

Ageing, Livelihoods and HIV/AIDS Briefing NotesNo: 7

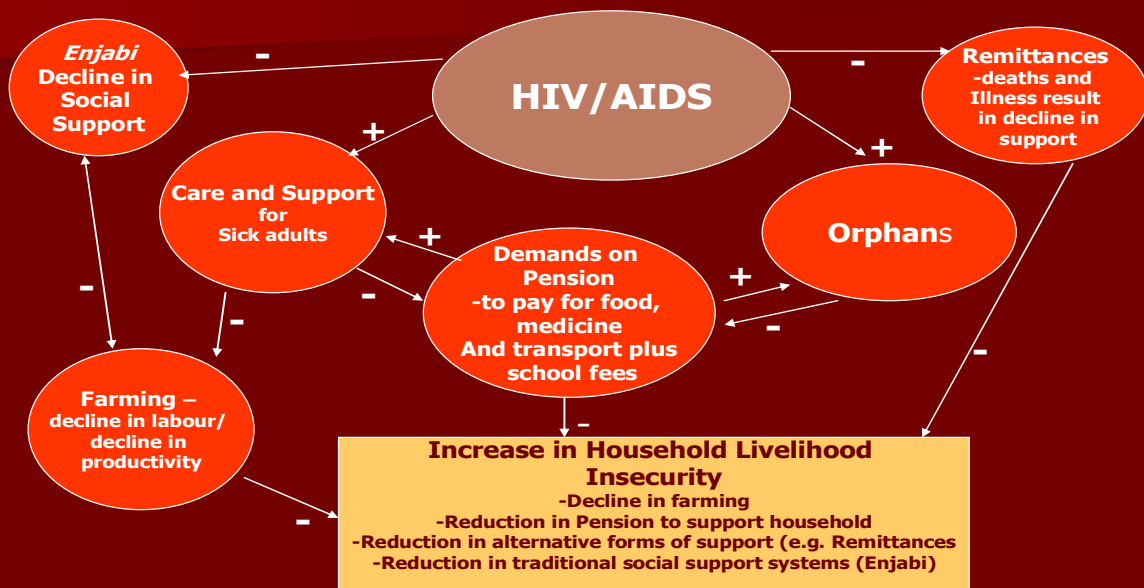
HIV/AIDS -livelihood implications for elderly headed households

Key Points:

- The elderly are in the front line tackling the HIV/AIDS pandemic.
- They lack the support necessary to care for orphans and those who are sick and dying. As a result, the sustainability of their livelihoods is under threat

This briefing pulls together key research findings to summarise and discuss the ways in which HIV/AIDS is currently impacting on the livelihoods of households headed by the elderly. Nearly two-thirds of all households are elderly headed, and it is the elderly who play a major role in caring for those who are sick and dying as well as orphans. These households are therefore being most impacted by the HIV/AIDS pandemic with implications for their livelihood security.

The Indirect effects of HIV/AIDS on elderly headed household livelihoods



Deaths of household members reduce household remittances

Elderly headed households were found to have fewer non-resident household members working away and to receive less financial support in the form of remittances from them. In part this is due to the deaths of their adult children. As one elderly woman commented 'if someone was working in the household and brings in income and this person dies of the disease, the household income will be reduced.'

The cost of caring for the sick and dying diverts pension resources away from basic livelihood support.

There is a strong tendency for the sick and dying to return home to their families in rural areas where their parents, the elderly assume responsibility for their care. This involves paying medical bills and providing nutritious foods as well as ultimately paying for funerals draining the elderly pension. As one elderly male householder described -

'It (someone sick) has an effect on our household as these people require special food, medication, that means we put in a lot of effort and at the end we lost the person and the money is wasted'

The Namibian Government is currently rolling out ARV treatment. Such treatment requires compliance, and in particular patients need to be on a nutritious diet. The elderly are bearing the burden of providing this nutritious food and are struggling to make ends meet with the pension. If the current roll-out of ARVs is to be successful, support needs to be provided to ensure that elderly carers can pay for such food.

The financial costs of caring for orphans are absorbed by the pension

Briefing 5 discusses the impacts of the so-called 'orphan crisis' on the livelihoods of elderly headed households. Sometimes the elderly are responsible for as many as eight children who they have to feed as well as for example, pay school fees, provide school uniforms. The briefing reveals how the elderly are not able to access government support and are therefore using their pension to support these children. The pension as such is no longer a household safety net but an AIDS grant.

Decline in household labour results in a decline in cultivation

The illness of adult household members has resulted in a decline in cultivation as these adults frequently performed labour intensive tasks such as ploughing that the elderly find difficult to undertake. Interviewees and case study participants also repeatedly raised the

issue of the way in which caring for their sick children especially at the hospital had affected the cultivation of their fields. Given the significance of cultivation to livelihoods, this decline in production is threatening household food security. *'The difficulty we are facing as elderly people is that the pension that we get is used to pay for hospitals and sometimes we have to look after those people at the hospital for months and our fields are left empty since there is no one to plough them because we are at the hospital caring for our children that are sick due to AIDS'* (Participant elderly female focus group, Outapi Constituency)

Decline of Social Support Systems

We have outlined the ways that in the past, the elderly have called on traditional social support systems to help them cultivate in times of need. This practice of endjabi was founded on notions of reciprocity and trust between neighbours who could be called on to e.g. plough in return for food or a traditional brew. The demise of endjabi has in part been caused by the HIV/AIDS pandemic as all households now struggle to find labour but it has also exacerbated the impacts of AIDS as those who are unable to cultivate as a result of caring cannot draw on local support to assist them. We have already seen in BN4a how the pension is also destabilising traditional support mechanisms as workers now require payment in cash rather than kind that the elderly simply cannot afford.

The outcome of all these factors in combination is to increase household food insecurity such that the elderly are less able to withstand shocks to their livelihoods such as drought or deaths. The pension no longer provides a safety net as it is almost exclusively used as an AIDS grant.

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Project website:

<http://www.ageingnamibia.group.shef.ac.uk>

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