AIDS. In fighting discriminatory practices, such as isolation and stigmatisation of sufferers, in the early 1990s agencies successfully developed and promoted at international forums the notion that AIDS sufferers had a right to the support of their community. This principle is being upheld by innovative education programmes at community level. In East Africa, older midwives have received HIV/AIDS awareness training to enable them to continue to operate safely but also to demonstrate to other groups in society an important human rights principle. The rights of older people to the support of their community can be promoted by networking with other issue-based institutions and across sectors. There is a strong case for reversing the often held view that older people, particularly those who are poor or frail, are a burden to their communities.

Whilst there is a danger of stressing efficiency arguments, there are economic reasons for recognising and responding to the legitimate demands of older people. By supporting the rights of older people to good health, to work and maintain an adequate standard of living, household, family and community members gain both

economically and socially. Older female doorstep traders in Ghana, for example, are able to contribute to their own welfare, provide child care, and protect the security of the home while other household members are at work.

For rights based approaches at community level to take hold and have significant impact, they must be supported at all levels. The United Nations Principles on Older People, published in 1992, outlines ten basic social, political and economic rights of older people. This document has been used to promote awareness of the needs of older people through advocacy work world wide. Further work is required to establish these principles as a Convention or Charter that is legally binding. At the same time national and regional efforts are being made to lobby governments to establish national laws protecting the rights of older people. In 1996 local groups networking in Bolivia, for example, helped to achieve the passing of a law recognising older people's rights and the launching of a national programme for support for and protection of older people.

Whilst national and international laws and charters can uphold rights and promote good practice, resources will continue to be contested at various levels. National policies already exist in some countries, such as free medical care for older people, that fail to have effect because of poor communication, implementation and enforcement structures. A human rights approach implies a responsibility for groups at all levels and across sectors to promote these rights, and to develop effective legislation to protect them. Enabling older people to participate fully in this process, through training and awareness raising programmes is a priority.

Key points

- **In 1991 the UN adopted specific principles for older people covering their rights to independence, care, participation, self-fulfilment and dignity. For many older people these basic rights are denied or restricted. Further work is required to establish these principles as a charter that is legally binding.**

- **By supporting the rights of older people to good health and to contribute towards maintaining an adequate standard of living, family and community members gain both socially and economically.**

- **Measures which seek to protect the rights of older people are an expression of their social inclusion and can also assist other disadvantaged groups.**

2.3 OLDER PEOPLE AND THE FAMILY

The effects of demographic changes on family structures and relationships is one of the main areas of concern in the literature on ageing. Throughout the world the family is regarded as a basic component of the social structure and a key role assigned to the family is that of providing care to family members at every stage of life. Care in old age is perceived as a special responsibility, particularly in the absence of public support structures. In most societies, where daily care or nursing is needed by older relatives, this responsibility is assigned to female family members.

Changes in life expectancy, economic opportunity, social and geographical mobility are impacting on living arrangements and family relationships. The opportunity to have fewer children provided by effective contraception means that investing in children's health care and education is increasingly seen as the preferred means of ensuring security in old age. The trend to smaller or attenuated families implies an increasing number of older family members and fewer available family carers. Other factors such as the increasing numbers of women engaging in formal work, migration and urbanisation do not necessarily lead to isolation of older people but may reduce the availability of preferred family carers. Increasing numbers of older people are living alone, as a result of increasing numbers of people who do not marry or do not have children. There is a significant gender issue, since women's greater longevity in almost all countries in the South and their earlier age at marriage, mean that widowhood is almost a fact of life for women over 75 in these countries.

The effects of rapid demographic and other social and economic changes has called into question the continuing capacity of the family to provide effective care for older people. The available evidence suggests that for the vast majority of older people, family support, whether in the context of co-residence with adult children or not, still provides the main source of care in old age. In Cambodia for example, research in five of the poorest villages found that support from children was "the most widely used survival strategy" of older people.[25] Family support systems are under pressure but have not 'broken down'. The changing nature of family support arrangements in increasingly difficult circumstances is testimony to its resilience. This is demonstrated in poorer communities where alternative services and choices are absent and at the same time the capacity of the family to care is most at risk. Family support can be seen as a necessary but not sufficient guarantee of old age security.

Poverty of the community and in the family remains the greatest threat to the security of older people. Even co-residency is no guarantee of effective care for older people, many of them stay with their families in a state of material and emotional neglect. For families trapped in endemic poverty the capacity of younger generations to assist their older relatives is severely impaired.

The focus on the capacity of family support networks to care for older people often ignores the reciprocal nature of this intergenerational support. Older people are by no means simply passive receivers of care, but more often are active contributors to household economies. In subsistence economies older people contribute their labour, providing for their own survival until they are no longer physically capable. The following example from rural Mozambique illustrates how these contributions are maintained even in situations of vulnerability such as prolonged drought:

"Portina is 70 years old and lives in her own hut in a family compound. She stated that a good harvest on her mashamba would yield five bags of maize, and she would give three of these to the family. The rest would be stored and used for her other needs… During the last two years of drought she has given all that she is able to produce to the

[25] HelpAge International & Ministry of Social Affairs Labour & Veterans Affairs, Cambodia (1998) The Situation of Older People in Cambodia. HAI Phnom Penh, unpublished

family. She now lacks the resources to complete the walls of her hut; she receives no assistance from the family and views this as her own responsibility"[26]

Other activities such as child minding and domestic work, often unacknowledged, provide a significant contribution to family survival.

Another example from Ghana[27] illustrates intergenerational interdependency among female traders in an urban environment. The practice of 'gifting' businesses to younger female family members provides an 'informal insurance system' for older women. Ill health is taken as a signal to reduce trading activities but not to stop. While the business, located in markets and involving long hours and physical work, is taken over by younger woman, older women take up 'doorstep trading' at the family home. In addition to generating income for their upkeep, they provide child care services and security for the home, freeing other members for outside work.

Factors such as urbanisation and migration, education and changing labour markets have contributed to changes in residency patterns and household economies. The ways in which this affects the ability of the family to provide support for older people needs careful assessment. While urbanisation may contribute to isolation of older people remaining in rural areas, there may be important economic compensations through remittances. In communities where poverty is linked to deterioration in the quality and availability of land, economic migration of children can provide opportunities for supporting older parents that they would not otherwise have. Remittances from children who find employment in urban areas or other countries are mentioned in a number of case studies as important elements of support.

However, the reverse might be the case. Increasing 'stress' migration to urban areas can have a negative effect on interdependency relationships. An example of this is the impact of stress migration on institutional 'upbringing' arrangements in Northern

[26] Heslop. A (1995) Needs Assessment in Changara for the Development of Resettlement Programme in Tete Province. HelpAge International, unpublished

[27] Apt N., Koomson, Williams & Grieco (1995) "Family Finance and Doorstep Trading: Social and Economic Wellbeing of Elderly Ghanaian Female Traders" Southern African Journal of Gerontology, Vol. 4 No. 2 pp17-24

Ghana.[28] These agreements provide for the care of children to be shared for defined periods in which both children and 'foster parents' benefit. A study of children on the street in Tamale found a significant number of girl children living with isolated female relatives or grandmothers "who were not themselves capable of generating their own subsistence… Both the child and the grandmother contribute equally to a household of fragile sustainability." While the girls collected grains fallen from sacks as they were being loaded in the lorry parks, their older relatives sold items such as cigarettes from the room in which they lived. The result of long term poverty and insecurity affects more than one generation; in extreme cases both parties are at risk.

These examples illustrate the importance of maintaining family support systems through mechanisms that support intergenerational reciprocity in the context of wider strategies for structural change.

Key points

- **The focus on the capacity of family support networks to care for older people often ignores the reciprocal nature of this intergenerational support. Older people are by no means passive receivers of care but often are active contributors to household economies.**

- **Family support systems need to be maintained through mechanisms that support intergenerational reciprocity in the context of wider strategies for poverty reduction.**

2.4 LIVELIHOODS, SOCIAL AND INCOME SECURITY

In most developing countries, centrally developed systems for income security in old age are extremely limited. In practice eligibility is restricted to a small minority of workers previously employed in the formal sector in urban areas, such as government staff and employees of large scale public or private enterprises. The livelihoods of

[28] Dennis C. (1998) "Gender Issues in Poverty in Tamale: Old Women and Young Girls" African Urban Poverty, eds Nelson & Jones, University of Bradford, UK

most older people are based on multiple activities and sources of income and security outside the formal economy. The World Bank estimates that over 70% of the world's older population rely on such 'informal' systems of security[29] and this percentage is certainly higher among older populations in the South.

Despite this awareness, much of the debate regarding income security for older people builds on the assumptions that old age is synonymous with dependency and that the economic welfare of the older population is largely determined by the performance of the economy as a whole. This perspective is evident in The World Bank report of its cross national study of old age security arrangements which establishes policy options to mitigate against the expected economic dependency effects and increased social welfare costs of ageing populations. This situation is expected to be particularly acute in poorer countries which are experiencing population ageing most rapidly and which have limited capacity to support them. The report proposes a framework for identifying the policy mix most appropriate to a given country's needs based on a three pillar system combining public mandatory systems, private mandatory systems and private savings schemes.

Whilst the framework is useful for governments reviewing or developing formal pension and social security programmes, taken as a single reform agenda, it is problematic. Firstly, the prospect of poorer informal workers contributing to private pensions or savings schemes has not been adequately assessed. Secondly, in many less developed economies the preconditions for secure long term private savings, such as stable markets and sound regulatory structures, do not exist. The World Bank report therefore recommends that such reforms be seen as complimentary to programmes designed to protect the informal systems of old age security which are the mainstay in most developing countries.

Moreover, the evidence that population ratios necessarily translate into economic dependency ratios in all societies needs further analysis. It is assumed that transfers of wealth flow 'upwards' from younger to older generations. Household expenditure and consumption data generally assume that household members consume equally. There

[29] The World Bank (1994) Averting the Old Age Crisis. Oxford university Press, New York

has been little age aggregation of consumption of public services such as health and education in poor countries. One of the first empirical studies carried out in a high fertility country, Côte d'Ivoire, found that intergenerational wealth flows are downwards in both public and private domains.[30] The study used data on labour income and household enterprise labour as well as public sector resource flows against age profile information to analyse population wealth. In rural areas it found that people move from being net consumers to producers earlier than in urban areas, due in part to longer time spent in education in urban areas. But in both rural and urban economies the average age of labour earnings was higher (by 7 years) than the average age of consumption. In the public sector, distribution of services and transfers received were dominated by the younger generation, primarily through schooling. Comparing government transfers and receipts against age profiles, "public sector transfers are provided by individuals who are 18 years older than recipients of government services." On the basis of this evidence, neither the public nor market based economy should be threatened by increasing proportions of older people. The challenge for most countries is more likely to be concerned with redistribution of resources in pace with changing age profiles.

Where national provision for old age security exists, as in South Africa, the impact of this on older people and the wider community can inform development of policy elsewhere. The government currently spends three quarters of the welfare bill on old age pensions. Observers agree that this is well targeted to reach poorer households; that it is the major source of income for many extended families and that it has a development impact." People are fed and sent to school out of this pension money, it enables investments in farming activities, and in general it is crucial for the very survival of these communities."[31] All this is in the context of very high unemployment especially in black and coloured communities. A study of households in settlements in Cape Town,[32] where 65% of the working population are economically inactive, found

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[30] Stecklov G (1997) "Intergenerational Resource Flows in Cote d'Ivoire: Empirical Analysis of Aggregate Flows" Population and Development Review Vol. 23 No. 3

[31] Le Roux P, (1995) "Poverty and Social Policies. Some Critical Policy Choices for South Africa." Report of the Committee on Strategy and Policy Review of Retirement Pensions, Government of South Africa.

[32] Sagner A. (1997) "Urbanisation, Ageing and Migration: Some Evidence from African Settlements in Cape Town" South African Journal of Gerontology, October 1997, Cape Town

that in half the households the pension was the sole source of income. However, because these households attract economically weaker dependants they are described as disadvantaged in comparison to 'younger' households. Due to high unemployment and the absence of other forms of social security, the pension in South Africa has been described as "an imperative for the very survival of many urban poor." The effect of this on older people needs further research. One study with older people in a Durban township,[33] found that older people were highly vulnerable to physical and psychological abuse because of the pressure on this income. Other main issues were access to health care, housing and transport services. In responding to these issues older people spoke consistently about their perceived lack of education and their feelings of inadequacy because of this. This raises questions about the relationship between pensions and well being for older people, particularly in relation to issues of self esteem and adequate healthcare. It cannot be assumed that guaranteed income is enough to provide social security in old age.

One of the reasons why the informal sector has been overlooked in national planning stems from the view that age itself is a barrier to national productivity and growth. The reality is that livelihood strategies in old age remain complex and diverse. They include capability to engage in productive activities such as farming, trading, and engaging in small scale enterprises. They also include assets such as good health, knowledge, skills, and access to family and community support networks. In maintaining their livelihoods older people contribute to the wellbeing and livelihood of the household and family. Factors that reduce these assets and limit the capacity of older people to provide for themselves include diminished physical strength, poor health, low status, landlessness, absence of or limited family or community support, lack of capital, and lack of education or training opportunities.

Old age security can be substantially enhanced by wide ranging measures aimed at strengthening the capacities of older people to contribute to and to be included in the process of development. Governments have a role in supporting indigenous institutions and forms of social security as well as developing new forms. Research

[33] Heslop A. (1996) Participatory Needs Assessment in Clermont Township. HelpAge International, London

suggests that traditional reciprocity networks and risk reducing mechanisms, weakened by new markets and state interventions, may not be relied upon as the only form of security but that opportunities exist for scaling up of social capital.[34] Religious societies, traditional councils, savings groups and burial societies are among the institutions identified by older people as part of their support networks in many societies. It has been suggested that the fostering of relations between the state and these informal networks can create an environment of civic engagement, facilitate collective action and also strengthen state institutions. The gap between public and traditional or community based institutions is not as wide as commonly supposed as informal networks span the public and private domains. In Ghana, for example, local government operates at village level through bodies called unit committees. Members of these committees and members of traditional councils live in the same community, and work together with the shared responsibility for community development. While the unit committees represent community concerns at district level, they recognise that decisions must be made in agreement with traditional councils. The development of partnerships between public and private institutions implies the inclusion of the business sector, especially in the development of more accessible and flexible savings or pension schemes.

Key points

- **In most developing countries, centrally developed systems for income security in old age are extremely limited.**

- **Livelihoods of most older people are based on multiple sources of income and support outside the formal economy. In maintaining their livelihoods older people contribute both socially and economically to the wellbeing of the household and family.**

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[34] Evans P. (1996) "Development Strategies Across the Public - Private Divide" World Development, Vol 24 No. 6 and Platteau J. (1991) "Traditional Systems of Social Security and Hunger Insurance" Clarendon Press, Oxford

- **Governments have a role in supporting indigenous institutions and forms of social security available to older people as well as developing new forms.**

- **Partnerships between public institutions and the business sector should be encouraged, for example in the development of accessible and flexible savings or pension arrangements for older people.**

2.5 HEALTH AND WELLBEING

The ways in which improved health has contributed to increased longevity in poorer countries differs from the experience of countries in the North. In countries where demographic changes are occurring most rapidly, technical innovations have had more impact on these health gains than rising standards of living, better nutrition, sanitation and housing that accompanied these demographic changes in the North.

Interventions such as mass vaccination programmes have been made in the context of continuing poverty rather than in the context of gradual and wide ranging social and economic improvements. The implication is that for many people in poorer countries old age may well be accompanied by chronic ill health, as a result of lives lived in poverty with minimum access to adequate health care facilities.

Comparisons of health trends indicate that patterns of morbidity observed in the North are now emerging in the South and featuring an increasing incidence of degenerative diseases. "Although morbidity remains skewed towards infectious diseases, it is increasingly moving towards degenerative diseases in most developing countries."[35] It is also observed that industrial and environmentally caused diseases pose an increasing risk in these countries.

Gender differences impacting on health affect not only health status but provision and access to health care facilities. Women outlive men but not necessarily with longer

periods of good health. Poor women's lives are often characterised by time consuming and physically demanding work, inadequate nutrition, repeated childbirth since puberty and little access to primary health care. Older women are more likely than men to spend more of their older years in a disabled state.[36] Although many public health programmes have budgetary and delivery mechanisms for targeting younger women and children, there is scant recognition of the specific health needs of older people and even less awareness of the different health profiles of older men and women.

The impact of HIV/AIDS in a number of societies has resulted in increasing numbers of older female headed households supporting orphaned children. The responsibility of care falls on older women whose capacity for productive labour may be significantly reduced, thereby increasing trends towards the feminisation and gerontification of poverty.[37]

For older people, personal health consistently ranks alongside material security as a priority concern. For the majority of poor people whose livelihoods are closely connected with their ability to work, illness can mean the loss of means of self support. This is a very real threat for older people without assets and little family support who are at the same time those who are least likely to be able to access adequate health care services.

Access to public health care is problematic for older people. Whilst the majority of older people live in rural areas, health care facilities and personnel tend to be concentrated in urban areas. Even where facilities exist such as health posts and clinics that are relatively accessible for some members of the community, lack of transport or cost of transport and high fees are prohibiting factors for older people who are less able to make the journeys required on foot. In some communities this can disadvantage women in particular. A study of health and older people in rural Somalia, where only 50% of the population have access to public health facilities,

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[35] Sen K. (1994) Ageing (chapter 2). Zed Books, London

[36] Gist Y & Velkoff V. (1997) Gender and Ageing. U.S. Bureau of the Census

[37] Myslik, Freeman & Slawski (1997) "Implication of AIDS for the South African Population Age Profiles" South African Journal of Gerontology, University of Cape Town, South Africa

found that social mobility patterns meant that it was mainly men between the ages of 40 and 70 who could travel beyond their villages to access these services.[38]

Physical access issues are not confined to rural areas. In a South African township where a weekly geriatric clinic is run free of charge, older people most frequently cited the lack of transport as their main concern relating to health care.[39]

Equally important issues of access for older people in both rural and urban communities are high costs and perceived quality of treatment. In Cambodia a survey of older people in five villages found that the effects of poor health on older women had psychological implications, since illness was accompanied by worry about the financial burden this might impose upon their families. Older women were more likely to conceal their health problems because they found it harder to claim family resources for their own care, especially when they are ill.[40]

When medical care is required, older people, families and even communities are forced to make hard choices, weighing up availability of services, support available to access these services, with their knowledge of the nature of and suitability of treatment in relation to specific health problems. Evidence from a number of studies suggests that public health services are a relatively minor element of older people's overall health care strategies. Home remedies, self help, visits to herbalists, bone setters and spiritual healers, and purchase of drugs in the market play a very significant role in both urban and rural areas. Choices are affected by social, economic and cultural contexts as well as personal circumstances. As one group of older men in Northern Ghana explained "..when somebody is sick you start with home medication, if you are not successful you go to the herbalist, then the peddler, clinic and finally the hospital - a last resort." [41] Older people in a community in Northern province in South Africa are comparatively well provided by a community health centre and nearby

[38] Glascock A. (1991) "Nothing is Without Cost: The Effects of Development on Health of Older People in South Central Somalia" Journal of Cross Cultural Gerontology, Vol. 6 No. 3.
[39] Heslop A. (1996) "Participatory Needs Assessment with Older People in Clermont Township, Durban, South Africa", HelpAge International, London
[40] HelpAge International & Ministry of Social Affairs, Labour and Veterans Affairs Cambodia (1998), HelpAge International, Phnom Penh

hospital, but use these in combination with other forms of health care. Many older people in this community believe that hospitals provide temporary treatment for diseases while healers provide permanent cure. Although traditional healers are considered to be expensive, there is no fixed amount and treatment involves several stages that are paid for separately and in the form of animals such as chickens or goats depending on what is agreed for the task.[42]

Flexible payment arrangements are often as significant a factor as low cost, a dimension that public service providers are rarely attuned to. Moreover, the health status of older people changes seasonally, as does the ability to pay in societies where livelihood patterns are governed by seasons. The combination of these two aspects of seasonality can have a serious impact on older people's health and ability to access services. For example, research among older people in Ghana found that disease prevalence increases in the rainy and dry cold seasons when labour demands are greatest. For farmers, the rainy season is the period of planting, increased farm expenses and food insecurity, yet older people must harbour ill health in order to get the farm work done. Harvest periods mark the beginning of good nutrition, income and better health, when more families can afford to make payments for health care.[43] In short, the periods when demand for health services is most critical coincide with periods when poor people are least able to afford them. The development of more flexible payment structures in public health delivery is clearly a critical aspect of policy aimed at improving the long term health status of resource poor older people.

Older people themselves are acknowledged health care providers. Skills in home remedies and herbal treatments usually come with experience, and most herbalists tend to be older men and women. The unique role of older women as birth attendants is recognised in many communities and they are increasingly utilised within public sector and non governmental health care services. In many parts of the world older practitioners have played an important role in retaining health knowledge and

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[41] Ahenkora K. "The Contribution of Older People to development: The Ghana Study" HelpAge International, *forthcoming*

[42] Heslop A (1995) "Assessment into the Needs of Older People in Mabodlhonwa, Northern Province, South Africa" HelpAge International, South Africa and London.

[43] Ahenkora K. (forthcoming) cited above

practices. In parts of Latin America and South East Asia, older people have set up local projects in which they use their skills and knowledge to cultivate herbs, process and administer herbal treatments within their communities.

Service reforms in a number of countries have resulted in a diminished role of the state in health service delivery and greater autonomy for the agencies responsible to increase their cost effectiveness. A survey conducted among low and middle income group users in two Ghanaian cities concluded that health fees were perceived to be especially discriminatory against poor people.[44] Policy recommendations included the reduction of local facility fees with exemption for poor people, and that greater attention be given to primary health care and community level services. While national policies on exemption of fees for poor and older people exist, in practice they have very little impact on older people because severely limited health budgets cannot contain the cost of sustaining drug supplies and developing the necessary implementation structures.[45]

Strategies for improving the health of older people will be linked to improved access to life long primary health care and the inclusion of older people in poverty alleviation strategies. There are numerous examples of successful non governmental and community based health programmes, such as home visiting schemes and training for family carers, that also preserve the role of older people as health providers. Many governments, for example in Ghana, India, Zanzibar, are beginning to include modules in basic gerontology in health staff training curricula. There is significant scope within existing bi-lateral and international agency health programmes to include measures for training, improving access and service provision, and for supporting community based initiatives.

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[44] Rakodi C. (1996) "The Opinions of Health and Water Users in Ghana" The Role of Government in Adjusting Economies, Series Paper No. 10. School of Public Policy, University of Birmingham, UK.

[45] In Ghana for example, exemption falls to the discretion of medical staff which is especially difficult in larger communities, older people are largely unaware of their exemption rights, and exemption is contingent upon the availability of drugs.

Key points

- **Old age in poorer countries is often accompanied by chronic ill health as a result of lives lived in poverty with minimal access to adequate health care facilities.**

- **Older women are more likely than men to spend more of their older years in a disabled state, as a result of lives spent in physically demanding work, inadequate nutrition and repeated childbirth.**

- **The impact of HIV/AIDS in some societies has resulted in older women supporting orphaned children while their own capacity for productive labour is significantly reduced.**

- **Many older people are unable to access public health care services due to inadequate provision and mobility issues.**

- **Older people are themselves acknowledged health care providers within their communities.**

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3. CONCLUSIONS AND IMPLICATIONS FOR SOCIAL POLICY

The paper describes the multiple ways in which older people experience poverty and exclusion, and suggests that solutions to the difficulties experienced by older people require a policy framework that is inclusive and poverty focused. This should seek to include older people in broader strategies for poverty reduction.

Human rights provision for older people requires international backing, for example by making the UN principles legally binding. Policies and programmes that affect older people directly should be informed by the principles outlined by the UN, of independence, participation, care, self fulfilment and dignity. The evidence of discrimination and lack of protection for older people requires national support for awareness raising programmes as well as policies to deal with and call attention to these problems. Older people have the right to continue to contribute to their communities as well as the right to access support when required.

Income security, access to appropriate and affordable health care, transport and housing are key policy issues. Cross sector policy development is essential for achieving improvements. For example, income issues cannot be solved by pension schemes alone, and most older people's security mechanisms are outside the formal economy.

Livelihood strategies depend on older people's ability to access a range of sources of income and social support. The family and local institutions (such as the church and burial societies) are key sources of support, and innovative policies are required to strengthen their capacity to sustain this. At the same time, the reciprocal nature of this support and the valuable contributions that older people make, both economically and socially must be acknowledged and affirmed through national policy making processes.

The design of financial systems that contribute to sustainable incomes for older people need to take account of the diversity, lack of stability, local and seasonal nature of income sources available to older people.

Livelihood strategies of older people are highly dependent upon good health and older people are disproportionately affected by difficulties experienced in accessing health care, transport and reasonable housing. Health issues include development of services to respond to the specific health issues of older people, training of health providers to deal appropriately with these, assessment of the impact of user fees and the proper functioning of exemption schemes, alternative arrangements such flexible insurance and payment schemes, accessibility of services, and understanding of the choices made by older people in relation to their health needs.

The formulation of programmes and policy needs to be accompanied by more multi-method research that is older people centred, and analysis that is multi-disciplinary. Poverty strategies will be more effective if older people are recognised as playing a role in the identification of problems as well as solutions. Social contributions made by older people, including their role in community cohesiveness, resolution of conflict, and care for family members, and as managers of assets, health providers and educators, are not given economic value. Special efforts must therefore be made to assess the importance of these contributions so that adequate support is provided for older people to maintain these functions.

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