Ageing, Livelihoods and HIV/AIDS Briefing Notes …….No: 6

The elderly as carers for the sick and dying – implications for livelihoods

Key Points:

- Half of all elderly household heads were involved in the care of someone who was sick.
- Caring is gendered – with elderly women taking responsibility for caring.
- Caring for the sick and dying threatens household livelihoods by e.g. draining pension funds, withdrawing labour from cultivation and by affecting the well-being of elders who are dealing with the deaths of their children
- The elderly are on the front-line with respect to AIDS care. This role could be formalised through the Home Based Care movement.
- The elderly contract HIV too – they are sexually active and they do expose themselves through caring to the virus.

Many of those who contract HIV do so working away, often in urban areas. When their condition deteriorates such that they can no longer work they commonly return to rural villages to be cared for by their family, and in particular, their parents, the elderly. This briefing examines the implications of such care for the livelihoods of elderly headed households and for the elderly carers.

The effects of caring on the livelihoods of elderly headed households

The project livelihood survey revealed that in half of all elderly headed households there was someone who was sick. This is likely to reflect an underestimation because as the research progressed through to case study interviews and focus groups, elderly household heads were more open to talk about HIV/AIDS. Caring was found to be gendered, such that in the few households headed by elderly man without a spouse, other female village members or extended female family members were brought in to care. Caring has affected household livelihoods in a number of significant ways:

- **Financially** The elderly pay for the medical treatment of those who are sick from their pension. They also have to provide nutritious foods for those who are on ARVs. While the roll-out of ARV treatment has been a major success, such treatment requires that patients comply by ensuring they eat nutritious foods. Some elderly household heads are struggling to provide such foods from their pensions potentially threatening the effectiveness of the ARV treatment. Although the government provides a disability grant, this is only triggered when the patient develops full-blown AIDS as certified by a doctor.

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Few elderly headed households were receiving disability grants, they were either simply not aware of them or not familiar with the procedures for accessing them. The majority of elderly household heads lack basic literacy skills. Moreover payment of the grant ceases once the patient on ARVs returns to health such that many do not bother with such a laborious process of registering when the payment is short-term. Clearly there is a need to reform the payment criteria for the disability benefits to reflect the fact that the onset of illness and caring often takes place before the onset of full-blown AIDS.

- **Loss of Labour** Caring also affects household livelihoods by taking elderly carers away from productive livelihood activities such as cultivation. Cultivation activities have already been hit by the illness of adult household members who perform key tasks such as ploughing. Elderly household heads reported that caring also takes them away from their fields that are left unploughed affecting household crop production. Upon admission to hospital, the patient is frequently accompanied by the elderly carer who may spend weeks at the local hospital unable to perform household tasks.

- **Wellbeing** Although this study makes no claims to deal with psycho-social issues. It is clear that in caring for and burying their children, the elderly are dealing with enormous losses. Many of our case study interviewees were still dealing with the trauma of losing a child. By taking a holistic approach, to the study of livelihoods, we acknowledge such trauma and sometimes depression can impact on other aspects of that elderly householder's life. There is little or no support for these elders who often deal with the trauma on their own. In remoter areas such as Uutsathima in Okahao constituency transport problems and inaccessibility mean that the elderly are often unable to arrange a proper funeral for their deceased relative. The absence of suitable storage facilities for the dead (a morgue) means that in the heat of the summer months, burials have to take place on the day of the death further contributing to the trauma of losing a loved one.

Home Based Care

Although home based carers are now active throughout the region, many of the elderly claimed to be unaware of their presence in their villages. In part this reflects a genuine lack of information but also reflects, for some, the stigma they may face in accessing such support.

Given that the elderly are positioned on in the front line in terms of HIV/AIDS care and support, it seems strange that the home based care movement have not properly engaged with them or formalised their caring roles through active involvement in Home Based Care Groups. The elderly are respected in rural communities and are listened to, such that their involvement may raise awareness within villages as to how to care for those who are sick. At present, not all the elderly who are acting as carers are aware of the ways in which the virus is transmitted such that they are exposing themselves to the virus. Moreover, medical and community support services often fail to acknowledge that the elderly may have the virus. They are falsely believed to be not at risk. This is based on a failure to acknowledge the elderly as carers and on a misguided assumption that the elderly are not sexually active.

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