

Chronic Poverty and Older People
in the Developing World

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Chronic poverty and ageing in the developing world

Summary

The paper explores the relationship between old age and chronic poverty in the developing world, and the implications of this for achieving global targets for poverty reduction.

For the majority of the world's older people, the meaning of old age is not a chronological definition but the changing roles accompanying physical change and reduced capacity to contribute or maintain a livelihood. As a result of trends towards lower fertility and mortality, populations are ageing. Whilst this demographic transition is global, the growth in numbers and proportions of older people is most rapid in the so-called "developing" countries. In the absence of policies, infrastructure, services and information increasing numbers of people in the south are ageing in poverty.

Available evidence reviewed in this paper highlights three key features of chronic poverty in old age: it is strongly associated with reduced framework of capacity, it is a condition from which few if any can be expected to escape, and it is both caused by and perpetuates chronic intergenerational poverty.

Opportunities to employ physical strength, often the most critical asset of poor people, are reduced in old age. Widespread institutional and social exclusion on the basis of age and gender represent formidable barriers for the poorest older people in their efforts to achieve income and social security, and crucially their health. The differential impacts of age on women and men is only beginning to be understood. Factors indicating high risk of chronic poverty for older women include their greater longevity and likelihood of widowhood, inequitable inheritance laws, and low access to education and health services, while risk factors for men in some communities include abrupt loss of status and low levels of support from children.

A review of the actions of government, civil society and international agencies to address old age poverty indicates that ageing is still distant from the overall social development agendas at all levels. Current poverty reduction measures and proposals have not sufficiently acknowledged the intergenerational dimension of poverty, nor has attention been paid to older people's own survival strategies. The paper argues that these are critical elements of any credible poverty reduction programme.

Introduction

In considering issues of ageing and chronic poverty it is important initially to highlight a number of background issues forming the framework in which older people experience poverty. Firstly, concepts of ageing are themselves problematic. A universally applicable definition of what constitutes old age is notoriously elusive. The ageing process itself is a biological reality, but is also clearly subject to the

constructions by which societies make sense of old age. Chronological age, the pre-eminent marker adopted in the “developed” world, has far less importance in “developing” countries. Other socially constructed meanings of age are more significant, including the roles assigned to older people. Or (perhaps more importantly) it is the loss of roles accompanying physical decline or other changes in status (such as widowhood) which are of significance. In many developing countries old age is seen to begin at the point when active contribution is no longer possible. However, while acknowledging these issues and the limitations of chronological age, a chronological definition is the one that will be predominantly used in this paper (The United Nations).

A second point to establish at the outset is that we are discussing issues of chronic poverty for older people in a context of rapid population ageing, a central feature of the global demographic transition which has been gathering momentum during the second half of the twentieth century. Falling fertility and mortality rates, the late stages of demographic transition long recognised as characteristic of richer societies, have become an issue for poorer countries too. Since 1980 developing countries have been home to the majority of the world’s older people, a proportion which will reach 70% by 2025. The rapidity of population ageing in these countries is also unprecedented. While France for example took 115 years to increase the proportion of its older population from 7 to 14%, in many developing countries the same transition will be achieved in less than 20 years, and will have happened by the middle of this century (HAI/Earthscan, 1999)

Therefore the global focus of ageing societies has shifted to the South. However, it is also important to recognise that within this shift there are important regional and national variations, as well as those relating to other factors such as socio-economic status and to gender. There are for example areas of concentration of older populations, and of older people in poverty. Rural communities typically combine both these features. Gender differences in older age are also of critical importance; in many developing countries older women suffer the outcome of cumulative lifetime disadvantage, while for older men changes in status such as that due to leaving full-time work can cause great difficulties, both psychological and material.

Thirdly, we need to establish a definition of chronic poverty that is capable of identifying particular dimensions of poverty in relation to age. In this paper the term ‘chronic poverty’ describes poverty that impacts on more than one generation, is hard to move out of and is multi-dimensional. Extreme poverty in old age is viewed as an intergenerational phenomenon. Poverty experienced in adulthood is likely to deepen with age, and this in turn has an intergenerational impact within households. The paper also describes specific characteristics of poverty experienced in old age that are beyond the scope of current social protection and poverty reduction schemes. In addition, the paper acknowledges a multi-dimensional nature of poverty, recognising that poverty in old age cannot be described solely in terms of income and consumption patterns.

The incidence, distribution and trends of chronic poverty and older people in the developing world

The data on the chronic poverty of older people in the developing world are fragmentary and raise serious questions of interpretation, some of which are addressed below. However, HelpAge International's qualitative research with older people has provided repeated indications that for many old-age poverty is deep and

enduring. These research studies and others referred to in this paper indicate a number of features that seem to identify chronic poverty in old age, including the following features:

Old age poverty is strongly associated with the reduced framework of capacity arising from the ageing process.

Old-age poverty is a status from which few if any can be expected to escape.

Old-age poverty is both a function and cause of chronic intergenerational poverty.

We return to these issues below.

At this stage of our knowledge we cannot claim a statistical basis for evidence of chronic old-age poverty in the developing world. Lloyd-Sherlock has concluded that “in the absence of appropriate data sets it is not possible to generalise about the extent of poverty among older people compared to other age groups. However, a reduced capacity for income generation and a growing risk of serious illness are likely to increase the vulnerability of elders to fall into poverty, regardless of their original economic status...” (Lloyd-Sherlock, P., 2000). The qualitative evidence gathered by HelpAge International points very strongly to the existence of severe and long-term poverty as a major risk factor for older people in the developing world.

Demographic ageing¹ is now a clear trend in the developing world, and we have noted some of its features. While the majority of older people live in developing countries (and in Asia and Latin America the ageing population is projected to reach nearly 800 million in the next 25 years (US Bureau of the Census, 199?) for the study of the incidence of poverty, and especially chronic poverty, in old age, certain issues need to be borne in mind². Firstly, demographic statistics at a national level may mask variations within countries. For example, ageing may take place more rapidly in areas of relative affluence, where two of the three characteristics of the demographic transition, reduced fertility and mortality, may be increasing longevity. Thus Buenos Aires in 1991 had nearly twice the national level of people over 65 (16.3%:8.9%) (Lloyd-Sherlock, P., 2000) On the other hand, the third factor in demographic transition, migration, may act in the opposite direction, with out-migration of younger workers from rural areas leading to higher proportions of older people in poorer, rural areas. HelpAge International research in Bolivia has found the highest concentrations of older populations in rural areas that also had the highest incidence of poverty (HAI, 1995).

This in turn raises the question as to whether ageing is the sole prerogative of the affluent and privileged, or whether it is a society-wide phenomenon in the developing world. If the former, combating old-age poverty would be a lower priority than addressing the needs of those chronically poor who are therefore less likely to reach old age. Data that combines age and economic status would help to approach this issue, but this is not widely available for developing countries (Lloyd Sherlock, P., 2000). Data is characteristically based on reported income, but this may be problematic for the older poor. HelpAge International research has shown that their definitions of poverty go well beyond income, and particularly emphasise the importance that economic, physical and emotional aspects play in perceptions of

¹ Defined as an increase in the percentage of a population aged 65 or more.

² We are indebted to the analysis of Peter Lloyd-Sherlock, who in publications and discussion with us, has elaborated a number of these points.

poverty or well-being, especially in old age (HAI, 1999). We return to this theme below.

The provision of income data for households rather than individuals is also problematic for an adequate analysis of chronic old-age poverty. "Poverty analyses that focus on the household do the elderly no favours", since they obscure the potential intra-household stratification by age and gender (Clark, F. C. & Laurie, N., 2000). Yet the critical importance of intra-familial and household relationships to older people is demonstrated by a number of studies (HAI, 2000). As assets in old age decline and options narrow, the family and household safety network becomes central, and a HelpAge International study in Tanzania notes the "absolute dominance of the family" for practical and emergency support for older people (HAI, 2000).

Participatory approaches to the study of poverty over the last decade have provided new dimensions in the analysis of poverty, that go beyond conventional consumption and income indicators. These broader aspects of poverty such as vulnerability, physical weakness, physical and social isolation, powerlessness, insecurity and low self esteem, have emerged from explanations of poverty as defined by poor individuals and communities themselves. The strength of this approach for the study of chronic poverty is not in counting but rather in understanding hidden dimensions of poverty and analysing causality and processes by which people fall into and out of poverty (Robb, C., 1999).

Participatory poverty research with older people in developing countries has demonstrated that many factors associated with vulnerability are perceived to be profoundly interconnected with age. In many communities, age and gender are factors in local definitions of poverty. Older people, especially older and widowed women, are amongst the poorest as defined by poor people themselves. The World Bank funded Participatory Poverty Assessment in Ghana for example, found that "the combination for women of age, widowhood and lack of adult children was frequently associated with chronic vulnerability." (Norton et al, 1995).

Studies in Africa, the Caribbean and Asia Pacific regions indicate considerable uniformity of older people's perceptions and experiences of chronic poverty. For older people, poverty is associated with the inability to fulfil social and economic roles and responsibilities. In ranking exercises the poorest groups were identified as lacking the means to meet basic needs and improve their position. This extreme poverty is associated with an absence of income security, inadequate family or social support, and poor health combined with inadequate health care.

A study of older people in four of the poorest communities in Bangladesh (HAI APRDC, 2000) noted that in all sites older people had difficulty understanding the concept of well being. When asked what would make life better, most older people indicated that life would improve if they only had enough to eat. Low levels of support were attributed to endemic poverty within the family. One case study describes an older woman, widowed and with impaired sight, who sleeps on the floor of an extension area of her son's house. Because her son is unable to care for her and his own family, she begs for food with the help of a young boy from the village with whom she shares her income. Although her sight could have been restored, no one offered help and she herself was not aware that care was available.

Despite the lack of capacity of poorer households to provide long term support for older parents, the evidence demonstrates overwhelmingly that the family is the main source of support for poor older people. Research in five communities Cambodia

(Kato, E., 1998) highlighted the risks of this strategy. Until recently the biggest cause of absence of adult children was the war, currently economic migration affects the nature of family support. In one site, Phnom Kngap, older people in 20 households out of 70 which included older people, were raising grandchildren for absent children. The majority of older people in this situation (over 60%) reported receiving some remittances from children, but only 6% of the rural sample and 12% of the urban sample said they received enough to cover their needs.

These examples support the evidence from a number of studies that older people without adult children and those who are widowed are more vulnerable to chronic poverty. Older women are twice as likely as men to be widowed due their greater longevity in most countries and the practice of men marrying younger women in many societies (Gist, Y., Velkoff V., 1997). Widowed and childless women are especially vulnerable in societies where they lack rights of ownership and property is inherited through the male line.

Studies of family and community support also demonstrate the reciprocal nature of this intergenerational support, and the relationship between older people's ability to contribute and their ability to access support. Chronic poverty can have a strongly negative impact on these relationships, creating a situation in which poverty is bequeathed from one generation to the next. The Cambodia research study also found that those older people who had not been able to increase their property in land after the 1979 division were handing on uneconomic plots to their children, who were in turn unable to support both their own children and their ageing parents. One older respondent described the reality of intergenerational poverty as being "poor from the parents down to the grandchildren" (MSALVA/HAI, 1998).

Despite these poverty risks associated with family structures, in all of the studies mentioned so far older people emphasised their desire to maintain this interdependency within their families and wider community. A comparative analysis of the findings from Ghana and South Africa found that for older people income security and social support were equally important dimensions of livelihood strategies. In Ghana for example, local terminology in some communities describes 'cash poverty' separately, so that one who has money but no children is poor, indicating the importance of social support. In South Africa, the universal means tested social pension provides a measure of income security almost unique within Africa. Research confirms that this income plays a major role in supporting poorer households and communities (Le Roux, 1995). Evidence also suggests that the demand upon what is often the sole source of household income can threaten rather than guarantee the security of older people. The impact of the pension on older people's welfare is weakened by the absence of complimentary structures and policies that could provide access to health services, financial and marketing opportunities.

All the studies reveal widespread institutional exclusion on the basis of age and gender. These represent formidable barriers for the poorest older people in their efforts to maintain their income and social security, and crucially, their health. Older people participating in studies in Bangladesh, Cambodia, Lao, Ghana and South Africa expressed desire to start income generation schemes. In Lao, older women and men in all the six research villages saw poultry rearing as the key income generating activity, for which they would be physically able and have the skills to do (HAI/APRDC, 2000). However, access to credit is almost universally denied to older people. Most older people are unable to access micro-credit or low-interest loans from NGOs and government programmes because of explicit age barriers or lack of training, skills or confidence. Until recently, BRAC, one of the two major credit

institutions in Bangladesh excluded older people from their programmes. Advocacy by HelpAge International has led to a change in policy; however the Grameen Bank still consistently excludes older people, despite a commitment to their inclusion³

Research in Ghana (Ahenkora, 1999) found that government services, political and financial institutions, being age and gender neutral, effectively exclude older people, especially women from political processes and access to financial services and credit. In all countries health services are perceived by older people to be particularly difficult to access in both urban and rural communities. Fee exemption policies do exist in Ghana, but fail to reach the poorer older people due to lack of information, shortage of supplies and poor implementation structures. In all studies poor attitudes of health staff towards older people are mentioned by older people who are fortunate enough to access any services.

Social, economic, political and other causes of chronic poverty for older people

The application of general theories of gerontology to the situation of older people in the developing world is as yet in its infancy, and we have relatively few analytical tools or texts on which to rely. In particular, the emergence of what has been called 'critical gerontology' (whose central idea is that of "ageing as a socially constructed event") has not as yet been widely applied to ageing populations in the South (Phillipson, C., 1998). Concepts borrowed from the developed world and applied to developing countries need to be treated with caution. For example, it has been pointed out that the applicability of a model of 'structural dependency' in old age requires "the predominance of both wage employment and formal support systems for the elderly in the economy" (Messkoub, M., 1999) phenomena which in many of the least developed countries hardly exist. However, a perspective on old age which utilises the understanding, derived from "developed world" gerontology, that "most of the attributes of old age are culturally determined", that it is "not 'natural' for older men and women to live in poverty" and recognises the "socially manufactured aspects of disadvantage in old age" seem to form a useful basis for analysis (Vincent, J., 1995).

Thus, our understanding of the nature of old age poverty in developing countries draws on an analysis which states that "old age has a systematic impact on people's social condition". Old age poverty is different from that of other groups of poor people in the developing (as in the developed) world for two reasons. One is that old age is that late part of the human life span which creates a framework of physical (and in a minority of cases) mental capability which is or becomes more restricted than that of younger, generally fitter age groups. For example, the opportunities for use of the critical asset of physical strength (which may be the sole possession of a poor individual) may be more restricted. A HelpAge International study in rural Tanzania found that on-farm working hours fell by nearly half between the age of 60 and 90. The fact that of the sample group surveyed, the over-80 year-olds were still averaging over two hours of work daily is remarkable, but their own labour was insufficient to meet their daily needs (HAI, 2000). As the World Bank points out, "...few old people can fully support themselves through current earnings. They obtain

³ Information from the HelpAge International Asia-Pacific Regional Development Centre.

claims on output through other ways – through such informal group action as family transfers, through such formal market systems as saving and investing, and through such collective action as public social security programmes” (World Bank, 1994). This reliance on sources of support other than their own labour renders older people, and the households in which they live, progressively more vulnerable to unfavourable economic conditions, and increases the risk of long-term poverty (Barrientos, A., 2000).

However, it has also been pointed out that there is “ no simple determining relationship between biological ageing and social behaviour” and that it is therefore not the ageing individual that is problematic. The status of older people “is a feature of particular societies and social processes” (Vincent, J., 1995). The second distinguishing feature of old age poverty is the way in which it is the outcome of socio-economic change acting to undermine those social processes that protected status and material well-being in old age. These social processes have been, for example, a feature of agrarian societies where older people had a primary role in organising the mechanisms (such as kinship and marriage) by which key sources of wealth production were distributed (Vincent, J., 1995). Changes such as the introduction of labour market mechanisms act to undermine these arrangements, progressively excluding older people from opportunities for socio-economic participation, and forcing them into a marginal status. Therefore, while poverty and marginalisation were certainly a feature for some older people in so-called traditional societies (Gorman, M., 2000) the argument here is that with the advent of market-led economies in the developing world we can expect the progressive exclusion of older people as a social group. These issues are discussed in the next sections.

Work & livelihood security

The majority of older people in the developing world live in labour intensive rural and urban livelihood environments. Whilst labour can provide a source of living for poor people who lack other assets and income, a key factor of older people's poverty is their diminished capacity for labour in the informal sector and their exclusion from formal labour markets. In the absence of accessible social security in most countries, and the failure of most schemes to reach the poorest, (Lloyd-Sherlock, P., 2000) maintaining a livelihood or contributing to the household livelihood remain primary tasks.

The following table summaries a wide range of activities that older people in rural communities in Mozambique engage in to support themselves and their families (source: HelpAge International Mozambique, 2001)

Older Men	Older Women
<p>Agricultural activities</p> <ul style="list-style-type: none"> - growing maize, rice, vegetables <p>Casual labour</p> <ul style="list-style-type: none"> - work in neighbour's shamba for food or money <p>Income generating activities</p> <ul style="list-style-type: none"> - growing vegetables - sale of products - sale of domestic animals - handicraft products - hunting - fishing <p>Handcraft</p> <ul style="list-style-type: none"> - making domestic utensils <p>Community mobilisation</p> <ul style="list-style-type: none"> - mutual support - working on each other's shambas - leading/organising when hit by disaster (using past experience) - involvement in associations, mosque, church 	<p>Agricultural activities</p> <ul style="list-style-type: none"> - working in the shambas <p>casual labour</p> <ul style="list-style-type: none"> - working in neighbour's shamba for food or money - working on shambas for the blind people and paid by NGO <p>Income generating activities</p> <ul style="list-style-type: none"> - brewing and sale of traditional beer - making handicraft (pottery) in exchange for basic products - washing other people's cloths in exchange for food - petty trading of cashew nuts and tobacco <p>Traditional medicine</p> <ul style="list-style-type: none"> - traditional healers - traditional nurses <p>Community mobilisation</p> <ul style="list-style-type: none"> - mutual support - working on each other's shambas and shelters - involvement in community and church based activities
<p>Support of household members (by older men and women)</p> <p>Sale of resources to generate income</p> <p>Using savings or other resources to pay school fees</p> <p>Childcare</p> <p>Guarding property</p> <p>Domestic work</p> <p>Growing/tending fruit and vegetables</p> <p>Caring for dependent family members</p>	

In the studies of livelihood strategies referred to above, perceptions of poverty among poor older people in Africa (Ahenkora, A., 1999) (Mohatle T., Agyarko, R., 1999) have shown how factors contributing to chronic poverty are closely related to processes and institutional arrangements that exclude older people from full participation the social, economic an political life of their communities. This social exclusion reinforces poverty in old age and deepens their poverty in times of crisis.

However, older people continue to seek opportunities to work in the face of this exclusion, often into extreme old age, and the limited evidence available indicates that poverty is a significant motivating factor for the majority. International Labour Organisation estimates show that nearly half of 60-64 year-olds and more than a quarter of those over 65 were identified as “economically active” in 1990 (Lloyd-Sherlock, P., 1999). It appears that older people are more likely to be involved in informal, part-time employment, work of a kind that is typically under-reported in official surveys. Thus “...retirement is a minority status for older groups, and...the labour market continues to be an important source of income and economic security in old age” (Barrientos, A., 2000). Some commentators are cautious in their explanation of this issue. Lloyd-Sherlock, for instance, notes that the available evidence for Latin America does not clarify whether continued economic activity indicates “a genuine preference to work on a casual basis or is due to the exclusion of elderly people from more formalised employment opportunities” (Lloyd-Sherlock, 2000). The evidence is also fragmentary regarding the need for older people to work because of chronic poverty, but the view that many older people “are compelled to work, even in poor health, due to a lack of financial resources” (Biu The Cuong et al, 1999) represents a common viewpoint reflected in reports from various parts of the world⁴.

Poverty and exclusion

Poverty, narrowly defined as a lack of material means, may on its own form a serious impediment to older people, but it is the consequent inability to participate effectively in economic, social and political life that profoundly disadvantages older people. Social exclusion, the effective distancing of older people from their societies, carries with it impacts that go beyond income and wealth into poor housing, ill-health and personal insecurity (Maltby, A., 1997). It is often argued that social exclusion is mitigated for many older people in developing countries by the informal networks of family and community which provide them with an assured place and clear social roles. But this has, as we have noted, been contingent on factors such as gender and material means rather than age. Social inferiority, isolation, physical weakness and vulnerability, all of which form part of the experience of poverty combine for many older people to make old age itself a form of social exclusion. Instead of a chronological definition, old age is defined in many societies as a state of dependence and incapacity. In Bosnia for example, old age is identified with the concept of loss of health and social status, leading to a state of dependence. “People are able to ‘explain’ old age in Bosnia by this one notion which defines the point at which full adult status is lost” (Vincent, L., Mudrovic Z., 1993). Older people in poverty themselves tend to share a view of ageing as incapacity. A common dimension of older people's poverty is a sense of uselessness and low self esteem, related to their perceived inability to participate in family and social life. The Bangladesh study (HelpAge International 2000) found that older people, particularly men, felt that there is a direct correlation between their income earning ability or land ownership and the respect accorded to them. Widows particularly expressed the

⁴ See for example “A Profile of the Elderly in Chile” Pan American Health Organisation Technical Paper no. 30 1990, which shows that substantial labour force participation continues in old age, and that between one half and three quarters of the sample group felt that their economic needs were inadequately met. The paper concludes that “economic problems seemed to be prevalent regardless of age and sex”. See also similar conclusions reached in “Understanding the situation of older people in the Lao PDR” Vientiane, Department of Labour and Social Welfare/HelpAge International 2000.

feeling that they were a burden on society and in extreme cases some reported that they prayed for death. A study of older women in Lima, Peru, notes that perceptions of the elderly as passive recipients are shared by older people themselves, quoting an NGO manager who says

‘Frequently an elderly woman, when asked if she “works”, will reply “no”, even though she spends most of her day selling vegetables...or home-prepared food in the street...This is a problem for society – that this kind of informal work is not given the value it deserves and is not seen as “work” (Clark, F.C., Laurie, N., 2000).

Health and chronic poverty in old age

“Health in old age is greatly determined by the patterns of living, exposure and opportunities for health protection over the life course” (Kalache, A., Sen, K., 1999). Among other outcomes of this is a consistent underestimate of the numbers of “older” people in the developing world, since the threshold of old age is reached very much sooner for those who have experienced arduous earlier lives (marked, for example, by multiple pregnancies and hard physical labour). The crisis of public investment in health care provision in developing countries has led to sharp reductions in state provision, and a consequent significant rise in private expenditure on health care. This is compounded by existing inequalities, such as that in the distribution of public resources between urban and rural areas, or between curative and preventative services. Data on the extent to which older people are able to access health services is limited, as is data on morbidity and disability at older ages (World Health/HAI, 2000). In general data indicates the much greater utilisation of services by the better-off (Kalache A., Kasturi, S.). HelpAge International studies indicate the limitations that poverty places on health status and capacity to access services. The Ghana study, for example, describing the combination of health-care strategies utilised by older people, noted that for those in poverty hospital or clinic treatment was the last resort after self-care or traditional medicine had been tried. Not only the cost of hospital treatment itself (nominally free for older people in Ghana, but actually characteristically subject to the payment of illicit “fees”) but also that of transport to remote facilities, makes such treatment prohibitively expensive for older people in poverty (Ahenkora, K., 1999)

Gender and chronic poverty in old age.

The differential impacts of old age on women and men, particularly relating to their material status, is only beginning to be understood. For example, “significant attention has been paid to women’s needs and rights in adulthood, particularly during their child-bearing years, and increasing attention is being paid to their rights in childhood and adolescence. More still needs to be done, however, to fully understand the challenges posed by old age and by abrupt changes in status brought about by marital breakdown or widowhood....(DFID, 2000). The greater longevity of women in nearly all countries means that they are significantly more likely than men to be widowed in old age, and often to face the consequent material disadvantages without other family support. This is frequently acknowledged by older people themselves. As an older woman in Bangladesh put it “we are poor, we are old, we are women – so no-one wants us. We are alone” (HAI/BRAC/RIC/BWHC, 2000). Chronic poverty is thus a critical risk factor for these older women, since their opportunities for re-marriage are very small, and the loss of their reproductive capacity means the loss of a major ‘function’ in the eyes of society. Abandonment by husbands, and loss of

inheritance rights on the death of a spouse are also risk factors for thrusting older women into chronic poverty (Beales, S., 2000).

For men old age brings different, but equally real, risk factors. The gradual or abrupt loss of earning power in old age has serious consequences for men. Ironically, while women retain (albeit underrated) roles in family and household into old age, older men have difficulty in shifting their activities into these functions, owing to the stigma attached, lack of confidence, or cultural barriers associated with performing 'women's work'. Strong principles of reciprocity in some societies mean that men who have a history of multiple relationships are often considered to have deserved the abandonment by their families that they face in old age. A recent HelpAge International study in St Lucia notes that older men are more likely to beg for a living than older women, and are less likely to be supported by their offspring (Beales, S., 2000). Gender factors need to be much better understood in the analysis of poverty risks in old age.

Actions of governments, donors, NGOs, communities, families, businesses and older people themselves to mitigate or reduce chronic poverty of older people

For the past fifty years older people have been all but invisible in international development policy and practice. Development policy has focussed on achieving growth and increased productivity. Older people, typically characterised as economically unproductive, dependent and passive, have been considered as at best irrelevant to the development debate and at worst as a potential threat to the prospects for increased prosperity⁵. Where issues of ageing and older people have been addressed explicitly at an international policy level, little attempt has been made to relate them to wider development questions.

The United Nations' International Plan of Action on Ageing, agreed in Vienna in 1982, is probably the key document in relation to older people and development policy. However, this document, while referring to other UN development plans, makes few further references to the relationship of ageing and development, and none to problems of chronic poverty in old age. Much of the text structures ageing as a "problem" related to issues such as dependency and social welfare. While accepting that "for the developing countries, where many if not the majority of persons live at subsistence levels, income security is an issue of concern for all age groups", and drawing attention to the situation of older women, the policy responses proposed centre entirely around the development of formal social security systems, labour market interventions and "incentives to develop new means of personal savings for the elderly" (United Nations, 1983).

Since 1982, international actions on ageing, such as they have been, have been structured in the context of the Vienna Plan. It has been suggested that compliance with the plan's recommendations have demanded "adherence to a single ideology of gerontological practice", which names "aging as a global problem" and permits "no variant interpretations" (Cohen, L., 1998). The Plan of Action model was still being followed even as late as 1998, with the adoption of a regional Plan of Action on Ageing for Asia and the Pacific, which makes no reference to the development debates of the intervening years, notably the Social Development Summit in

⁵ We may note for example, that the World Bank entitled its 1994 study of the future of pensions policy "Averting the Old Age Crisis" (Washington D.C., World Bank 1994)

Copenhagen, and continues to focus on “income security, maintenance and employment”, with no mention of poverty issues (ESCAP, 2000). These approaches have precluded attempts to tackle issues of older people through integrated planning for all age groups, and effectively excluded ageing questions from the international development agendas of the past two decades.

The marginalisation of ageing as a development issue is also manifest in the programmes of the major international agencies, as reflected in their published materials. A survey of seven major reports published by such UN agencies as the World Health Organisation, and the UN Development Programme, as well as the World Bank, found minimal references to older people in the developing world in all but one of the reports. The exception was UNFPA’s “The State of the World Population: The New Generations”, which discussed shifting population balances and intergenerational relations. Extended discussion of the relationship of ageing to issues such as poverty and exclusion was however conspicuously absent from any of the reports (HAI, 1999).

Participatory approaches to poverty reduction have been high on the international development agenda for a decade. The World Bank funded a number of national Participatory Poverty Assessments (PPAs) in non-OECD countries during the 1990’s. Since 1999 the World Bank and International Monetary Fund have endorsed the development of Poverty Reduction Strategy Papers (PRSPs) by countries seeking debt relief under the highly Indebted Poor Countries (HIPC) agreement. Both of these initiatives aim to include the perspectives of poor people in national plans and policies for reducing poverty. PPAs compliment more conventional household survey methods by including people’s views on the analysis of poverty as well as on policies to reduce it, while civil society participation in PRSP processes is seen to be critical for their effectiveness and sustainability. The international framework for these country-led strategies is provided by the International Development Targets, endorsed by member states following a series of Summit meetings by the UN and its agencies during the 1990’s.

Despite these commitments there is as yet little evidence of increased participation of older people in national processes and they continue to be largely invisible in social policy formulation and monitoring for global poverty reduction. Poor people’s views can be found in a number of the PPAs and they have been documented in the ‘Voices of the Poor’ studies that formed part of the world Development Report 2000/1, yet these perspectives are not sufficiently analysed for public policy purposes. Although there is greater understanding of the relationship between poverty and old age, there is less awareness of the real role of older people in development processes. Successful lobbies during the 1990’s have ensured that the development targets include young children and women of reproductive age, while the role of older people in achieving these targets, and the need for them to be included, remains to be fully recognised.

Actions at national level in the developing world also indicate the distancing of ageing from the overall social development agenda. While in recent years a number of countries have begun to develop national policies on ageing, these have generally had a limited impact on the welfare of older people, specifically on poverty. This is not to deny at least a rhetorical concern for their situation. Commenting on the intractability of old-age poverty in Malaysia (where older people constituted 5.9% of the population in 1990 but about 32% of the poor in 1997) a senior government official notes that “it is a matter of concern that the elderly...now constitute the biggest group among...the hard-core poor in Malaysia...The plight of the poor elderly

certainly needs our attention”⁶. However, government responses to old-age poverty remain limited.

The context for ageing at national level in developing countries is of course significantly different from that of the OECD countries. The role of the state is narrower, with (particularly in least developed countries) limited capacity to provide effective public social welfare. Reciprocal support between the generations at family and community level still plays the predominant role in welfare relationships affecting older people. Indeed, governments in the developing world regularly appeal to the normative social values which underpin these relationships to “explain” the limitations on their involvement in social policy relating to older people. In Ghana for example, national policy has been guided by the “Ghana Vision 2020” document (1996) (Ghana Government, 2000) which sets out a five year programme of economic and social policies. The document's reference to policy on ageing is limited to highlighting the introduction of a national contributory pension scheme, theoretically available to all Ghanaians, and urging the private and NGO sectors to support day centres that will provide companionship and supplementary feeding for older people beyond Accra. Commenting on the failure of governments to provide resources for the family or community support of older people, a recent World Health Organisation research workshop noted that “some provisions for care of older persons are outlined in piecemeal fashion in other general policies, but these provisions usually focus on the ‘family’ as the key to responding to ageing in Africa” (WHO/HAI, 2000). It has been pointed out that “the contemporary relevance of such ‘traditional’ social protection systems across Africa is not simply a corollary of the ineffectiveness of existing formal social protection systems...but also...reflects the increasingly insecure nature of ‘modern’ formal sector labour markets”. Thus increasing reliance on family and community-based social protection mechanisms represents a logical response to the liberalised employment context of ‘flexible’ labour markets (Charlton, R., & McKinnon, R., 2001).

One key form of state policy intervention that is ostensibly aimed at the long-term poor in old age has been the various types of public social welfare providing such benefits as old age pensions. Discussion of economic wellbeing in old age has come to be dominated by a debate over pension reform that has pitted the universalist approach, notably supported by the International Labour Organisation, against the neo-liberal view championed by the World Bank, which sees pension provision as a matter for individuals, who rely on privately managed funds (Gorman, M., 1999). However, notwithstanding the growing importance of formal provision in many middle-income countries, the existence of pension support is irrelevant for the majority of older people who have worked outside the formal labour market. There is thus the paradoxical situation of systems accounting in some countries (notably several in Latin America) for significant proportions of public spending, while having a very limited impact on the long-term poverty of older people, even of those who are receiving a pension (Lloyd-Sherlock, P., 2000).

The dominance of the pensions issue in the old-age poverty debate lends an air of unreality to the discussion. The Government of India, within the framework of a recently-promulgated national policy on ageing, is now introducing a form of stakeholder pension, meant to reach even the poorest, which will require individuals

⁶ Tan Sri Abdul Halim Ali, Chief Secretary of the Malaysian Government, addressing a national seminar on “Poverty and Ageing: The Malaysian Experience”, quoted in the conference proceedings ed. Omar, R., National Council of Senior Citizens Organisations Malaysia & Department of Anthropology & Sociology, University of Malaya 2000 p.vi.

to make regular payments over a minimum term of years. In a situation where “accumulated savings are often limited because of large-scale lifetime poverty” the capacity of poor people to defer consumption in this way renders it very unlikely that such groups will be reached by contributory systems (Alam, M., 2000) At the same time, India also has a non-contributory pension system, paying a minimal 70 rupees monthly (approx. \$1-50) paid to the 2.4 million Indian elders able to prove that they are “indigent” and without any other means of support. By common consent this safety-net scheme is failing to reach more than a tiny proportion of those in chronic poverty who should be receiving it, while proving a costly scheme both to finance and manage.

Beyond government interventions, the picture of involvement with deprived older people is even more fragmented. Chronic old-age poverty has not been seen as a priority concern for non-government organisations in the developing world, for a variety of possible reasons. Homogenising views of older people (as passive subjects of care) consequent beliefs about the caring roles of family and community, the idea that the residual numbers of unsupported elders were catered for by welfare organisations (notably the churches and other faith groups) have all combined to limit the involvement of NGOs with older people in poverty. Views of development that excluded older people as economically dependent, or alternatively as embodying assumed attributes (such as ‘conservatism’ and ‘antipathy to change’) which were seen as anti-developmental, have acted as powerful rationales for ignoring the situation of older people (Gorman, M., 1995).

Older people's contributions and reciprocity

Despite the dominance of the pension debate, the last five years has witnessed the initiation of national policy processes in a significant number of countries throughout the world that seek to develop policy frameworks to address the wider social implications of increasing numbers of older people. As yet, very few countries have managed to translate these into policies and practices that would effect real change for older people. Many countries make some provision for older people in their health policies but implementation of mechanisms for access to health services or reduction of medical costs for older people has been slow. Even where policies are being implemented, for example in South Africa, changes are confined to departments responsible for health and social welfare, rather than being broad based. There is still scant acknowledgement of the economic and social potential of older people, and consequently an absence of policy aimed at supporting their economic and social roles within their communities. Despite the development of national poverty reduction strategies in many countries, as far as we are aware, none of these have included specific mechanisms for inclusion or targeting of older people.

Available studies of older people's livelihoods demonstrate that most older people make significant contributions to the productive and reproductive functions of their households. As we have seen, in agricultural environments, older people need to remain physically productive well into old age even though productivity declines. Produce may be sold or given to the household in exchange for food or other services, as this case of a 70 year old women in north-west Mozambique illustrates. ‘..a good harvest on her mashamba (farm plot) would yield five bags of maize, and she would give three of these to the household. The rest would be stored and sold to provide for her needs such as soap and clothing. During the last two years of drought she has given all that she is able to produce to the family.’ In addition to this, she fetches her own water and looks after the children, but evening food which she

helps to prepare is taken with the family. (HelpAge International 1995) (Heslop, M., 1995). Reciprocal arrangements such as this are the norm in multi-generational households.

Such arrangements are however very tenuous, especially in families that are landless and possess few assets. In situations of drought or conflict for example, older people may lose their means of livelihood, whilst lacking the physical capacity and means to seek alternative employment or sources of income.

Greater understanding of the contributions of older people could broaden the scope of the pension debate, by taking into account the impact of the pension on the wellbeing of older people, their households and the wider community. In South Africa, which along with Namibia and Botswana, has the only universal means tested pension scheme in Africa, a number of studies provide evidence of widespread pension sharing within households. (Le Roux, P., & Sagner, A., 1997). In the context of very high unemployment, observers agree that the pension is well targeted to reach poorer households, and that it provides a major source of income in poor extended households. In the absence of other forms of social security for younger family members, the pension had been described as "an imperative for the very survival of many urban poor".

A recent study investigating pension income expenditure in three South African communities, found a relationship between pension income and child care. The major categories of expenditure (and the greatest proportion of income spent on items within these categories) in both urban and rural sites where school fees and food (Heslop et al, 2000).

Despite such important economic contributions, the relationship between the pension income and older people's well being needs further investigation. Research so far suggests that for large proportions of older South Africans, pension income alone does not translate to access to health services, adequate shelter and nutrition and protection from abuse (Mohatle, T., & Agyarko, R., 1999). This strongly suggests that poverty reduction strategies must be responsive to social as well as economic dimensions of poverty.

The reproductive roles of older people, especially of older women, are equally overlooked in social policy discussion. Older people make huge efforts to ensure opportunities for other family members to find employment, to assist in the bringing up and education of grandchildren, to act as mentors and counsellors within communities, and protect the security of the home while others are at work. This intergenerational reciprocity is illustrated by the example of small business 'gifting' among female traders in urban Ghana. (Apt et al, 1995). By 'gifting' small trading businesses to younger female household members, older women are able to maintain reciprocal support arrangements within the household. While younger females take over businesses located in the market and involving demanding physical work, older women take up 'doorstep trading' at the family home. In addition to generating income for their upkeep, they provide childcare services and security for the home, freeing other members for outside work.

In situations of endemic poverty and insecurity such interdependency can be crucial for survival. An example of this is the impact of stress migration on institutional 'upbringing' arrangements in Northern Ghana. A study of children on the street in Tamale (Dennis, C., 1998) found a significant number of girl children living with isolated female relatives or grandparents "who were not themselves capable of generating their own subsistence". While the girls collected grains fallen from sacks

being loaded in the lorry parks, their older relatives sold items such as cigarettes from the room in which they lived. "Both the child and the grandmother contribute equally to a household of fragile sustainability".

The contribution of older people in times of hardship is starkly illustrated by the roles they are obliged to assume in the care of HIV and AIDS affected family members. Recent research in Thailand of 963 cases of adults who had died of AIDS or were symptomatic, found that two thirds who had died lived adjacent to or with a parent by the terminal stages of the illness, and that a parent, usually a mother, acted as a caregiver for about half (Knodel et al, 2000). A study of the impact of AIDS on older people in Addis Ababa⁷ found many who had cared and experienced the deaths of their own children, now assuming responsibility for their grandchildren at a time when their own resources are seriously depleted. The loss of any income both from their adult children and from their own activities and additional medical expenses resulted in their economic impoverishment, but many faced isolation and exclusion within their neighbourhoods due to the stigma of the disease. While some have been supported by non government agencies through assistance with medical expenses, this support had ended on the death of their children. Research on this subject in other countries demonstrates how far this role is disregarded by the large scale exclusion of older people in government programmes addressing the social impact of AIDS.

Another implication for older people, is the assumption that older people are hardly at risk from infection by AIDS. While mortality arising from AIDS occurs mainly in the younger age groups, it is wrong to assume that older people are not sexually active and therefore not at risk. "Infection also occurs in the context of caring by older people of the infected ..children who eventually succumb to AIDS" (Mupedziswa R., 2000). There is a growing concern that the numbers of older people infected by the disease is increasing. According to Ferreira (Ferreira, M., 2000) one reason is the emerging awareness of the phenomenon of rape of older women, especially in impoverished and insecure communities. Other writers have pointed out that medical staff are disinclined to test for AIDS in older people, as the symptoms are likely to be ascribed to illness due to age. The result of this is that older people are not addressed in AIDS awareness and educational programmes and so denied support in carrying out their care roles and in protecting themselves. Their vital contribution is further jeopardised by the lack of attention to their psychological and material support needs.

Evidence of the role of community networks and indigenous institutions in providing support for extremely poor older people is mixed. While there are several examples of active self help groups, CBOs, churches based groups and institutions such as savings circles and burial societies in which older people are engaged or supported, there is a growing body of evidence of community violence and of various forms of abuse against older people within the family.

Research on safety networks for vulnerable older people in Karagwe, Tanzania, found a clear correlation between levels of vulnerability and the quality and quantity of social interaction. "There evidence that exclusion from social interaction increases vulnerability...and that increased vulnerability leads to further exclusion." (HAI, 2000) . The most effective groups in terms of providing day to day support and support in a crisis were self-organised groups existing at village level such as women's groups and burial societies, although these had no impact on non-members. Burial groups effectively perform a specialised role, providing funeral services for members, but even here, the most vulnerable who cannot maintain their contributions are excluded

⁷ REF TO COME - Addis Study

from its benefits. Despite a multiplicity of village organisations, more than half of the most vulnerable older people felt they had no organisation to turn to in a crisis. These people are entirely reliant on family, friends and clan, many of whom will also be vulnerable people. Furthermore, the study found that women are particularly excluded from both traditional structures and new groups; structures such as the clan and village co-operative societies are especially discriminatory. This finding is supported by research in other countries, for example in Ghana, where women were found to be excluded from local traditional political structures (Ahenkora, A., 1999).

Evidence from poorer communities in Asia suggests that the most vulnerable older people, who have no children or family to live with, are given support in an informal way by neighbours. A study of community support in six Lao villages found that homeless older people will be given shelter in old and unused houses and when they cannot find enough food from the forests near their homes, they ask neighbours for food (HAI/DLSW, 2000). A similar situation was found to exist in the Bangladesh Study (HAI, 2000). "In both rural and urban areas, poor people, especially widows, receive some community support such as food, clothing and money during religious festivals ... This is often the only time of year when poor people are able to eat meat" (HelpAge International 2000, p27). However, examples of community support were considerably rarer in the urban study sites. The Cambodia Study (MSALVA/HAI, 1998) likewise found that destitute older people with no children to support them would be 'kept alive' through the charity of villagers who would provide food and care when necessary. Clearly for many very poor older people, this kind of safety net is all there is, and this is likely to be fragile in situations of community wide crisis.

A number of studies have highlighted the impact of poverty on intergenerational relationships, especially in terms of control over older people's assets, such as pension income and property. In many cases, witchcraft accusations, sometimes leading to ostracism or death, is the means used by younger people to acquire property. Research in Tanzania (Forrester Kabinga, 1999) found several cases in which the underlying cause of *uchawi* (sorcery or witchcraft) was said to be connected with inheritance traditions in which a man's property "goes first to his wife for as long as she lives, and only when she dies does it pass to her sons. In times of increased land scarcity, a son and his family may see that the only way they can survive is by somehow acquiring the shamba which his mother currently cultivates." A recent survey of the area (Wamara in Forrester Kabinga 1999 pp32) found that a large percentage of young married men do not own the land that they cultivate since it belongs to their parents.

Research in South Africa (Mohatle T., & Agyarko, R., 1999) draws attention to various forms of abuse of older people, including economic abuse and physical violence. This is perceived to be related to high unemployment and endemic poverty in urban communities in which the social pension is often the only source of regular household income. The study found that older people were vulnerable to petty crime such as pick pocketing and muggings, and scams in which older people are persuaded to sign contracts deducting their pension pay, for services such as funeral arrangements that never materialise.

Cases of witchcraft accusations against older people are emerging in the research, particularly in Southern Africa. "In a number of African countries, accusations of witchcraft are common and tend to follow a pattern. The victims are often isolated, single older persons, typically women. In societies where widowed women lose their property rights many will be isolated and vulnerable. A study in Magu, Northern Tanzania found that women were more vulnerable to accusations than men, and that in extreme circumstances this would lead to banishment of the family or the death of

the older person (Forrester, K., 1999). The implicit causes for accusations in this community appear to be strongly linked to conflicts over property ownership where removal of older persons would expedite occupation by other family members. This pattern seems to be repeated elsewhere, as increasing pressure on scarce land resources and traditional inheritance arrangements combine to render the position of older widows in particular extremely insecure.

The South African government has recently completed a series of hearings in every province, on abuse of older people. Although the report is as yet unpublished, according to the Ministry of Social Development, unexpectedly high levels of sexual abuse of older people were recorded in all provinces. Witchcraft accusation featured most prominently in the Northern and Eastern Cape Provinces, and in many other provinces, abuse was recorded as structural, manifesting in extreme poverty of older people including vulnerability to violence (Van den Heever, C., & Mahlangu T., 2000).

Implications for a research agenda

The evidence above suggests that significant and increasing numbers of older people are living in poverty and that a significant proportion of these are likely to be chronically poor. The poverty of older people is partly determined by structural inequalities, which negate the efforts of poverty alleviation programmes to identify the poorest and impact on their lives. Because of this, poverty in childhood or in adulthood is likely to result in increased poverty in old age. Current poverty reduction measures and proposals have not sufficiently acknowledged this intergenerational dimension of poverty, nor has attention been paid to older people's own survival strategies. The paper has argued that these are critical elements of any credible poverty reduction programme.

There is a small but growing body of research in the experiences of poverty of older people. Much of the analysis stems from participatory research methods in which attention is paid to the perceptions and experiences of older people themselves. While these methods facilitate the study of intra-household exchanges, access to and control of resources, very little (if any) systematic research has been done on the role of older people in these exchanges. This requires using a broader concept of poverty that goes beyond income and consumption analysis and one that takes into account the overall livelihood strategies of poorer older people including non cash contributions and sources of support.

Available evidence suggests that the family still provides the main source of support - materially, physically and emotionally - but that in poor communities the multiple effects of decreasing natural resources, international market competition and urban migration, seriously undermines the capacity of the family to sustain this function. The issue of how national programmes and policies can include older people in poverty reduction measures needs to be informed by analysis of the impact of current social protection schemes operating in these circumstances.

In most countries state support for older people is limited to minimal social welfare provision for a minority of poor people in defined categories. Little is known about the targeting or impact of these small grants or concessions on the lives of the poorest older people and their households. Some of the evidence on the role of pensions in South Africa and Namibia, (referred to above and in Devereux, 2001) clearly indicates that social development funds are well targeted through older persons to impact on the poorest households and communities. However, these systems,

emerging from a particular history of colonial rule and apartheid are not representative of the developing world. Research is therefore needed on existing formal non contributory pension systems and other welfare schemes, focusing on their structure and operation, political and economic conditions and their impact on poverty reduction and inclusion of older people.

An important objective of such research will be the potential that it offers to make an impact on the international poverty reduction debates and processes. The OECD Development Assistance Committee aims to reduce the proportion of the world's people in severe poverty by the year 2015, and the UK government has played an active role in defining poverty targets and indicators to measure progress and implementation (DFID, 2000). However, poverty targets specifically focused to include older people, and provide ways of measuring their poverty, remain undeveloped. Research is required that specifically seeks to develop recommendations based on findings for the inclusion of older people in poverty reduction targets and debates.

A variety of research methods would be needed. There is still a huge gap in basic data on older age groups, which are routinely submerged in national census surveys, international data gathering mechanisms and other social science surveys. Quantitative research, including re-analysis of existing data sets, is needed to provide baseline information for policy planning. Qualitative research including a strong focus on participatory processes is a necessary component of any credible policy oriented research. It is vital that the issues are analysed and different perspectives debated by a wider cross section of society, in order that poverty reduction measures really can be inclusive of those who are chronically poor.

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