Ageing, HIV-AIDS and Livelihoods in the Omusati Region, Namibia

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Research conducted by the University of Sheffield (UK) in collaboration with UNAM, Multi-Disciplinary Research Centre.

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Research Context: Ageing, Livelihoods and AIDS

- Neglect of the elderly in development research, policy and practice contributing to elderly social exclusion and marginalisation.

- The growing prominence of the elderly within countries of southern Africa has been heightened by the AIDS pandemic.

- For the first time in a demographic transition, falling life expectancy at birth is associated with rising life expectancy at later ages.
The elderly are increasingly responsible for sustaining the livelihoods of households and looking after children orphaned as a result of the HIV/AIDS pandemic.

A recent government survey on the status and living conditions of older people highlighted the need for more in-depth studies on the nature of elderly household relationships and poverty (Ministry of Health and Social Services 2004).
Project Research Questions

- To investigate the role of the elderly in contemporary natural resource based livelihoods.

- To identify the institutional frameworks that affect capabilities and work to constrain and enable access to livelihoods for elderly headed households.

- To explore changes in 1 and 2 in the context of the HIV/AIDS pandemic

- To examine the role of policy in contemporary livelihoods among elderly headed households.
Namibia

- HIV Prevalence Rate c. 22% 15-49yrs. Strong regional differentials (9-33%) although some estimates suggest 40%

- Decline in Life expectancy from 61 years to 43 years 1991-2001

- Overcrowding in communal areas exacerbates effects of marked environmental variability – previous research highlights role of diversification (and reliance on pensions) in mitigating effects of e.g. drought.

- 7% of the population are aged over 60. Namibia is one of just 3 countries in sub-Saharan Africa to operate a non-contributory social pension scheme.
The Omusati Region

- Joint highest proportion of pensioners (9% 2001).

- HIV prevalence rate - 33% of adults estimated to be infected.

- Livelihoods characterised by high Natural Resource dependency dominated by mixed subsistence agriculture.

- Livelihoods affected by drought and dominated by the Oshanas.
Research Design: Research focused on three constituencies: Tsandi, Outapi and Okahao.
Methodology

- Multi-method, multi-stage
- Settlement profile (survey and ethnographic work)
- Case studies with elderly headed households
- Focus Groups involving participatory methodologies
- Interviews with local and national representatives and policy makers
Presentation Outline

- Profile of Elderly Household Heads
- The role of the elderly in contemporary natural resource based livelihoods
- The Social Pension
- Key Institutions
- HIV/AIDS and the livelihoods of elderly headed households
- Policy Implications
Although accounting for only 9% of the regional population, over half of all households are headed by the elderly (average age of 75 years).

The elderly therefore play an important and neglected role in taking responsibility for rural livelihoods.
Nearly two-thirds of all such households are female headed.

Elderly female heads are more likely to be single than male heads.
Elderly household sizes range from 1-21 with an average of 7 co-resident members.

Contrary to popular belief that rural households can draw on support from non-resident members – the average number of non-residents was small at only 2.

The elderly carry the burden for caring for children whose parents live away and for orphans.

Elderly Female heads are most likely to look after orphans (64%) and children whose parents live away (86%)
Elderly households: Relationship to the household head – most household members are grandchildren

Sex of HH head
- Head
- Female

Relationship to HHD head
The elderly lack formal education: lack of literacy skills has implications for policy interventions.

**Education by Age of Household Head**

**Elderly Household Heads**

**Highest level of education**
- No formal schooling
- Some primary
- Primary completed
- Some high school
- Post secondary qualification
- Missing

**Other household heads <60 years**

**Highest level of education**
- No formal schooling
- Some primary
- Primary completed
- Some high school
- High school completed
- Post secondary qualification
- Missing
The role of the elderly in contemporary natural resource based livelihoods

- Little is known about the role of the elderly in household livelihoods despite their characterisation as the poorest, most marginal groups. They have been neglected.

- At the outset of the research we hypothesised that the labour intensive nature of rural production disadvantages the elderly who have diminished capacity to work.

- …We were proved wrong!
The elderly actually engage in a wide range of livelihood activities – such diversification reduces vulnerability

- **Cropping** – *Mahangu* (pearl millet). All households grow Mahangu.
- **Livestock/smallstock**
- **Pensions** ($370)
- **Gathering Veld Products**
- **Fishing**
- **Crafts**
- **Waged Labour** (piecework incl. drought relief)
- **Brewing**
If diversification is a measure of well-being then elderly poverty has hitherto not been as pervasive as we are led to believe. This situation is however changing dramatically with HIV/AIDS.
Cropping constitutes the most important livelihood activity among elderly headed households.
Livelihood Activities play a central role in local Constructions of Later Life

- Elderly Livelihoods: Cropping (*Mahangu* – Pearl Millet) "*We survive on it*"

- Life course transitions are understood in relation to capacity to work and not in relation to chronological age (that is the focus of development interventions e.g. Pension).

- Cropping - cultural and material importance plays a central role in the construction of subjectivities (i.e. who I am?).
Experiences of later life are described in relation to the decline of the body and ability to work

‘I am in the old age of moving’. ...I am able to move myself. I do not have any difficulty in old age because I am able to work on my crops and see where my livestock is’ (Male Case Study Interviewee)

Full Circle - Old age as a return to childhood (dementia?)

‘You know that if a person becomes old his or her mind becomes that of a child especially if they are very old and you compare them to the mind of a little child, you give to them, do everything for them’ (Male Case study Interviewee)
Gender Inequalities

- Ownership of some livelihood assets especially livestock reveal marked gender inequalities disadvantaging elderly female headed households.

- Despite these inequalities elderly FHHs are extremely resourceful in generating other forms of livelihood support e.g. income generating activities, harvesting of natural resources.

'I go in the field to collect natural resources such as mopane worms which I can sell and buy food because I cannot feed all the household members since we are too many' (Elderly Female Head Uutsathima).
The Social Pension

- The pension traditionally constitutes an important ‘safety net’ that mitigates livelihood shocks.

- It is a social assistance programme transferring cash to households through the elderly.

- The injection of cash through the pension has triggered a new informal economy.

- The elderly as the main source of cash are being increasingly asked to use their pensions to pay for services destabilising traditional support mechanisms (Endjabi)
Key Institutions affecting elderly livelihoods: Inheritance

- Despite recent initiatives to reform the law, most of widowed female householders had been affected by discriminatory customary inheritance laws. Most are still unaware of changes such they need to write a will.

- At worst, this included land grabbing by the relatives of the deceased male whereby the widow was ‘chased’ off the land and forced to relocate, at best this has involved the stripping of household assets by extended family relatives.

- This has implications for the livelihoods of elderly female headed households many of whom have had to start all over again, others are severely compromised.
An elderly FHH in Tsandi Constituency lost her husband but was allowed to keep the house, land and some goats. She lost all the household cattle, donkeys, oshipolulo (plough) and other assets. She cited the major problem she has with her livelihood is low harvest yields. "When my husband used to be around we had donkeys to plough the field. He is not around anymore – you get more food if the whole field is ploughed then you can harvest more food. His family took the donkeys and oshipulo away after his death."
Key Institutions affecting elderly livelihoods: Endjabi

- E.g. Endjabi – traditional social support system – communities help each other to farm in return for sorghum brew/food

  "because you look in your field and there is a lot of grass and you thought of that by the time the rains stops let me make endjabi so that they can help me and for my field to move on, its actually an agreement between you and your wife in the house. Looking at your strength that you wont be able to do all the work it’s better if we make endjabi" 70 year old man

- Transformations in Social Relations – through the Pension

  'If you have no money to pay someone to plough the field for you and if you do not have the family to assist you. Your field will not be ploughed and the children of today are not trustworthy’ (Male Focus Group)
Examples of Key Institutions: The Church

The most significant institution cited in each of the focus groups but not just for “bringing the word of god” also as a symbolic institution that brought services and support to people during the north during the SA occupation.

"the church was the first institution to open people’s eyes and it was served by people that are educated and others, everyone was provided with information by the church that is why we have nurses, teachers, pastors and the president all came through the church” Elderly woman Female focus group

For most elderly, the church is where they turn for information and support.
HIV/AIDS and the livelihoods of elderly headed households

1. Orphans Cared for by elderly headed households

2. The elderly bear the responsibility for caring for the sick and dying
Elderly Headed Households (and in particular FHHs) are more likely to care for children whose parents live away and orphans

<table>
<thead>
<tr>
<th></th>
<th>All Households</th>
<th>Elderly Male Headed Households % carers</th>
<th>Elderly Female Headed Households % carers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans</td>
<td>51.3%</td>
<td>57.5%</td>
<td>64.1%</td>
</tr>
<tr>
<td>Children whose parents are away</td>
<td>69.7%</td>
<td>75.3%</td>
<td>86.3%</td>
</tr>
</tbody>
</table>
Orphans Cared for by elderly headed households

- Nearly two-thirds of all elderly female headed households contained orphans.

- The role of the elderly as principal carers of these orphans has been neglected.

- Elderly headed household receive little support for orphans – only 4.5% receive government support. The elderly pension is used to support these children.
Households receive little support for the care of orphans—Elderly households receive least support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>All Households</th>
<th>Elderly Headed Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>No support received</td>
<td>73%</td>
<td>81%</td>
</tr>
<tr>
<td>Support from surviving parent (financial)</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Support from surviving parent (other)</td>
<td>9%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Support from GRN (e.g. foster grant)</td>
<td>7.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Support from Community</td>
<td>3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other</td>
<td>1.5%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
Problems accessing Government Support for Orphans

- **Lack of information** — A number of elderly household heads were still unaware of the procedures, the majority lack basic literacy skills.

- **Lack of transport/time** — In remoter areas the elderly lack transport and resources to register orphans. During busy times e.g. ploughing/harvesting they (as the main providers of household livelihoods) cannot leave their fields.

- **Unable to trace death certificates of the deceased** — the major problem highlighted by interviewees and local service providers.
Evidence of Local Initiatives to assist with problems of accessing support

- **Mobile registration of orphans** – only in two villages were people aware of this but it was cited as one of the most important interventions.

- **Church Baptisms** – enables the child to get documentation

- **Village headmen** – in some locations an Orphan’s Committee has been established helping with registration. Good practice that could be adopted elsewhere.
The elderly as carers for the sick and dying – implications for livelihoods

- 50% of all long term ill were being cared for in elderly headed households (*likely to be an underestimation*).

- Caring is gendered with elderly women taking responsibility for the caring.

- Caring has affected household livelihoods in a number of significant ways:
Financially

- The elderly pension is increasingly used to pay for transport to the hospital, medication and nutritious foods for the sick person.

'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”

(Elderly man)

- They also have to pay hospital transport costs and provide nutritious foods for those who are on ARVs. While the roll-out of ARV treatment has been a major success – the elderly through the pension are struggling to provide such foods.

- Few elderly households were receiving disability grants to support those with AIDS. Either they were unaware or unfamiliar with the process of accessing them, or the process was too laborious. 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.
Caring and Loss of household labour

- Takes elderly carers away from productive activities. 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)

- Cultivation activities have already been hit through the illness of adult household members who performed labour intensive tasks such as ploughing
Caring and elderly wellbeing

- 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.

- In remote rural areas, the bereavement is made worse by the fact that the elderly cannot always organise funerals.
Caring and Home Based Care

- There was little awareness of the activities of home based care among the elderly.

- At present not all elderly who are acting as carers understand how the virus is transmitted.

- The elderly are on the front-line with respect to AIDS care. This role could be formalised through the Home Based Care movement.

- Medical and community support services fail to acknowledge that the elderly could have the virus. They are often falsely believed not to be at risk. This is based on a failure to acknowledge their role as carers and on a misguided assumption that the elderly are not sexually active.
The Indirect effects of HIV/AIDS on elderly headed household livelihoods

HIV/AIDS

- Decline in Social Support (Enjabi)
- Care and Support for Sick adults
- Demands on Pension to pay for food, medicine, and transport plus school fees
- Orphans
- Remittances - deaths and Illness result in decline in support

Increase in Household Livelihood Insecurity
- Decline in farming
- Reduction in Pension to support household
- Reduction in alternative forms of support (e.g. Remittances)
- Reduction in traditional social support systems (Enjabi)

Farming – decline in labour/decline in productivity
Policy Implications 1

- Namibia has hitherto had a youthful population – HIV/AIDS is changing this yet the elderly are off the policy radar. Attention is focused on orphans but not on their elderly carers.

- Research has shown that the elderly are engaged in a diverse range of livelihood activities however the HIV/AIDS pandemic is threatening the security of household livelihoods.

- Given the importance of elderly headed households to rural livelihoods in general – failure to support the elderly to sustain livelihoods will have far-reaching consequences for rural poverty.
Policy Implications 2: HIV/AIDS and the Social Pension

- The pension - is no longer a safety net – it has become an HIV/AIDS grant as most is spent on orphans and the sick.

- This diversion of pension funds away from crucial livelihood support threatens elderly household food security.

*When you are talking now it is like you are opening up a wound because this disease has left houses empty, killed a lot of people and brought poverty and we elders are facing a money crisis because of funerals, paying for medicine, and buying food for the patient*’ (Elderly Men - Tsandi Constituency).
Is the pension as a cash transfer sustainable?

The concentration of deaths among younger adults means that in 40 years time population of pensionable age may decline resulting in fewer pensions and threatening livelihood security.

![Graph showing UN Projection: % >60 yrs Namibia (Constant Fertility Variant based on 2004 HIV/AIDS revisions). The graph displays a line chart with years on the x-axis ranging from 2000 to 2050 and percent on the y-axis ranging from 0 to 7. The line shows a slight increase in the percentage of people over 60 from 2000 to 2015, followed by a slight decrease and stabilization up to 2050.](image-url)
Policy Implications 3
Government Support for HIV/AIDS

The elderly face major problems accessing GRN support:

- Information must be presented in an appropriate form to account for literacy issues
- Logistical support must be provided to assist the elderly (often with no transport) to access benefits and to complete paperwork
- The low-take up of the disability and foster grants reflects the cumbersome and ageist nature of the registration procedures. These need to be rethought.
Policy Implications 4

- The elderly play a major role in supporting rural livelihoods – this is implicit but not explicit in policy and interventions.
- The elderly are on the front line in AIDS care - this is implicit but not explicit in policy and interventions.
- The elderly are resourceful and innovative with years of experience – they are a valuable resource that are being neglected!