



Report

Between work and care

Older women's economic empowerment

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Cover photo: Esther, 61, a Burundi refugee who cares for six grandchildren. © Ben Small/HelpAge International

Corrections and clarifications: this version was amended on 13 November 2018 to correct a typographical error (p. 25) and to amend 'paid work' to 'in the paid economy' throughout the paper, and to 'in the labour force' (p. 21).

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Acronyms

FCS	Family case study
FGD	Focus group discussion
GII	Gender Inequality Index
HIC	High-income country
IDI	In-depth interview
INGO	International non-governmental organisation
KII	Key informant interview
LAC	Latin America and the Caribbean
LIC	Low-income country
LMIC	Lower-middle-income country
NGO	Non-governmental organisation
OPA	Older People's Association
PSNP	Productive Safety Net Programme
PWP	Public works programme
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
UMIC	Upper-middle-income country

Executive summary

Key messages

- Women's economic empowerment has increasingly gained the attention of policymakers in the years since the adoption of the Sustainable Development Goals. Yet the global development agenda has not fully taken into account the rights, specific experiences and contributions of older women.
- Significant gender inequalities exist in paid work and unpaid care and domestic work between older women and men. On average, across some 30 countries, older women spend more than four hours a day on unpaid work – more than double the time older men spend on the same activities. The proportion of older women in the paid economy has also risen at a faster rate than that of older men since 1990.
- The paid and unpaid activities carried out by older women differ significantly depending on a range of factors, including their location and the economic opportunities in that context, social norms around the activities considered possible or necessary, their health, the existence of family living nearby, widowhood and emergencies, among other factors.
- The unpaid care work older women do has both positive and negative impacts on older women themselves but largely positive effects on others – notably younger members of their family who benefit from childcare and other support.
- Older women often rely on various forms of informal and formal support to survive. Yet formal – including government – support is often inadequate to fully meet their needs, and rapid social and economic shifts mean informal support provided by families is waning, leaving older women increasingly isolated and vulnerable to economic and physical shocks.

The research

Women's economic empowerment has gained increasing attention within the global development agenda in recent years, bolstered by the adoption of a range of relevant targets within the Sustainable Development Goals (SDGs) in 2015. Yet the specific experiences of older women often remain underexplored and unrecognised, leaving them invisible to policymakers.

This research aims to redress this critical gap. It explores current opportunities and challenges to the economic empowerment of older women in the global South, based on a firm understanding of the

interrelationship between empowerment, women's rights and gender equality across the life course. This report brings together an extensive literature review, analysis of quantitative data, and primary qualitative research in Ethiopia to shed light on older women's experiences in the labour market and of unpaid care and domestic work, and identifies priorities for future policy, programming and research.

Key findings

This research finds that significant gender inequalities exist in paid work and unpaid care and domestic work between older women and men. On average, across some 30 countries, older women spend more than four hours a day on unpaid work – more than double the time older men spend on the same activities. The proportion of older women in the paid economy has also risen at a faster rate than that of older men since 1990.

The unpaid care work disproportionately carried out by older women can be undertaken out of choice rather than need: in many (richer) countries, evidence suggests older women may be undertaking more unpaid care work out of choice and they may see this work as rewarding. However, in poorer countries, where care infrastructure is severely lacking, unpaid care work often occupies large amounts of time and the positive impact on older women is less clear: primary research evidence from Ethiopia and elsewhere suggests unpaid work can be burdensome, leading to significant time poverty and carrying emotional and physical consequences for older women.

In many poorer countries – many of which are in sub-Saharan Africa and are typically highly gender unequal – women appear to be juggling sizeable amounts of paid work and unpaid care. Economic need appears to be a strong driver of employment in older age. Much of this work is informal and/or highly precarious, underlining a need to ensure income security for older women. Women's lower access to decent paid work throughout their life course means that access to comprehensive social protection, notably through universal pensions, is critical for their economic security in older age, as well as to increase their range of choices around whether or not to engage in paid work as they age. For older women who choose to work, ensuring access to decent work is critical if labour market participation is to be empowering, notably for the most marginalised and disadvantaged workers who frequently find themselves in the poorest working conditions.

Older women often rely on informal support (notably from their family and community), as well as more formal types of support from government, non-governmental organisations and community/faith groups. Yet informal support is waning as social, economic and demographic change takes hold, and formal support often fails to fully meet commitments to the rights and needs of older women, including under the SDGs – sometimes because older women are excluded from programmes on the basis of their age and/or gender.

The way forward

There is an urgent need to refocus policy and programmes to be fully responsive to the rights, priorities and needs of older women. A holistic approach to supporting women's economic empowerment – leading to women's increased power, meaningful choices and control over their lives (O'Neil et al., 2014) – means recognising intersecting inequalities and developing focused responses aimed at achieving transformative change in women's lives across their entire life course. This includes those most at risk of being left behind, notably widows, migrant/trafficked women, those fleeing from or left behind in humanitarian or environmental crisis, and those living in conflict.

While this support needs to be tailored to different contexts to be effective, we outline a number of priority areas for action.

First, there is a need to ensure that older women are fully and meaningfully involved in all of the decisions that affect their lives – from government economic, social and labour market policy, to NGO programmes and

community activities. This will, in many cases, require significant changes in discriminatory social norms which often act to limit the potential of older women.

Second, supporting older women's income security is critical. Among priorities to achieve this are ensuring access to comprehensive social protection, including universal pensions, as well as to assets (including property) and financial services. Older women should also be supported to access the labour market if they wish to do so. Creating decent paid work and supporting entry into high-value and high-return sectors of the economy through skills (re)development and tackling barriers to (re)entry – including discrimination – are critical to this.

Third, the recognition, reduction and redistribution of unpaid care work is critical for older women's economic empowerment. This requires an integrated set of policies, including the development of care infrastructure – notably quality, affordable and accessible care services, in particular childcare – and support for carers, as well as time- and labour-saving equipment that reduces women's workloads. Raising awareness of and seeking to shift norms around the gendered division of care must underpin this approach.

Finally, there is a need to generate further knowledge about the intersecting inequalities experienced by older women, and to use these insights to inform policy and programme development, monitoring and evaluation. This should include filling key evidence gaps around older women's paid and unpaid work and the policy environment needed to support their economic empowerment – not least the specific impacts of macroeconomic and labour policy on older women.

1 The economic empowerment of older women

‘The situation of women and men is not equal, and this is evident also in older age... It is obvious that older women are more disadvantaged than older men, because of inequalities throughout their lives.’ (Civil society organisation representative, Addis Ababa)

The achievement of women’s economic empowerment has gained increasing attention within the global development agenda in recent years. This has been bolstered by the adoption of a range of relevant targets within the Sustainable Development Goals (SDGs) in 2015 (see Box 6 in Section 7 below), and the convening of a High-Level Panel on Women’s Economic Empowerment by the UN Secretary-General in 2016. Yet, adopting a comprehensive approach to women’s economic empowerment which fully responds to the rights, priorities and needs of older women requires specific, tailored policy responses.

Underlying this report is a concern with the economic empowerment of older women, primarily in low- and middle-income countries. Women’s empowerment is a process of personal and social change, taking place over interlinked and mutually reinforcing psychological, political, social and economic domains, and through which women individually and collectively gain power, meaningful choices and control over their lives (O’Neil et al., 2014, cited in Hunt and Samman 2016: 9). Economic empowerment is a core dimension of this process, whereby lives ‘are transformed from a situation where [women and girls] have limited power and access to economic assets to a situation where they experience economic advancement’, which includes increased ‘power to make and act on economic decisions’ (Taylor and Perezniето, 2014, cited in Hunt and Samman, 2016: 9; Golla et al., 2011). Critically, as recognised by the UN High-Level Panel, economic empowerment goes hand in hand with women’s human rights; neither can be achieved without the other (United Nations, 2016).

A key marker of development progress in recent decades has been the remarkable increase in life expectancies globally (World Bank, 2018). Women tend to live longer than men on average, and so account for

the majority of older persons, especially at advanced ages (80+ years). This global shift is known as the ‘feminization of ageing’ (Greengross, 2015). In the global South, older women tend to participate in the labour market for longer into older age owing to a lack of pension and other support systems, and (notably for those in formal work) rising national retirement ages. At the same time, women are particularly vulnerable to economic insecurity. Their lower access to decent paid work across the life course and their higher likelihood of being in low-paid informal or unpaid contributing family work, in comparison to men, result in low lifetime savings and asset accumulation. Typically, the pensions they receive, if any, are lower than those of men, compounded by discriminatory inheritance laws preventing them from inheriting property and assets, and lack of knowledge of their rights (Esplen, 2009; United Nations, 2010b).

Older women also carry out unpaid care work which contributes to national economies, subsidises national budgets through supporting children and the sick, and maintains the well-being of the labour force (Greengross, 2015; Budlender, 2010). Yet older people are often perceived as ‘unproductive’ and ‘economically dependent’ (UNFPA and HelpAge International, 2012) and their work is often perceived as ‘helping out’ or ‘passing time’ (Greengross, 2015). This lack of recognition and undervaluation of the contributions of older women leaves them unsupported, despite the current global development policy focus on women’s economic empowerment (see Box 1) – a gap that this research aims to redress.

This report brings together three main components: a literature review, an analysis of existing quantitative data, and key findings from primary qualitative data collection in Ethiopia (see Box 2). These three components help us to situate issues related to older women’s economic empowerment across diverse contexts. They are rooted in an understanding of the interrelationship between women’s economic empowerment and human rights – although an in-depth analysis of specific rights violations is beyond our scope. In the literature review and quantitative data analysis, we bring together the

fragmented evidence on the economic activity (paid and unpaid) of older women and its impacts from the global North and global South – but emphasising the latter where the depth of evidence permits this. We complement this broader perspective with more in-depth commentary on older women’s realities through the findings from Ethiopia, with each of the sections weaving together findings from all three components to the extent possible. We argue that in many countries, policy responses remain inadequate to meet the rights and needs of older women – and that comprehensive measures are needed to support their increased economic empowerment, with the SDGs providing a timely opportunity to fast-track efforts to this end.

The next section of this report very briefly sets the scene. It shows how older age is defined in particular settings, drawing on the Ethiopia findings; it then situates older women in relation to wider demographic shifts, drawing on global data. Section 3 gives an overview of current knowledge about older women’s living arrangements, after which Sections 4 and 5 outline their productive and reproductive work respectively. Section 6 turns to the motivations for paid and unpaid work, along with their effects, which are both positive and negative on older women themselves and those around them, notably their families. The existing informal and formal support, programming and policy environment targeting older people in general and older women in particular is discussed in Section 7. Section 8 concludes by drawing out the major challenges to the realisation of older women’s rights, preferences and needs identified through this research, and makes concrete recommendations for priority action going forward.

Box 1 The women’s economic empowerment agenda: responding to older women’s rights, needs and contributions?

A holistic approach to women’s economic empowerment requires concerted, targeted efforts that prioritise women’s needs and preferences and recognise their heterogeneity (Hunt and Samman, 2016). Intersectionality – a concept based in feminist theory which refers to the way in which gender discrimination and inequality intersect with other systems of identity-based oppression to create and compound hierarchies of power and subordination (e.g. see Crenshaw, 1989) – must be front and centre of this approach, with age an important site of identity difference and inequality, including between women. In short, being at different stages in the life course is likely to affect women’s experiences, preferences and needs.

Even though intersectionality is increasingly recognised in international development discourse, the specific experiences of older women are yet to be comprehensively taken into account within the women’s economic empowerment agenda – or during the creation and implementation of wider development policy. Youth and adolescent girls, and women in stages of childbearing and caring for their young children – particularly in terms of supporting their labour market participation and unpaid care and domestic workloads – have, rightly, received increased attention in recent years. By comparison, older women often remain invisible, left in the margins of the conversation and excluded from effective policy and programming. Yet progress on women’s economic empowerment can only be considered successful when all groups of women – including older women – have individually and collectively gained power, meaningful life choices and control over their lives (O’Neil et al., 2014).

Box 2 Highlighting the circumstances of older women in Ethiopia

Throughout the report, we weave in material from a case study of Ethiopia. We focus on Ethiopia, a low-income sub-Saharan African country, because it illustrates many factors that are likely to have a bearing on older women's economic realities. It is a country where the share of older people is still very low at 5% (just over one-third the global average of 13%) but this still amounts to 5.5 million people and is expected to double within the next 35 years (United Nations DESA, 2017). It remains very poor (its per capita GNI of about \$1,900 (2011 Purchasing Power Parity) places it within the poorest 10% of countries globally),¹ but it has experienced remarkably rapid economic growth in the past 15 years. Understanding how this context may shape processes of empowerment may therefore be extremely useful more broadly so that countries, as they develop, ensure that they promote the economic empowerment of their older women and men. From a policy perspective, Ethiopia also presents various aspects that are useful to consider – not least the impact of one of the largest social protection programmes in sub-Saharan Africa (SSA) in a heavily resource-constrained environment.²

One of the authors undertook qualitative data collection in an urban site, Arada sub-city in Addis Ababa, and a rural site, Dodicha kebele, near Batu town in Oromia in collaboration with local researchers. The fieldwork included 35 interviews with a range of respondents including older women (who differed in age, family size and socio-economic status), members of their families and key informants including policy makers and civil society representatives. These in-depth and key informant interviews were complemented with focus group discussions (FGDs) with adults within each community (see Annex 3 for further details of the methodology).

Because the participants in this study were largely recruited through an NGO catering to the needs of economically insecure older people, our findings from Ethiopia are primarily illustrative of the concerns of more marginalised older women. Many of the older women we interviewed, especially in Addis Ababa, were from the poorer end of the socio-economic spectrum, living in small households and sometimes alone. However, the FGD participants, recruited through the Woreda (district) office, and key informants provided some broader perspectives.

1 Of the 183 countries reporting this indicator.

2 The Productive Safety Nets Programme (PSNP) provides support to more than 7 million people in rural areas of the country (Hoddinott et al., 2018).

2 Older women in a changing world

Key messages

- Although chronological age is commonly used in policymaking to denote when a person is ‘older’, perceptions of the key characteristics of older age are largely subjective, and heavily influenced by biological and context-specific socio-cultural factors.
- Demographic shifts are leading to an increase in the number and share of older people, particularly women, in many of today’s low and middle-income countries.
- Current and projected demographic trends emphasise the importance of policy supports for older people, and underline the need for greater attention to the lived realities of older women.

2.1 Defining older age

The terminology used in everyday life to describe older people includes such terms as ‘older persons’, ‘the aged’, ‘the elderly’, ‘the third age’ and ‘the ageing’. Commonly used definitions in the policy sphere are as follows:

- **Older person:** The term is used to describe someone in later life. ‘It is common in all societies and cultures to divide our lives into different stages, with older age being the latter stage and an older person being in that stage’ (HelpAge International n.d.). The UN defines ‘older persons’ as persons aged 60 or older (UNFPA and HelpAge International, 2012).
- **Oldest old:** This term refers to those aged 80 or over (UNFPA and HelpAge International, 2012).

The distinct conceptualisations of older age suggest that it is not necessarily attached to chronological age but also culturally defined. Indeed, for public policy to be effective, it must be rooted in the understanding and lived experiences of the social groups it relates to. Therefore, it is significant that our primary research in Ethiopia found that these ‘official’ definitions are to a large extent mirrored in the conceptualisations and language of older people themselves. When asked at what age a person would be considered ‘older’ in

their community, respondents from the primary data collection in Ethiopia gave a variety of answers starting from age 40 but coalescing mainly around the age of 60 and older. When pressed, study respondents did distinguish between ‘younger’ older people and ‘older’ older people, indicating that those aged around 50-70 could still be physically active while those aged 70 or older become ‘weak’. Nevertheless, it was also evident that when a person reaches a particular age they do not suddenly become weaker and frailer; rather, the process of decline is gradual and varies by context and individual characteristics. Similarly, and in line with existing global literature (Sleap, 2011; Oppong, 2006), our findings from Ethiopia also show that being ‘elderly’ is defined by social norms which condition the expected behaviours and attributes of older people, as well as social characteristics.

Yet social norms can be highly gendered, contributing to negative perceptions of older women in comparison to those held towards older men. Respondents, notably in Oromia, noted that once a woman can no longer give birth she could potentially be regarded as an elder – referring to older people perceived by community members to have the necessary wisdom to play a leadership/advisory role within that community. Yet in reality, it is mostly men who were seen to be best placed to be in charge of ‘leading community affairs’ and resolving conflicts and disputes (referred to as a Manguddo).

Respondents also noted that women (are perceived to) age more quickly than men. This is attributed variously to women taking on a larger unpaid work load throughout their lives, beginning to lose their physical capabilities at a younger age, bearing many children and often having less access to food and care (largely because of gendered norms around who eats first and who cares for whom):

‘The wife become elder much faster than the husband who still looks very young; not only that, they also give birth to many children; in terms of food and care they don’t get them; as such they become too old soon.’ (KII 8, NGO, Oromia)¹

1 Further details of in-depth interviews and focus group discussions can be found in Annex 4. No further details are provided of the key informant interviews for reasons of confidentiality.

2.2 Demographics shifts and older women

Its intrinsic importance notwithstanding, the economic empowerment of older women assumes particular salience in light of two key demographic shifts. The first of these is a surge in the number and share of older people, especially older women. Globally, in 2017 there were 962 million people aged 60 or over.² This figure is projected to rise to 1.4 billion by 2030, and to more than double by 2050 to nearly 2.1 billion (Figure 1). At present, women outlive men by an average of nearly five years.³ This means that women accounted for 54% of the 60+ population in 2017, and 61% of the 80+ population. Older people currently make up 13% of the global population, a share that is expected to reach 21% by 2050, by which time there will be more older people than children.

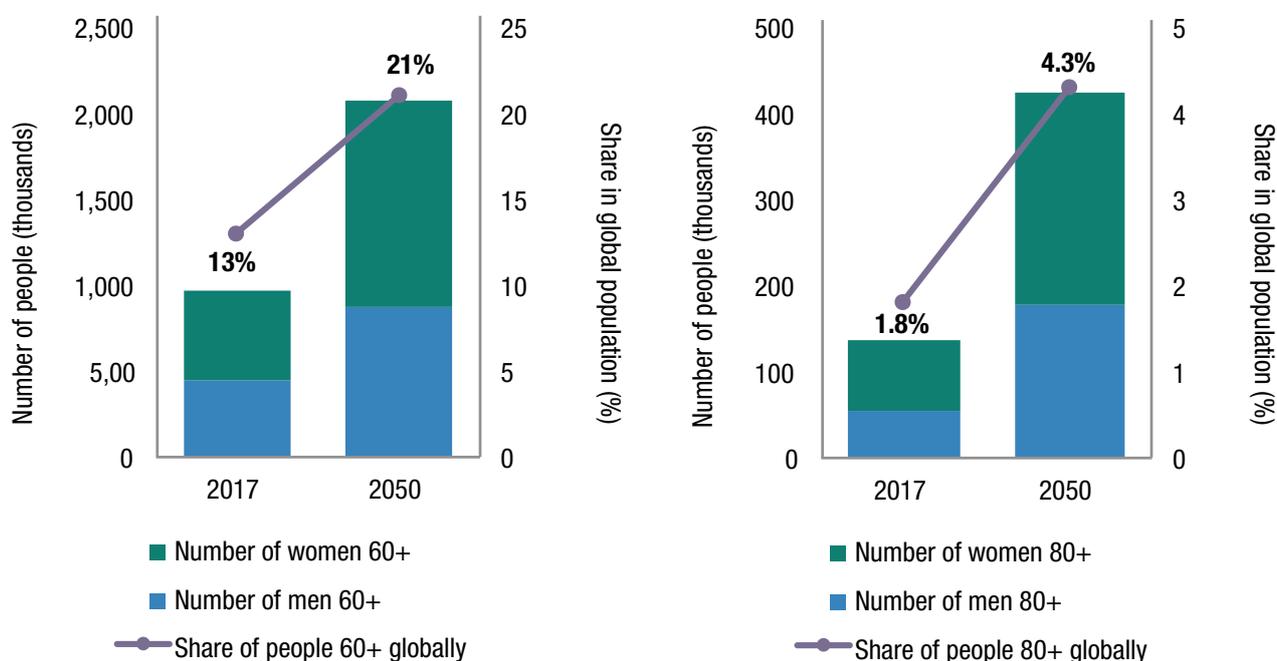
The second relevant trend is a growing number of older women and men living in low and middle-income countries, especially in Africa. Over two-thirds of the world's older persons currently live in these countries, and projections suggest that 1.7 billion people aged 60 years or over – nearly 80% of the world's older population – will live in today's 'developing world' in 2050. The sharpest growth in the share of older people is forecast in Asia, where it will roughly double, while the steepest growth in the number of older people is in

Africa. Currently standing at 68.7 million, this figure is projected to grow three-fold (Figure 2).

Policy supports for older people are a fundamental right, regardless of their number. However, these current and projected demographic trends emphasise their importance. The ratio of older people to those of official 'working age' (15–64) is projected to increase by 144% between 2010 and 2050, while the ratio of children relative to this group falls by 20% (World Bank, 2014). The strong surge of older people in SSA, in particular, carries far-reaching implications – by 2035, average life expectancy at birth is expected to rise to about 65 years for the first time, meaning that the region 'will have its first generation of children that can expect to reach the pensionable age' (Unicef, 2014: 8). It is also the region with the highest proportion of economically active people aged over 65 (Oppong, 2006). Across the global South, increases in longevity and the growing share of older people have yet to be matched by appropriate supports: in the median low- and middle-income country, fewer than one in three older people are covered by a pension (based on data from ILO World Social Protection Database, 2017).

Moreover, although older people are living in better health than ever before, the increase in their number suggests that more people will be living with a disability. According to the World Health Organisation (2011: 34–35), 'there is higher risk of disability at older ages,

Figure 1 Share and number of older women and men 60+ and 80+ globally, 2017 and 2050



Source: Data is from United Nations (2017)

² Figures in this section, unless otherwise stated, are from United Nations (2017).

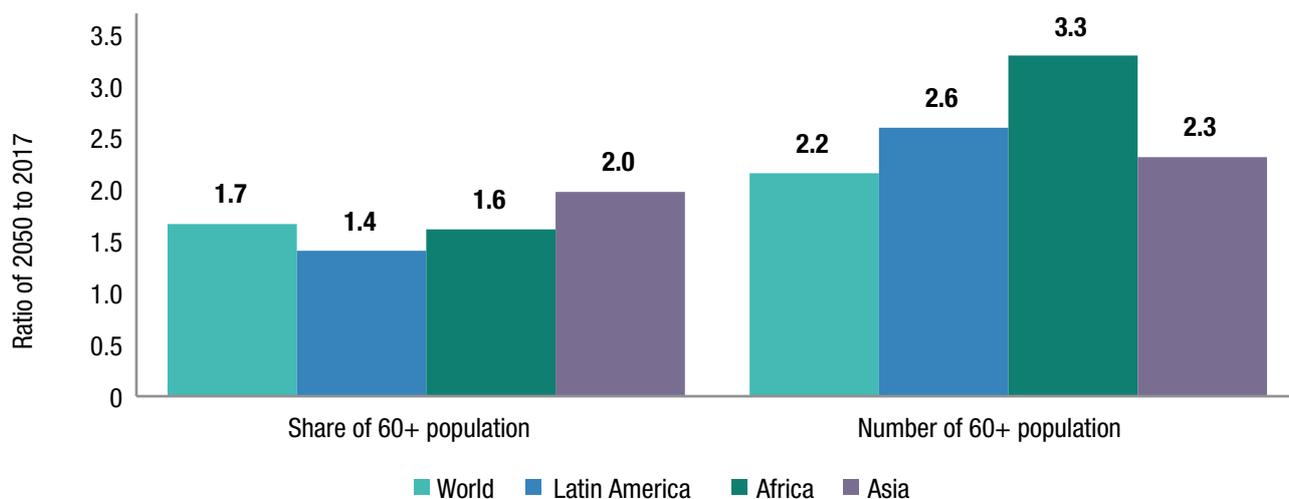
³ Per UN (2017: 2), globally over the 2010–15 period, women lived 4.6 years longer than men on average.

and national populations are ageing at unprecedented rates'. The prevalence of disability among older people is especially high in low-income countries (LICs) and for females (Figure 3). It has been estimated at 43% for people aged 60 and above in LICs, a full 13 percentage points higher than in high-income countries, and up to 60% higher for females than males.⁴ But although many people are living for more years with a disability or in poor health owing to chronic illness (in part due to a lack of support for non-communicable disease), this does not necessarily mean that they stop participating in the paid workforce or in unpaid care.

These shifts underline the need for greater attention to be paid to the lived realities of older women – to include how they are living and participation in paid and unpaid work, and how this aligns with their needs and preferences. The inadequacy of current supports for most older people also urges a greater focus on how these can be provided in diverse settings.

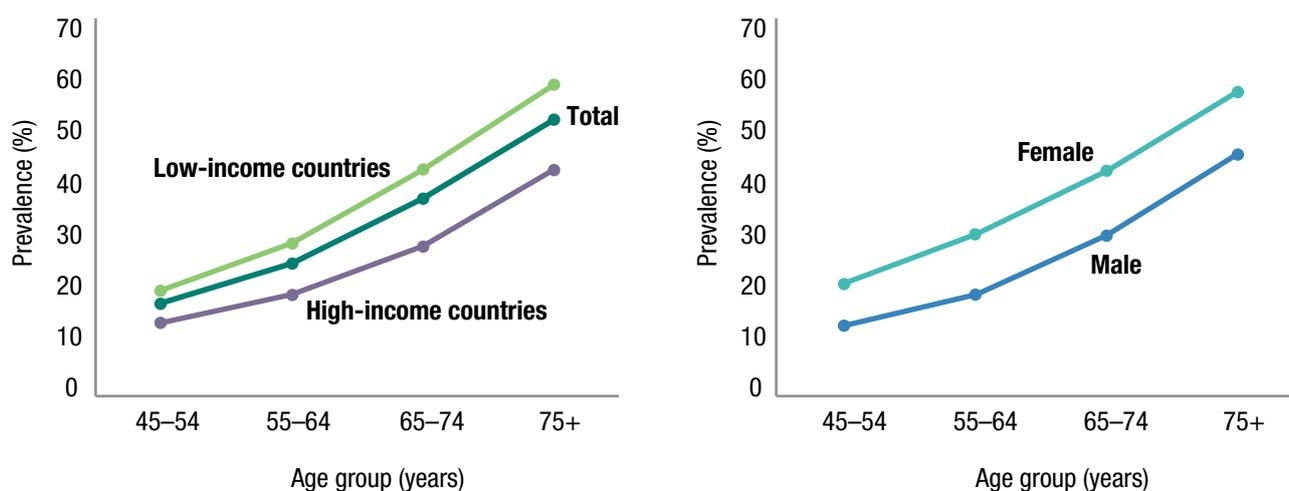
To conclude, this section has shown that while specific ages and age ranges have been used to identify when a person is 'older', our findings show that old age is largely subjective, with definitions consisting of a mix of biological, socio-cultural and contextual factors. It

Figure 2 Ratio in the share and number of older people in 2050 relative to 2017, by region



Source: Computed from data in United Nations (2017)

Figure 3 Age-specific disability prevalence in 59 countries, by country, income level and sex



Source: WHO (2011: 35)

⁴ Disability prevalence is higher among females, owing both to higher age-specific prevalences and a higher number of older women than men; per Global Burden of Disease data, it is 11% higher for females, while World Health Survey estimates suggest it may be 60% higher (WHO, 2011: 31).

is also increasingly acknowledged, as exemplified in a growing body of literature and supported by findings from the primary data collection in Ethiopia, that older people and especially women face a range of intersecting vulnerabilities and challenges including in relation to poverty and dependence on others, health and psychosocial wellbeing. All of this is particularly concerning since global data shows that demographic

shifts are leading to an increase in the number of older people in low- and middle-income countries, and in the number of older women in particular. Hence in order to ensure that older women's vulnerabilities are tackled, their capacities are built on and their rights are addressed, it is critical to include them in national and global policy agendas.

3 The living arrangements of older women

Key messages

- The living arrangements of older women are associated with the level and kinds of paid and unpaid work they carry out – both inside and outside their households. For example, women living in larger households are more likely to take on extra paid and unpaid work, including as they grow older.
- New UN data on people aged 60 and older suggest that independent living arrangements are becoming more common. Nonetheless, about two-thirds of older people in low- and middle-income countries live with their children where they often have substantial caring responsibilities.
- Older women are more likely than older men to live alone – twice as likely in Africa – a finding that was reflected in our fieldwork in Addis Ababa, where the majority of older women interviewed lived in small households and had worked and supported themselves.

3.1 Types of living arrangements

Having examined the number and share of older women in different parts of the world, we now explore their living arrangements, which closely condition the type and amount of paid and unpaid work that they carry out. Living with family members can increase workloads for older women, or it can provide them with support. This contradiction emerged strongly in the Ethiopian primary data. Respondents in both urban and rural areas spoke of a desire for women to have many children so that they could live with them and be supported in older age, and this was also often associated with respect and status. However, at the same time, having large families meant more work, especially for women, which is perceived to ‘age’ them faster:

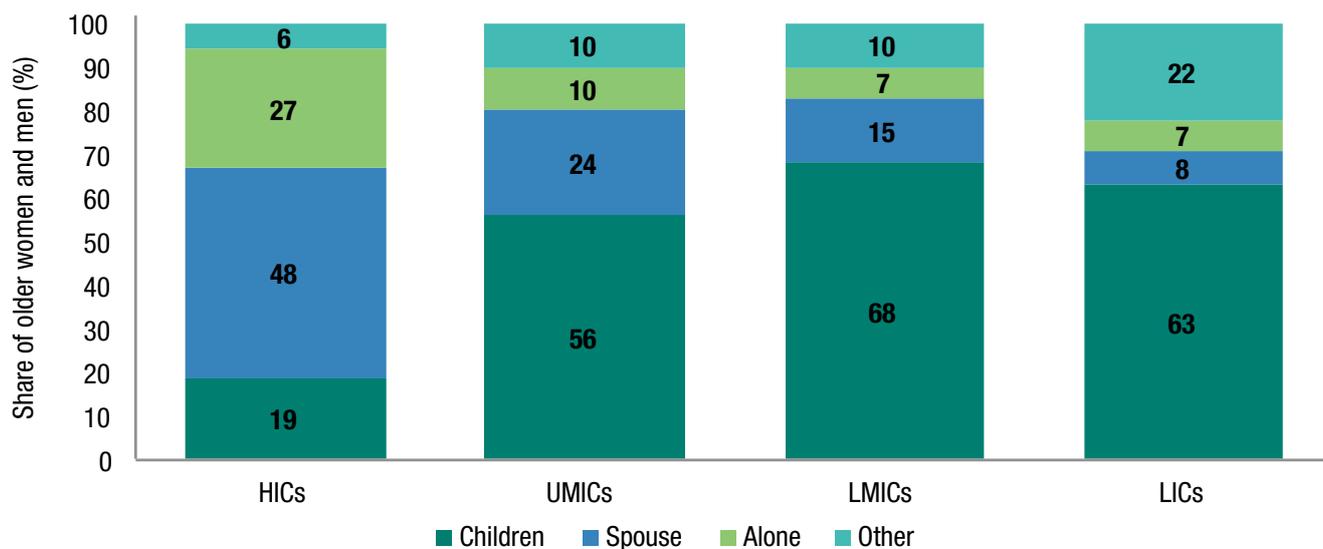
‘...those who have large family size, they get older earlier due to their work burden while the one with small families live a better life.’ (FGD 4, men, Oromia)

The global data also points to differences in living arrangements, notably between high-income and low- and middle-income countries, as well as between older women and men. It also shows an increasing tendency for so-called independent living arrangements (living alone, or with a spouse), particularly for older women. Data from a new UN database of 143 countries or areas shows strong tendencies in living arrangements that are associated with per capita gross national income. In high-income countries, 75% of older people lived alone or with a spouse, while in low and middle-income countries, 62% of older people lived with their children in multigenerational households (Figure 4). This survey-based evidence is also affirmed by qualitative research such as a HelpAge International study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam, where between 55% and 80% of older people lived with at least one child (Knox-Vydmanov, 2016).

The data suggest that globally, independent living arrangements – in which older people live with a spouse or alone – are becoming more prevalent. Older women are more likely than older men to live alone – twice as likely in Africa (United Nations, 2017: 6).⁵ The evidence suggests differences in countries and regions may relate to demographic and economic shifts, as well as social norms and preferences – and that changes over time reflect a broad array of factors including improvements in human development, incomes and levels of education, urbanisation, migration, and trends in cohabitation, marriage and divorce (ibid: 77). It is also important to qualify that living arrangements in themselves do not portray adequately ‘the networks, pathways and directions of support between older persons and their kin’ (ibid: 77), while other research has found, possibly

⁵ A very small share of older people live in institutions in sub-Saharan Africa apart from in South Africa – in most countries, well below 1% (United Nations, 2017b: Table III).

Figure 4 Living arrangements of older people by income group



Note: the ‘other’ category refers to other types of household-based living arrangements, which could include ‘skip-generation households’ as well as extended-family households such as co-resident siblings or cousins (United Nations, 2017b). This is an area in need of further exploration (ibid.). LICs = low-income countries, LMICs = lower-middle-income countries, UMICs = upper-middle-income countries, HICs = high-income countries.

Source: United Nations (2017)

counterintuitively, that they are a weak indicator of income security (Knox-Vydmanov, 2016).

In Ethiopia, the evidence suggests that many more older women than older men live independently – some 12% of older women live alone, compared with 3% of older men, while 5% and 7% respectively live with a spouse only. In contrast, some 54% of older women live with their children, compared with 77% of older men (United Nations DESA, 2017). In our fieldwork, while the very small number of women interviewed were not representative of the broader population (see Annex 3 for further details), they are likely to give insights into the living arrangements of economically insecure older women in urban and rural settings. The majority of older women spoken to in Addis Ababa were living in small households, with just one or two other members, usually a child and perhaps a grandchild. Often, the reason for engaging in paid work and income-generating activities, particularly for women who had migrated to Addis Ababa, was the need to support themselves after the death of their husbands. In rural areas, older people tended to live in larger, multi-generational households.

Household size and configuration also affect the extent to which women are able to engage in work outside the household. Indeed, while many women, including older women, may find themselves taking on double and triple burdens of work (domestic work, paid work, community work) (Moser, 1989, 1993), they are often only able to do this if they have support in the household, typically from daughters or daughters-in-law.

‘She has never been engaged in outdoor activities because she did not have daughter to support her with indoor activities; in order to feed the boys she is confined to the home environment. She has never been engaged in trade.’ (FCS 6, 70–75-year-old husband of IDI 10, 62 years old, Oromia)

A large number of studies find that grandmothers make a positive contribution to the lives of their grandchildren in SSA, as manifest in better outcomes in health and in education (a theme we revisit in Section 6.2). This may be through indirect channels, as in Ethiopia, where grandmothers’ support was associated with higher child survival, but their contribution was primarily to relieve their daughters of heavy domestic tasks rather than provide childcare (Gibson and Mace, 2005). The impact on their own workloads and wellbeing is less clear – although one recent study suggests that where fertility is high, as in many low- and middle-income countries, grandparents derive emotional benefits from living with their grandchildren, but this is not the case where fertility is lower (Box 3).

3.2 Skip-generation households

A ‘skip-generation household’ is defined as a household that is headed by an older person with one or more children where the children’s parents have died or are absent (Lackey et al., 2011). Worldwide, these have grown in number owing to HIV and AIDS and increased labour migration by parents who leave children behind

(Das and Zimmer, 2015). This has been substantiated in qualitative work in Thailand (Ingersoll-Dayton et al., 2018), Uganda and Zimbabwe (Samuels and Wells, 2009) and Sri Lanka (Samuels et al., 2017). Globally, more older women than men head skip-generation households (United Nations, 2005). At the extreme, data from the 1990s and 2000s suggested that in some SSA countries heavily affected by the HIV and AIDS epidemic – Ghana, Malawi, Rwanda, Uganda and Zambia – skip-generation households comprised more than 25% of all households (United Nations, 2011: 8). Kinship care, i.e. care provided by extended family members, is the most common form of care for orphans; about 60% of orphans in sub-Saharan Africa live with their grandparents (Beegle et al., 2009; Save the Children, 2007).

Older people heading skip-generation households tend to have higher workloads than those living with their children or independently. In addition, research has found that older people living in skip-generation households face particular challenges, including grief at having lost a child, health concerns, and poverty and stress related to providing for grandchildren (Lackey et al., 2011). Using data from Demographic and Health Surveys conducted in 51 countries, Das and Zimmer (2015) find that skip-generation households where working age adult(s) were dead had the lowest wealth scores. Kinship care is one of the least supported forms of alternative care, receiving limited state assistance, which makes grandparent carers particularly vulnerable (EveryChild and HelpAge International, 2012).

Although in our primary data collection in Ethiopia we did not actively seek out skip-generation households, in the larger/multi-generation households (mostly in rural areas), older women were often the primary caregivers

for their grandchild(ren), often because the mother/parents were working.

This section has therefore shown that according to global data, there is a tendency for declining household sizes, with older people living independently and/or in smaller households. This was also found to be the case among respondents from Addis Ababa in the primary qualitative fieldwork in Ethiopia. However, whether residing in small households, skip-generation (which result from migration and illness or death of the intermediate generation) or multi-generational households (in which still the majority of people in low- and middle-income countries as well as the majority of respondents from Oromia in the primary qualitative fieldwork reside), women continue to carry out the majority of domestic work. The burden of this work inside the household also influences their ability to work outside the household, as does the configuration of the household, i.e. women living in households with daughters or daughters-in-law can share the domestic work burden with them and are therefore potentially freer to take on other roles. Findings from the primary qualitative data also show that while many children and large families are desired so that they can support women in older age and they are often seen as a marker of status and respect, these also lead to large workloads for women, restricting them from engaging in activities outside the household and ageing them faster.

We now seek to illustrate the types of work older women are carrying out in different households and the time that they dedicate to paid and unpaid work – which varies across different parts of the world and is also circumscribed by the specific socio-economic and personal circumstances of women and their families.

Box 3 Emotional wellbeing of grandparents living with grandchildren

How do grandparents feel about living with their grandchildren? In the United States, co-resident grandparents evaluated their lives more poorly than those who did not live with children. They were relatively less likely to have experienced happiness the previous day after controlling for other factors, such as health, that are known to affect emotions. Their feelings of stress, anger and worry were also substantially higher. Among parents, the presence of children is associated with more positive and negative emotion ('emotional life is more extreme with children'), but for older people, 'there is no upside: all the positive emotional experiences are less prevalent when they live with children, and negative emotional experiences are more prevalent' (Deaton and Stone, 2014: 8). This is largely because grandparents who live with their grandchildren tend to be in poorer health, but 'in part because living with a child and/or his or her parents is unpleasant in itself' (ibid: 14). Analysis of Gallup World Poll data shows that such negative emotions are present in most regions of the world but are higher among the elderly living with children in Europe and 'rich Anglo' countries. Fertility turns out to be an important conditioning factor. Where fertility is high (that is, children are plentiful), older people generally evaluate their life more positively when they live in a household containing a person under 15, and where fertility is low they evaluate their life more negatively. Where 'high fertility is seen as desirable, older people do not feel that their life is compromised by living in a family with a young child. They are less likely to feel negative emotions such as anger and worry'.

Source: Deaton and Stone (2014)

4 Productive contributions of older women

Key messages

- In low- and middle-income countries, around one in seven women aged 65+ participate in the labour force (encompassing the formal and informal economies), compared with around four in 10 older men. Shares are higher in poorer regions, notably in SSA where it rises to two in five older women.
- The proportion of older women in the paid economy has risen at a faster rate than that of older men since 1990.
- Most older women are in informal low-paid work, working under poorer conditions and for lower pay than younger people. Women may also face gendered occupational segregation.
- The evidence suggests that most women want to work – and there is some evidence that this holds true for at least some older women as well.
- While time spent on productive work typically declines in older age, in many countries it remains significant even into ‘older’ old age.

While at times policy discourses may overlook the productive potential of older persons (Shakespeare and Williams, forthcoming in ILO, 2018: 24; Aboderin and Beard, 2015), the evidence suggests that many older women and men continue to participate in the paid economy in older age. ILO estimates suggest that around 15% of older women and just over 40% of older men (65+) in low- and middle-income countries participated in the labour force in 2017 (Figure 5). While the share of older women who are in the paid economy has risen since 1990, for older men it has reduced. Though variation among countries is considerable, on average the share of older women in the labour force is higher in poorer regions, notably in SSA. In most of the region, more than half of older women engage in the paid economy (Aboderin, 2015, see also Figure 6). In Latin America and Asia, older women’s labour force participation is far lower than in SSA on average, but still exceeds 10%.

4.1 Types of productive work

Generally, women of all ages are over-represented in the most precarious segments of the informal economy (Chen, 2012). The evidence suggests that most older women, especially in poorer countries, work in informal, low-paid work and fewer older women than men engage in the formal economy. Older women in paid work typically have less attractive jobs with lower pay than younger people (United Nations, 2010b). For example, Gasparini et al. (2007) find that elderly men and women in Latin America and the Caribbean (LAC) are over-represented in the lowest quintile of the hourly wage distribution. Patterns of gendered occupation segregation may also persist, as in the United Kingdom in 2005, where women across age groups made up the majority of workers in the health care, social work, education and service sectors, and only 10% of those in construction (Payne and Doyal, 2010).

Informal workers may be self-employed or work for wages (Chen, 2012). The majority of self-employed older women in low- and middle-income countries are self-employed in informal enterprises, i.e. in informal self-employment (HelpAge International, 2010b). Older women also often undertake informal and unpaid work in their children’s or other relatives’ businesses, i.e. as contributing family workers (Vera-Sanso, 2015).

Many older women and men in low and middle income countries also participate in informal wage employment, i.e. paid employment without secure contracts, worker benefits or social protection (HelpAge International, 2010b). In Bangladesh, Nepal, the Philippines, Thailand and Vietnam, Knox-Vydmanov (2016) finds that older people are more likely than younger people to engage in informal wage work.

In SSA and Asia, the mainstay of older women’s income generation is in agriculture. Agriculture in these regions is increasingly dominated by older people, and a significant proportion of the global food supply is produced by older smallholders. In Kenya, for example, the average age of a farmer is 60 years (Olwande and Mathenge, 2011, cited in Aboderin and Beard, 2015), while in sub-Saharan Africa on average and in Asia, 59%

and 62% respectively of older women aged 60+ who are still working do so in agriculture (Heide-Ottosen, 2014: 20). Women of all ages are also more likely than men to be involved in subsistence farming, linked to their role of providing food for the family (OECD, 1997). But the literature on older women's subsistence farming is limited.

As with formal work, older women tend to earn less than older men in the informal economy. For example, a study of Ethiopia finds that on average, older female daily labourers earned about half the amount of older men, about 7 to 10 birr (0.5 to 0.75 US\$) a day (Erb 2011b). Informal work is often said to provide more flexibility. But equally, it can be an unreliable and insufficient source of income (Knox-Vydmanov, 2016). Moreover, it is often less recognised and respected than formal work, which can negatively affect older women's status in society. For example, Chazan (2008) finds that grandmothers in South Africa receive little respect for their 'informal' work as street traders.

In Ethiopia, ILO estimates suggest 39% of older women are working, which is slightly below the SSA average. In our case study, the types of paid work that the economically insecure older women in Addis Ababa had undertaken involved domestic work – washing clothes, cooking (notably, preparing injera), grinding salt and cleaning. This work was largely paid for with cash (though sometimes with food and drink). Another common income-generating activity was small-scale petty trading of eggs, vegetables, maize and other crops as well as handicrafts in both Addis and Oromia. Some respondents mentioned selling firewood, mostly

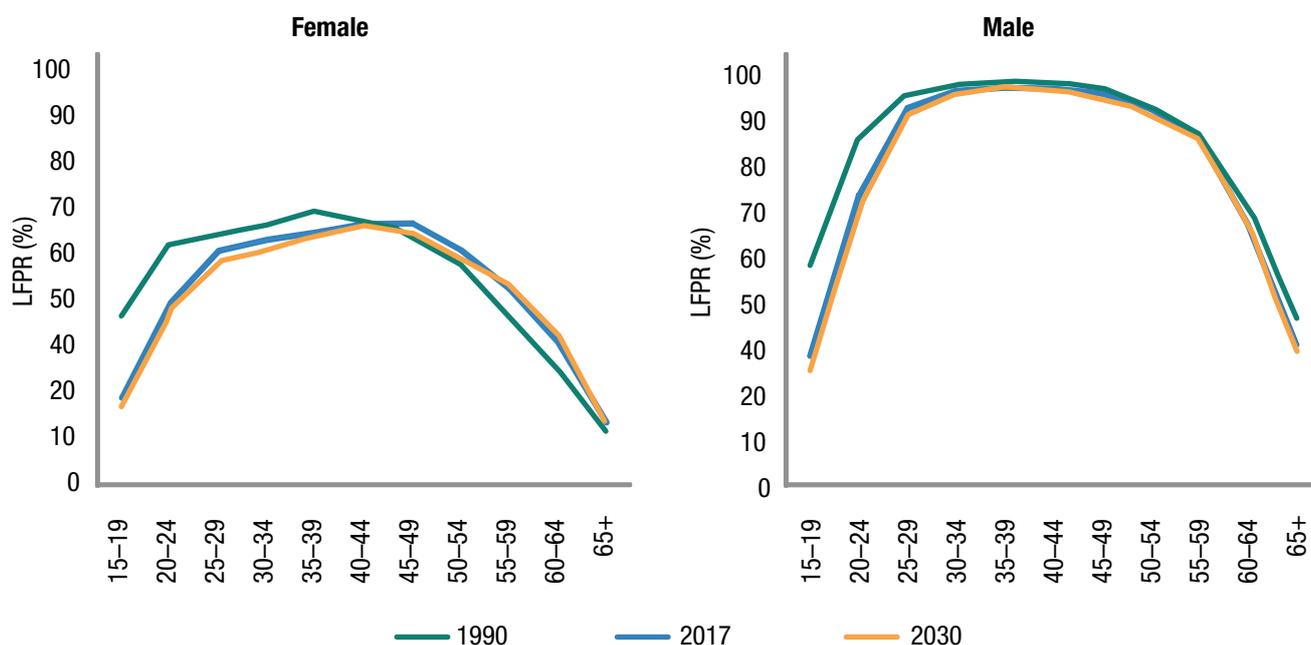
in Addis, and selling Arke or Tella (local alcoholic beverages). A few respondents also mentioned spinning cotton. Although not paid work, but arguably still an income-generating activity, three older women in Addis mentioned begging as an activity that occupied much of their time. This was often because they were no longer well enough to carry out paid work and so begging became a vital part of their daily survival.

'I used to sell Shiro (sauce to go with injera) in the past. I have become weak now and started begging.' (IDI 6, 70 years old, Addis Ababa)

Only one of the older women interviewed was still carrying out paid work (IDI 3, 66 years old, Addis Ababa), cooking for an NGO (see Box 4). This case study shows the benefits a stable income can provide for older women, corroborating well-established evidence in the literature that decent, notably formal or semi-formal work, offers most potential for women's economic empowerment (Kabeer et al., 2011 cited in Hunt and Samman, 2016).

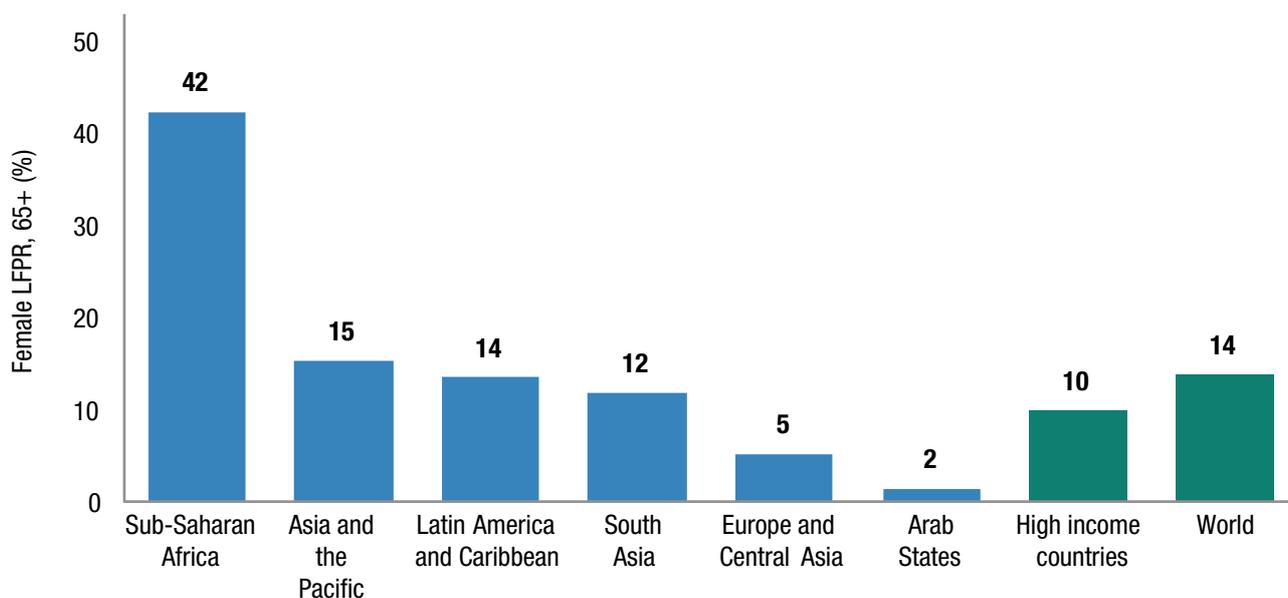
In rural areas, both older men and women carried out agricultural and livestock-related productive work, albeit to varying degrees, and often on their own farm, though some also mentioned undertaking daily labour activities such as weeding and harvesting. More usual tasks include, for both older men and older women, taking cattle out to pasture, milking the cows and providing advice and oversight of agricultural and farming related activities ('I do [paid] oversight during farming season' – IDI 8, 66 years old, Oromia), with few doing the actual hard labour (ploughing, weeding, harvesting, etc.).

Figure 5 Estimates of labour force participation rates for females and males by age group (Low- and middle-income countries)



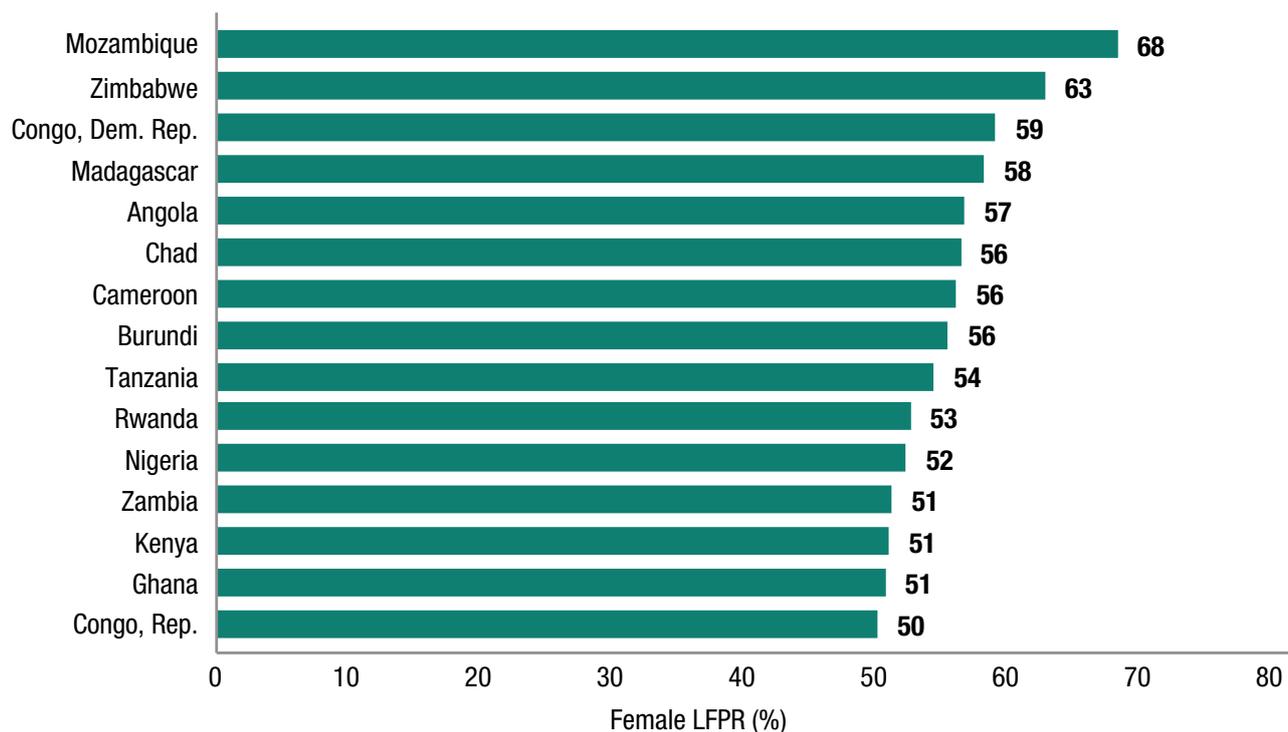
Source: ILO (2017)

Figure 6 Estimates of labour force participation among older women (65+) in 2018, by region, and for high-income countries and the world (%)



Source: ILOSTAT – Modelled estimates from July 2017

Figure 7 Labour force participation rates for older women (65+) in selected SSA countries in 2018 (%)



Note: this figure includes those countries in the region in which the LFPR was at least 50%.

Source: ILOSTAT – Modelled estimates from July 2017

Box 4 Case study – Abebech (IDI 3), 66 years old, Addis Ababa

Abebech (a pseudonym) is paid to cook for beneficiaries of an NGO programme, a job she has held for seven years. She reports finding this work originally with support from the kebele administration. She starts working in the morning and ends at 5pm. She works every day except Sundays, is paid 400 birr (about \$15) per month and she is entitled to yearly holidays of 15 days.

She decides how to spend the money she earns ('I am the one who decides'), as also noted by her granddaughter. Generally, her earnings are used to purchase household items and to support her grandchildren, e.g. by buying clothes and shoes.

'I buy clothes and shoes, two dresses, two sweaters and shoes ... I sometimes buy things for my house. I buy wheat since the flour is not enough for the children. I also buy pepper ... I sometimes buy the shoes that I like. I also buy a dress with my salary.'

She lives with her husband and their seven children. Their children work variously as carpenters, on spinning, and as a waitress or security guard, while her husband used to spin but is now retired. However, she does not give or lend to other family members who are earning, saying that she does not ask them for money and they do not ask her: 'They do not give me anything. They do not ask me.'

She reports saving some of her money at home (in a box), though her granddaughter is not aware of this. Out of the 400 birr she gets every month, she puts 300 into the box, which she intends to pass on to her children or grandchildren when she dies.

She also sends money to support a struggling grandchild (her mother, Abebech's daughter, had died) living in the countryside.

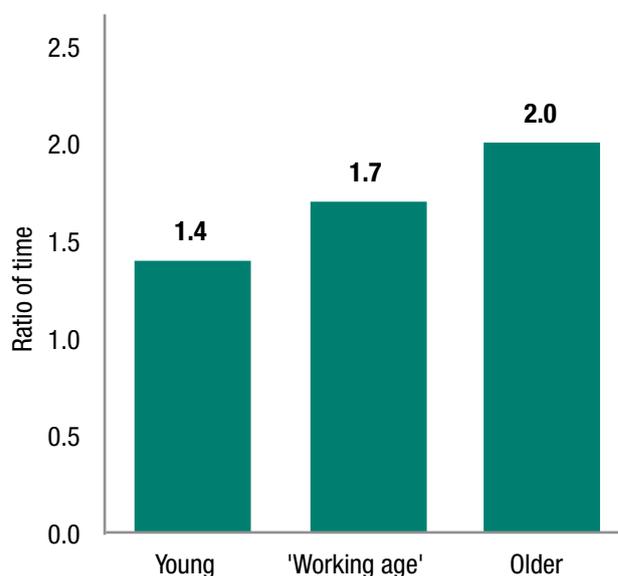
When visiting their house, it was apparent that the furniture and other objects (e.g. plates, pots, etc.) all belonged to the grandmother and were bought from her income.

4.2 Time spent on productive work

Most time-use studies show that women's hours spent on paid work decline with age but remain significant. For example, a study of Argentina, India, Japan, Korea, Nicaragua, South Africa and Tanzania found that in all these countries, women aged 18–45 spent more time on productive work than older women (Budlender, 2010). Similarly, in Bangladesh, Nepal, the Philippines, Thailand and Vietnam, Knox-Vydmanov (2016) observes that the likelihood of working and the hours spent working for pay declined for both men and women with age. Women were less likely to be employed and withdrew from work earlier than men.

In this report, we draw on new data compiled by Jacques Charmes for close to 30 countries which illustrates the amount of paid work and unpaid care that older women do alongside that of older men, 'working age' women and men, and female and male youths (Box 5). Analysis of this data reinforces the conclusions of this earlier work.

Figure 8 Ratio of time that men spend on paid work relative to women across 27 countries, by age group



Note: for full data, see Annex 1. The age groups associated with older age vary across countries (see Annex 2).

Source: Charmes (2018)

The data points to several stylised facts.

- First, in some countries, paid work occupies significant shares of older women's time – notably in SSA and two Latin American countries – while in others it occupies very little. At the extreme, in Chile (2015), Cameroon (2014), Ghana (2009) and Argentina (2005), older women report spending more than three hours daily on paid work – though it should be recalled that the household survey modules used to collect time-use data in Latin America typically elicit relatively larger reports of time spent than dedicated time-use surveys (Box 5). Excepting Mauritius, for the six SSA countries in the sample, the simple average is 2.7 hours daily. At the other end of the range, in several European countries, older women spend less than 10 minutes daily, on average, in paid work.
- Secondly, older women typically engage less in paid work than 'working age' women and youth. The exceptions to this tendency, where older women tend to carry out more paid work than younger females, are Cameroon (2014), Argentina (2005) and South Africa (2010).

- Third, the distribution of paid work is heavily gendered, and this pattern prevails throughout the life course; in older age, it entails older men spending, on average, twice the amount of time on paid work as older women (Figure 9). For 'working age' adults and for young adults the differences are less acute – the ratios are 1.7 and 1.4 respectively.

However, some studies emphasise that women's income-generating work remains high in later years. The Counting Women's Work project uses national time-use data to better understand women's contributions as they age. The study finds that, for South Africa (Oosthuizen, 2013), women's paid work peaks at about 45 to 50 years old and then decreases. However, it remains at about 10 hours a week at 60 and four hours a week at the age of 80. For India (Ladusingh, 2016), women's paid work also peaks at about 45 to 50, but remains at about 15 hours a week at 60, declining sharply to three hours a week at the age of 80. In Vietnam, women's labour market work is high at all ages and even increases in their 60s from about 18 hours a week for 60-year-old women to 21 hours a week for 80-year-old women (Thi Lan Huong et al., 2017).

Box 5 Time-use surveys used in this report

In this report, we draw upon a database of age-disaggregated time-use statistics assembled by Jacques Charmes, which shows the amount of time people of different age groups are spending on paid work, and on unpaid care and domestic work. Of 75 countries which have time-use data, some 33 have this data disaggregated by age group (of which 31 are broadly comparable). We focus on the average amount of time spent divided by all people in a society (within a particular age group) – rather than focusing on the share of people undertaking a given activity and the amount of time these 'participants' spend. Examining time spent by people who undertake unpaid care and domestic work would arguably be a more accurate reflection of their workloads (in the same way that looking at hours spent on paid work for workers would be more reflective of working conditions than a national average that combines people in work and those who are not). However, a focus on the average time spent by all people enables ready comparison across countries and contexts.

The data provides a useful illustrative snapshot of the volume of unpaid care older people are undertaking in different parts of the world, and how this compares with people in other age groups, but its comparability is limited in several important respects.

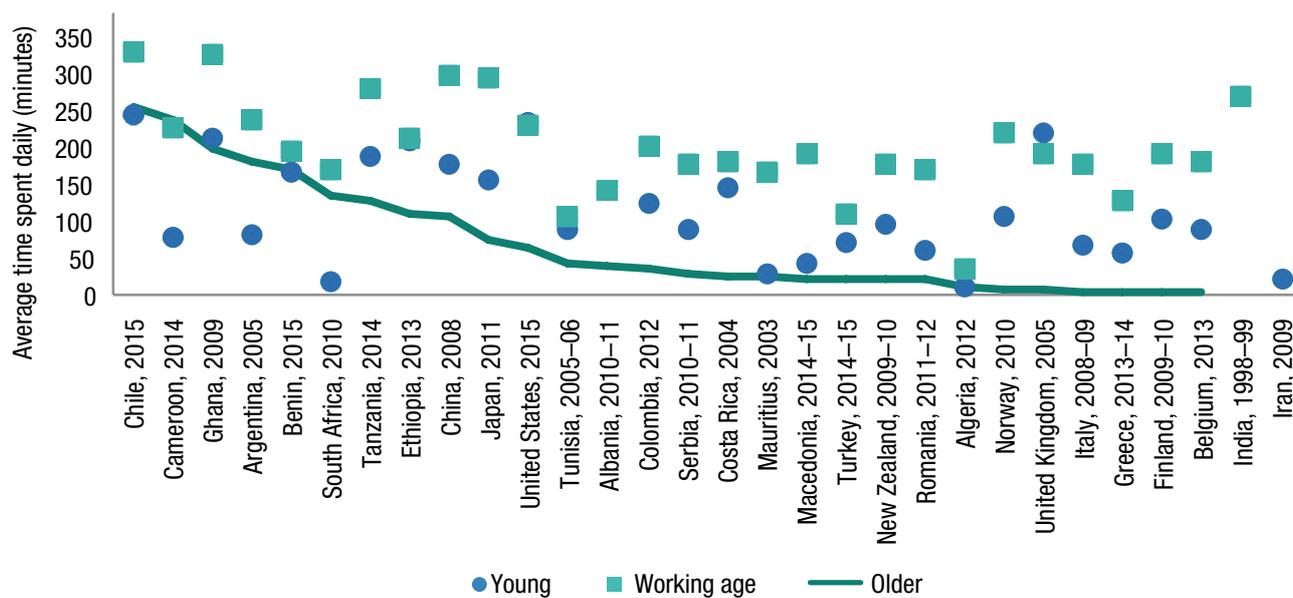
First, time-use data is collected through different methods in different countries and using different classifications. While most countries rely on dedicated time-use surveys, others (mostly in LAC but also Cape Verde) rely on modules appended to household surveys, which contain stylised questions for a long list of activities. The latter results in much higher estimates of time use than the former. Moreover, countries using time-use surveys follow different classifications of types of unpaid care work – i.e. the UN International Classification for Time Use Statistics (ICATUS), the Harmonised European Time Use Surveys (HETUS), the American Time Use Survey (ATUS). While ATUS enables separation of unpaid care for non-household members from other voluntary activity, this is not the case for HETUS. One implication is that it is difficult to estimate the amount of time grandparents are spending caring for non-resident grandchildren accurately in many contexts.

Second, age groups are demarcated differently across countries. For example, high-income countries commonly define youth as within the 15–24 or 24–29 age bracket, whereas in Africa, it is often defined as the 15–35 age group. When classifying older people, a similar lack of comparability is evident. While the 65+ threshold is most common, in some high-income countries it is 75+, whereas in South Africa it is 45+, in Tunisia it is 50+ and in Turkey it is 55+. There also can be age limits for the inclusion of older people, though this is relatively rare (see Annex 2).

For these reasons (and given the relatively small number of countries for which we have any age-disaggregated data), the comparisons made in this report should be treated as illustrative rather than indicative, and these important caveats should be considered.

Source: Charmes (2017)

Figure 9 Average time spent by females in different age groups on paid work in 30 countries (minutes per day)



Note: for full data, see Annex 1. The age groups associated with older age vary across countries (see Annex 2).
 Source: Charmes (2018)

5 Reproductive contributions of older women

Key messages

- Women of all ages engage in significant amounts of unpaid work, with older women providing diverse types of care to grandchildren, spouses, other relatives, friends and communities.
- New analysis undertaken for this report from around 30 countries finds that older women spent more than four hours daily, on average, on unpaid work – and as many as seven hours.
- Our analysis shows that the distribution of unpaid work is heavily gendered, with older women spending over double the amount of time of older men.

Unpaid care involves several types of activity – care and domestic work conducted at home, care and domestic work provided for non-household members (e.g., grandparents looking after non-resident grandchildren) and voluntary work provided to the community. Women of all ages in all countries engage in significant amounts of unpaid work. These tasks, often considered ‘female tasks’, are often taken for granted and not traditionally recognised by society and in policymaking (Hooyman and Gonyea, 1999).

5.1 Types of reproductive work

Globally, women primarily undertake domestic work, which is particularly time-consuming for women who live in poor communities with limited access to public infrastructure and time-saving equipment. Studies in Ethiopia (Erb, 2011b), Bangladesh (Erb, 2011a), India (Erb, 2011c), Tanzania (Erb, 2011d) and Vietnam (Samman et al., 2016) find that older women engage in domestic work for themselves and their families, such as cooking, firewood and water collection, cleaning, washing, maintaining the home and household organisation, as well as in water and fuel collection (Erb, 2011d). In our fieldwork sites in Ethiopia too, older women in urban and rural areas continued to be responsible for a significant volume and a wide range of types of domestic work and in most cases (regardless of

household composition) they bore primary responsibility for this work.

‘I am in charge of all the indoors activities, I do not have a daughter, my sons are not yet married, I am the one who is responsible as you see.’ (IDI 10, 62 years old, Oromia)

Cooking for themselves, their families and, occasionally, other community members (e.g. farm labourers) is the domestic task older women carry out most frequently, which seemed to occupy most of their time. Some women may have assistance with cooking if there are younger girls living in the household – usually unmarried granddaughters. In addition to cooking, the majority of older women in both sites also reported being responsible for and physically able to undertake household cleaning. Similarly, most older women also carried out their own, and sometimes their families’ (especially grandchildren’s), laundry and washing up. As with cooking, they may have assistance with these activities from children or older grandchildren living in the household or other community members.

‘We clean house and wash our clothes. We also wash our husband’s clothes, those clothes we can manage; if beyond our capacity, we beg our children and let them wash.’ (IDI 11, 65 years old, Oromia)

Older women also fetch water and gather firewood for the household, the latter particularly in Oromia. In a handful of cases, older women are able to collect these items from relatives or neighbours, meaning that they do not need to pay for them and, presumably, that they do not need to travel as far as they might otherwise have to.

These daily household care responsibilities are key to how older women structure their days. Thus, mornings are often taken up with cooking, cleaning and washing (dishes and clothes) followed by fetching water and/or firewood, followed by further cooking, boiling coffee and then resting. Although a few respondents perceived older people as being largely dependent on other family members and not making a significant contribution to

households, a majority saw older women as playing critical roles. Women, both younger and older women, are spoken about (and notably when compared with men) as being ‘always busy’ or occupied ‘from morning to night’.

‘... even if she is not capable to carry firewood on her back, she will drag the firewood on the floor or she may collect firewood from the compound and then prepare meals; until she is no longer able to move at all, she labours all the days of her life; the male might escape and get rest during the day or he may rather opt to give orders on what should be done; but she performs household tasks.’ (FGD 4, men, Oromia)

Several older women reported being no longer able to carry out certain types of household related care work, in most cases owing to physical challenges and/or diminished energy.

‘How can I work? Can people work without their hands? My own clothes are even washed with someone else. I do not wash them. I also have asthma. I cannot breathe.’ (IDI 6, 70 years old, Addis Ababa)

Caregiving activities can include multiple and diverse activities depending on the specific circumstances. For example, a study in Tanzania found looking after grandchildren included overseeing their educational needs and teaching them about culture, religion, rules and behaviour (Erb, 2011d). In Vietnam, daily chores of grandmothers looking after children included cooking for and feeding children, bringing them to school and washing their school uniforms (Samman et al., 2016). A study of older women carers in Cambodia, Thailand and Vietnam (Orbach, 2007) lists several activities involved in caring for HIV-affected and infected grandchildren and children. These included getting food, water and medicine, assisting them to eat, bathing and dressing them, helping them to use the toilet, accompanying them to hospital, checking on them throughout the night, taking care of their education and providing emotional support.

Older women provide domestic work and care for a number of family and non-family members depending on the specific circumstances:

5.1.1 Grandchildren

Families around the world rely on grandparents, mainly grandmothers, for childcare (Samman et al., 2016). In Europe, grandparents provide a significant amount of childcare, especially where formal childcare is limited (Grandparents Plus, 2013). For example, in France, Denmark, Sweden and the Netherlands, between 50% and 60% of grandparents provide childcare to their grandchildren. Studies in Ethiopia (Erb, 2011b), Bangladesh (Erb, 2011a), India (Erb, 2011c) and Tanzania (Erb, 2011d) find that older women are important caregivers for their grandchildren.

Grandmothers are often the primary carers of children whose parents migrate or who die, e.g. owing to AIDS (EveryChild and HelpAge International, 2012). This resonates very strongly also with our findings from Ethiopia, where older women may be responsible for, and possibly even the primary caregiver to, their grandchildren. Respondents spoke about taking care of them, guiding them, taking them to school, cooking for them, washing them and washing their clothes. This caregiver role occurs when a parent is dead, but also when a parent is busy working, has migrated or when they have a large family. In some cases, when children are very small, they may be entirely dependent (for food, washing, etc.) on their grandmother for care. In others, when the children are older, this caring can be seen as reciprocal – thus older women may cook for the children/grandchildren, supervise them during the day when their parents are not around, and take them and collect them from school. At the same time, children may help with domestic chores, run errands for their grandmother and sleep at her home, presumably in case she needs something during the night.

5.1.2 Other family members

Apart from grandchildren, older women often provide care to spouses and/or other family members, especially those who are ill or disabled. It is common for women to marry older men, which increases the likelihood of their husbands needing care (Neysmith and Reitsma-Street, 2009). Siblings often play an essential part in caregiving and support to each other in old age (Gottlieb, 1989). In Europe, 50–64-year-old women and men are most likely to care for an elderly relative or a relative with a disability (EU-OSHA et al., 2017). Older women also often take care of their adult children, especially if they are ill (Schatz, 2007) – as in Cambodia, Thailand and Vietnam (Orbach, 2007), where older women were found to be the main provider of emotional support and advice to HIV-infected adults. Our fieldwork in Ethiopia also found older women caring for adult children – e.g., a son with mental health challenges and a daughter who was HIV-positive.

5.1.3 Friends and community

Many older women care for friends and community members (Womack et al., 2017), especially for those with chronic illnesses (Hooyman and Gonyea, 1999) – as in Canada, where (Neysmith and Reitsma-Street, 2009) note that the caring responsibilities of older women included friends and neighbours.

5.1.4 Themselves

The literature on older women’s work does not usually include details on women caring for themselves. Given increased health risks at older age, older women generally require more care than younger women. There is some evidence that in poor contexts, older women prioritise funding their family’s needs over seeking

professional help or health care for themselves (e.g. Schatz and Gilbert, 2012). Findings from the Ethiopia primary data also show that older women may prioritise others over themselves, e.g. by devoting their earnings to other household members. This may also be reflected in the fact that, according to our primary data, older women spend only a minority of their time on leisure and social activities, which revolved around visiting (or being visited by) family, friends and neighbours. Respondents noted, however, that all these visits were decreasing, which they ascribed to their own poverty as well as the ‘busy-ness’ of the younger generation. Contact with family may also have been lost for various reasons, as discussed further in Section 7.1.

Several respondents raised psychosocial challenges, namely loneliness and social isolation. Compared to the past, they perceived less social cohesion and informal social support; that people had become more individualistic, fending for themselves; and that life had become much harder. Older people could no longer rely on the community support and respect that they might once have received.

‘Are there people who invite you for coffee nowadays? There aren’t ... People used to love each other ... We would have breakfast at your house, lunch at the other and dinner at another one’s house, people used to eat together. However, the place we went to now has a closed compound. They just say “Hello” when they meet you but do not enter your house when you say “come in” ... The way people are living now is not good.’ (FGD 2, women, Addis Ababa)

‘They [family members] do not visit me. Nowadays, the current generation does not visit you if you do not have anything.’ (IDI 5, 60 years old, Addis Ababa)

5.1.5 Voluntary community work

Some older women undertake voluntary work in their communities – for example, in the Netherlands and the UK, about a third of older people were involved in voluntary work (Ehlers et al., 2011). Similarly, Neysmith and Reitsma-Street (2009) find that older women in Canada engaged in community work through churches, community groups and informal networks. A study of community work in Asia shows that more than a quarter of women and men in their 60s or 70s in India and Taiwan, and one-fifth in the Philippines and China, provided assistance to community members (Harper, 2015).

Older women are involved in many different types of voluntary work. In Africa, some older women and men have a special cultural role as ‘elders’ that may involve guiding young community members (Aboderin 2015), and this emerged also in our Ethiopian case study (see Section 2.1). Older women can fulfil specific

cultural roles in their communities. For example, post-menopausal women from the Giriama in Kenya are expected to be responsible for the reproductive health and fertility of their community and related rituals (Udvardy and Cattell, 1992), whereas in Tanzania, older women helped with mentoring and conflict reduction talks (Erb, 2011d). In South Africa, Chazan (2008) shows that grandmothers, working as traders, helped to develop responses to collective problems, including participating in savings groups that support HIV- and AIDS-affected families or prayer groups.

5.2 Time spent on reproductive work

Not only is the type of unpaid work that older women undertake important but also how much time it takes. The evidence suggests that the distribution of unpaid care is heavily gendered, and this continues into older age given that women continue to engage in unpaid work even when they stop working for pay (Jiménez-Fontana, 2015). Budlender (2010), looking at unpaid care and domestic work in Argentina, India, Japan, Korea, Nicaragua, South Africa and Tanzania, finds that care workloads first increase and then decrease with age, with women aged 18–45 experiencing the heaviest workloads. However, older women still carry out considerable amounts of unpaid care – both in absolute terms and relative to men.

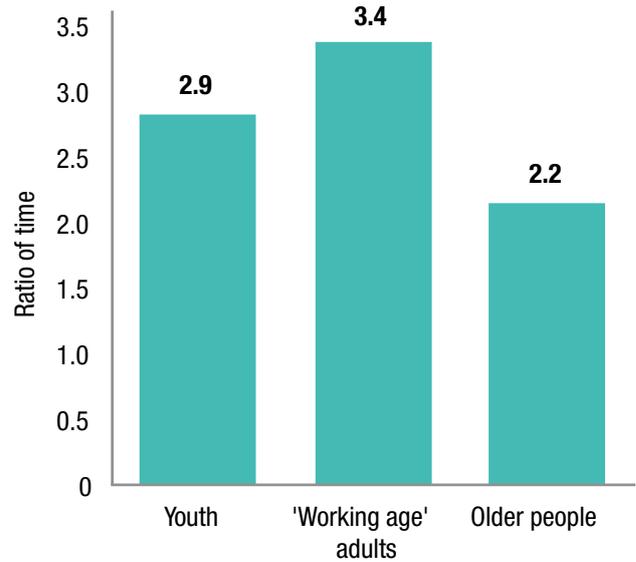
The data compiled by Jacques Charmes on unpaid work shows that the trajectory identified by Budlender holds more broadly across a larger and more geographically diverse set of countries. Again, our analysis points to several stylised facts:

- First, unpaid work often occupies significant shares of older women’s time – 4.3 hours daily among the countries in our sample, on average, with a range from 2.3 hours (Ghana, 2009) to 7 hours (Cape Verde, 2012) (Figure 10). There is no clear association with either geography or income status – though older women in the SSA countries in the sample tend to perform relatively less unpaid work than older women elsewhere, on average (however, as shown above, they also carry out much more paid work).
- Second, older women typically carry out less unpaid care than ‘working age’ women and younger women, but this pattern does not hold uniformly (Figure 10). In some countries (Argentina, 2005; Greece, 2013–14; Norway, 2010), the amounts are about the same for older and ‘working age’ women, whereas in four countries – Belgium, Italy, China, Japan – older women carry out more unpaid care than their ‘working age’ counterparts, up to around 1.5 hours more daily at the extreme, in Japan.
- Third, the distribution of unpaid care is heavily gendered, a pattern that prevails throughout the life course; in older age, it entails older women spending more than twice the amount of time on unpaid work as older men (Figure 11).

- Research from Oxfam’s Women’s Economic and Care (WE-Care) initiative shows similar results. Data collected in 2014 in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe finds that although unpaid care and domestic work tends to decrease with age in three countries, it remains high for women of all age groups (Rost et al., 2015). Moreover, follow-up research with the same households in Ethiopia and Zimbabwe shows that gender inequality in hours of care and domestic work had increased from 2014 to 2015 in households with older women, but not in households with younger women (Karimli et al., 2016). WE-Care research conducted in 2017 in the Philippines, Uganda and Zimbabwe confirms that in all countries, women’s care and domestic work hours tended to decrease with age but remains significant (Rost and Koissy-Kpein, 2018).

The Counting Women’s Work project’s measurement of unpaid work includes caring for children and family and community members and housework. For South Africa (Oosthuizen, 2013), the project finds that women’s care and domestic work decreases from about 60 hours weekly but remains at 30 hours at the age of 60 and about 15 hours at the age of 80 (higher than

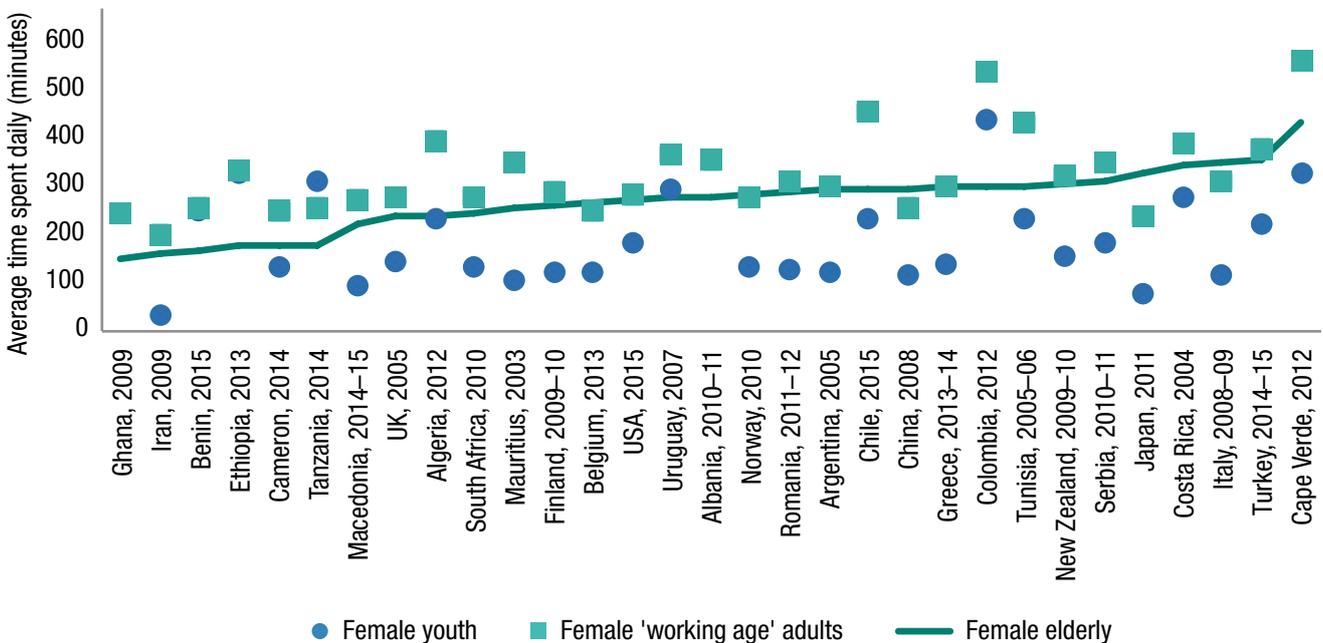
Figure 11 Ratio of time that women spend on unpaid care relative to men across 29 countries, by age group



Note: for full data, see Annex 1. The age groups associated with older age vary across countries (see Annex 2).

Source: Charmes (2017)

Figure 10 Average time spent by females in different age groups on unpaid work in 31 countries (minutes per day)



Note: for full data, see Annex 1. The age groups associated with older age vary across countries (see Annex 2).

Source: Charmes (2017)

that of men). Similarly, for India, Ladusingh (2016) finds that women's unpaid work decreases at age 30 but that women aged 60 still carry out about 30 hours of unpaid work weekly, and women aged 80 about 10 hours a week. In Vietnam, women's care and domestic work increases from about the age of 40 and decreases at about 70. But older women still spend relatively large amounts of time on unpaid work: women aged 60 spend about 43 hours a week and women aged 80, 30 hours a week (Thi Lan Huong et al., 2017). For Costa Rica, Jiménez-Fontana (2015) finds that women spend more than twice as much time on non-remunerated work than men. Even though women's care and domestic work decreases at about 60 years, it continues into later life more than remunerated work. Women's unpaid work represents the largest proportion of all work performed by people over 70 (i.e. women's and men's paid and unpaid work).

These figures are, of course, averages and do not account for how care needs vary across households – households with more young children or with persons with disabilities are likely to need relatively more care, whereas richer households may be more able to obtain paid support (although in some contexts, social norms militate against this). Moreover, they are averages per person in a society – so there will be some people who do not provide any care at all, and others who provide far more than the average.

There are also methodological caveats that are particular to the situation of older people.⁶ The first is that questions in time-use surveys on time spent caring for older people are not sufficiently nuanced to capture the many activities that such care may involve (from phoning to going to check on them) and therefore such time is not captured as well as care for children. Often these care activities fall into other categories, and thereby become diluted. If ageing surveys are used in place of time-use surveys to capture the care that older people need, then the amount can equal or surpass that required by children. The second is that older people may perceive the passage of time differently, meaning again that estimates of the time that older people spend on care may be underestimated.

To conclude this section, older women continue to carry out a significant amount of household work

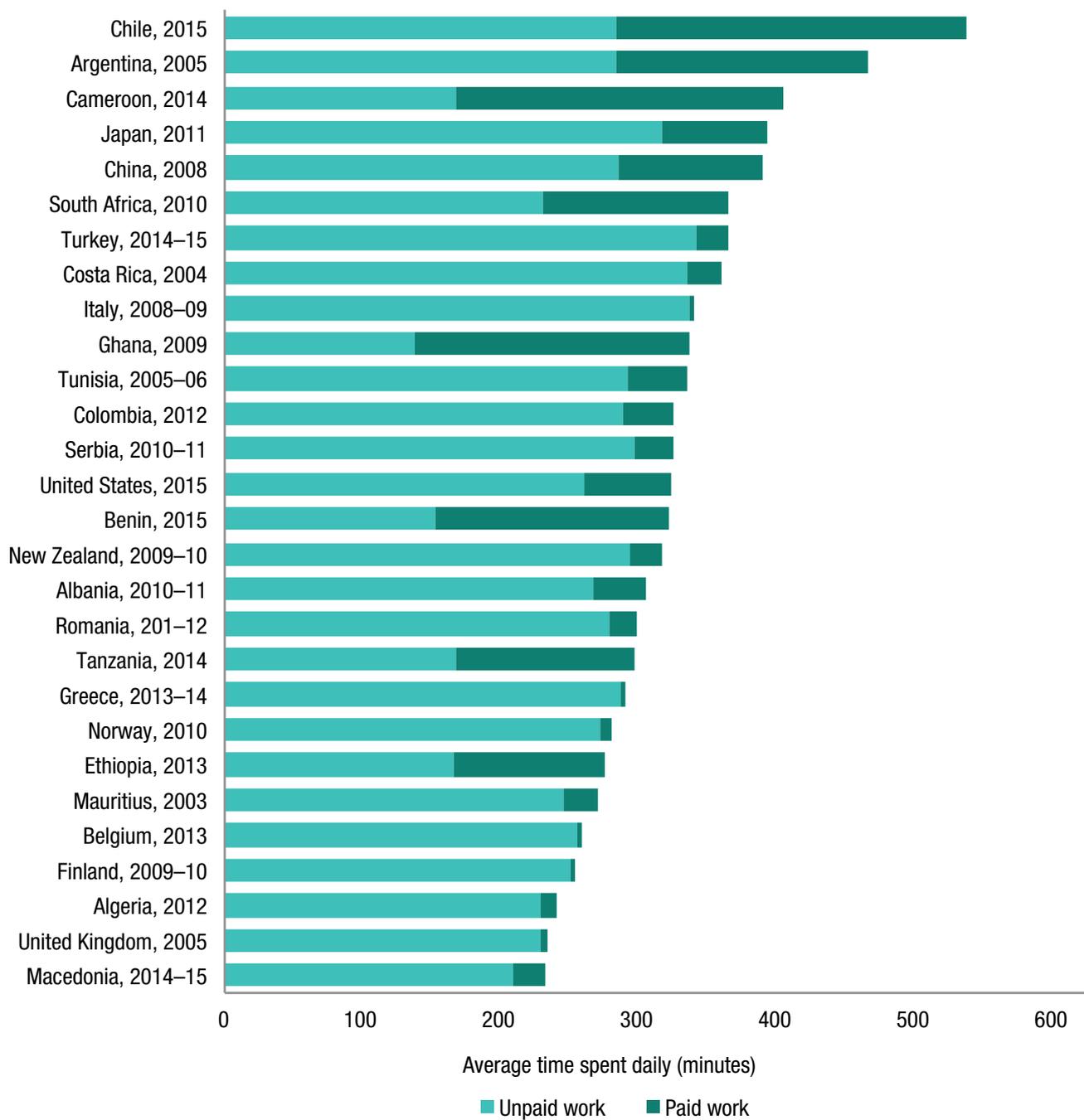
– findings from both the secondary literature as well as from the primary data from Ethiopia finds that older women spend a significant amount of time cooking, cleaning, fetching firewood and water. In fact, much of their day is structured and revolves around these key domestic tasks. They also spend much of their time caring for others and particularly grandchildren, where they are often the primary caregivers while their own children worked. They also provide care to others including husbands, their own children, another relative and community members. Our analysis of data from around 30 countries shows that older women spent on average more than four hours daily on unpaid work, and as many as seven hours, hence showing again that even into older age women continue to bear the brunt of unpaid work largely inside the household. This same analysis also finds that older women spend more than double the amount of time spent by older men on unpaid work, again largely inside the household.

5.3 Bringing together productive and reproductive contributions

Putting together the time that older women devote to both paid work and unpaid work, it is immediately evident that the amounts are often substantial (Figure 12). At a minimum, this workload amounts to at least four hours daily, mostly in Europe (in Macedonia 2014–15, United Kingdom 2005, Algeria 2015, Finland 2009–10 and Belgium 2013) – whereas it amounts to more than seven hours daily in Chile (2015), Argentina (2005), Cameroon (2014), Japan (2011) and China (2008). It is also notable that in some countries – principally in Chile, Argentina and several SSA countries (Cameroon, Benin, Ghana, Tanzania, Ethiopia) older women are taking on sizeable amounts of both unpaid care and paid work. This suggests not only the need to understand better their motivations for undertaking such work and how it affects them (which we address in the next section) but also argues for a focus on ensuring policies are in place that support older people in balancing the various forms of work they undertake (and their ability to choose whether to do it).

⁶ The points in this paragraph were made by Estela Rivera in personal communication with the authors.

Figure 12 Time older women spent on paid and on unpaid work, on average, by country (minutes per day)



6 Older women's paid work and care: motivations and effects

Key messages

- Poverty is a key driver of poor women's engagement in paid work; time-use data shows that women in poorer countries are more likely to engage in paid work in their old age than women in richer countries.
- Conversely, in poorer countries, older women are on average less likely to engage in unpaid work than women in richer countries, suggesting that older people may actively choose some involvement in unpaid care (and may not necessarily find it disempowering).
- Findings from our primary data from Ethiopia found that some older women derived satisfaction from their engagement in paid and unpaid work including, with paid work, the ability to take decisions over their spending.

In this section we shed light on older women's motivations for carrying out paid and unpaid work as well as the effects of this work on older women themselves and their family members. Older women have diverse motivations for engaging in paid and unpaid work. The evidence suggests that these motivations may include:

- economic necessity (which might include caring for younger children so their mothers can work);
- personal preference, such as a desire to remain active;
- social norms – shared expectations or informal rules stipulating that older women should undertake productive and/or reproductive work; and
- broader gendered inequalities.

More broadly, further analysis of the time-use data presented in Sections 4.2 and 5.2 suggests that economic necessity and gendered inequalities appear to be important in explaining cross-national variation in time use – in terms of levels of unpaid and paid work that older women and men undertake.

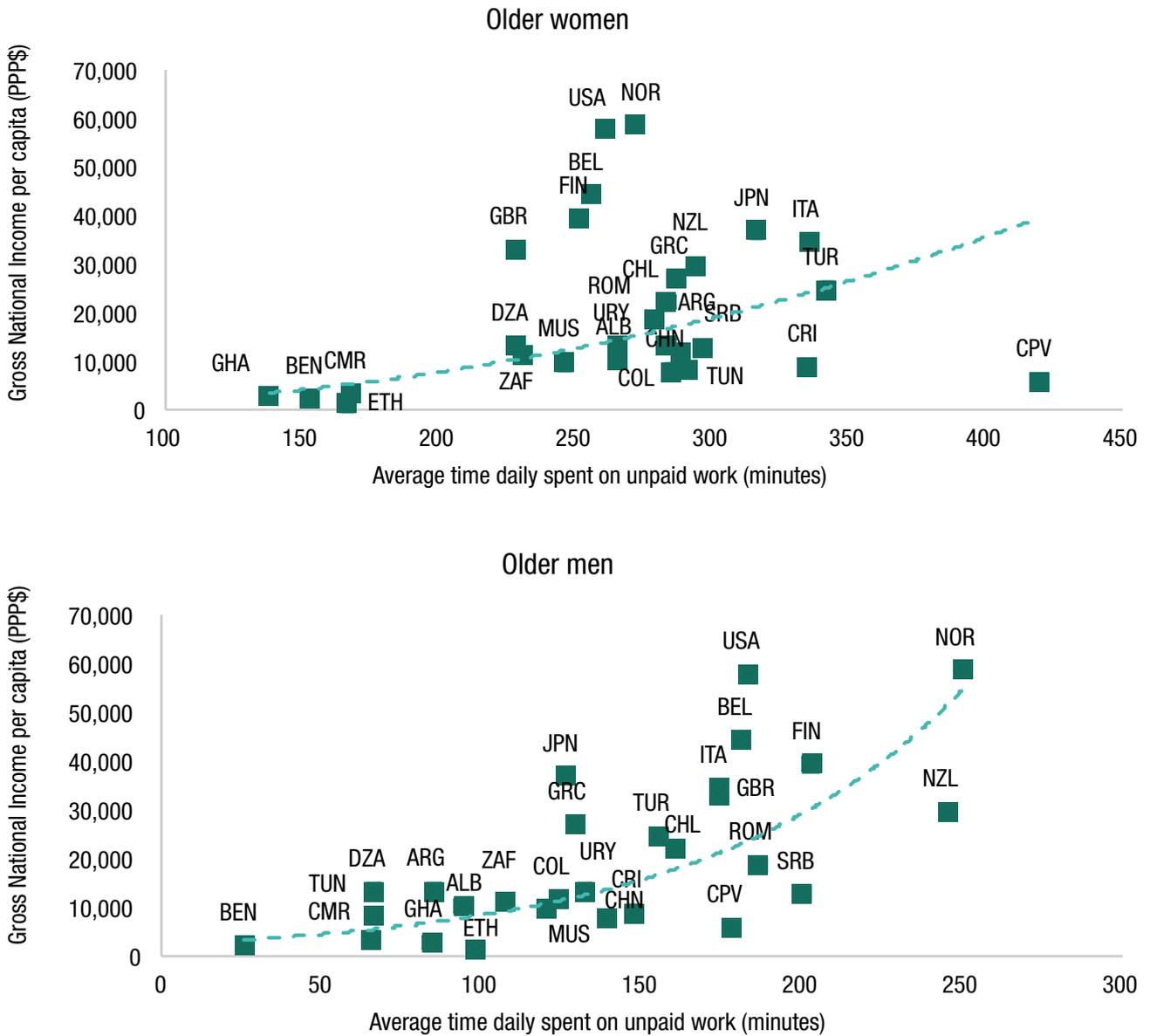
6.1 Motivations for paid and unpaid work

Poverty, and corresponding economic necessity, is a key driver of poor women's engagement in paid work globally, and they are more likely to engage in paid work in their old age to generate cash for themselves and their families than better-off women. In low- and middle-income countries, only a small minority of older people have access to a pension, leading them to continue to work to meet their daily needs. Moreover, older women are more likely than men to be poor, as they usually accumulate less wealth throughout their lives and are often prevented from owning land or other assets (United Nations, 2010b).

Across countries, the available cross-national data suggests that for older people, time spent on paid work is inversely related to per capita income, while time spent on unpaid work is positively related with per capita income. In other words, older women in poorer countries are more likely to take on paid work while those in richer countries are more likely to take on unpaid care work. The association between time spent on paid and unpaid work and income is much higher for older people than those in younger age groups. For unpaid care, it is higher for older men than for older women (Figure 13). Conversely, inequality in the distribution of unpaid work between women and men is inversely associated with average income – so that in poorer countries, women are spending more time on care and domestic work relative to men. This relationship holds for all age groups but is strongest among older people.

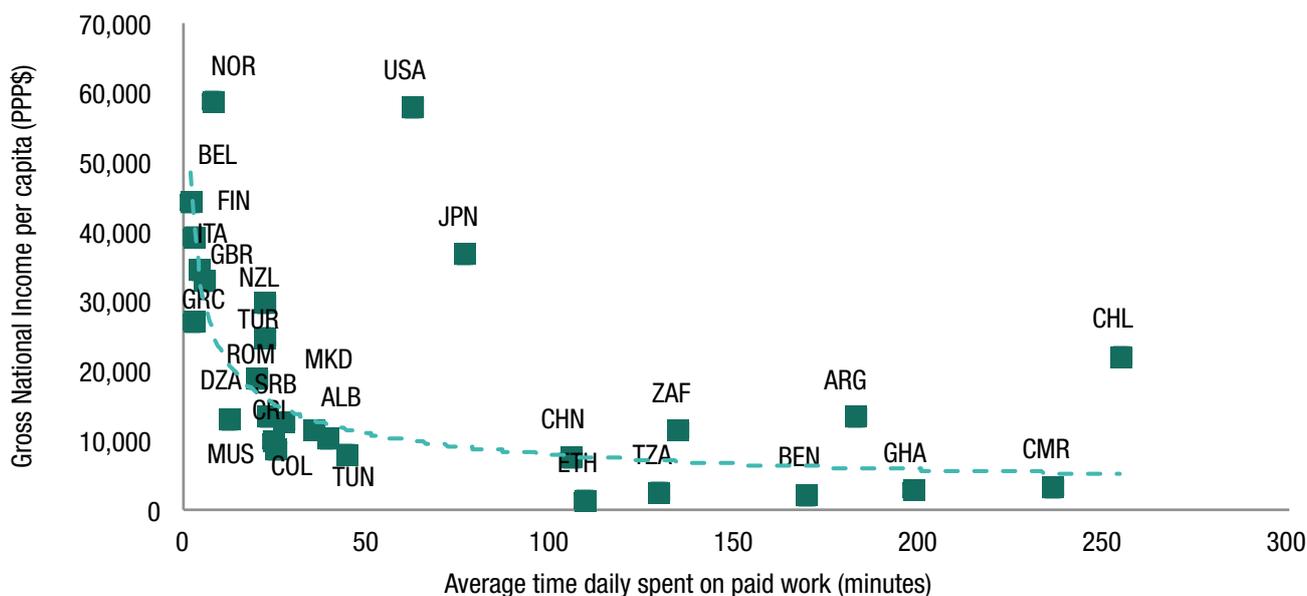
Similarly, literature focused on Ethiopia has tended to highlight 'necessity' as the main driver – namely older women's income and care are necessary for their own and their family's survival, especially in situations of poverty or emergency. Older women struggle financially as it is difficult for them to own property or save money in their name, and due to limited employment opportunities it is also often harder for older people in general and older women in particular to overcome poverty (Ministry of Labor and Social Affairs, 2006).

Figure 13 The relationship between average income and time spent on unpaid care by older women and men



Note: computed from data on unpaid work (Charmes, 2017) and per capita GNI from World Development Indicators.

Figure 14 The relationship between average income per capita and time spent on paid work by older women



Note: computed from data on paid work (Charmes, 2018) and per capita GNI from World Development Indicators.

Therefore older women often continue to engage in paid work until they are physically unable to do so or die (Erb, 2011b). The earnings are required for different reasons, chief among these in Ethiopia being food and medicine, as well as investments in agriculture, livestock or small businesses, as well as support for their families, including payment of their grandchildren’s school fees (Erb, 2011b). Yet income insufficiencies can be particularly acute when caring for vulnerable children – Ethiopian households headed by older women and men carers have been shown to lack regular income, leading to food insecurity and being forced to sell assets (Lackey et al., 2011).

Similar to findings from the secondary literature, economic necessity is one of the main reasons emerging from our primary research in Ethiopia for women to engage in paid work when younger, continuing into older age and even starting in older age. Older women use their earnings to cover their own living expenses as well as to support their families. They may also cover larger household items such as food and rent, especially when they are living alone or in small households (‘I buy clothes, shoes, and blanket and spend it on food. I cover all of my expense without any support from people. I also pay house rent’ – IDI 1, 70 years old, Addis Ababa).

In Addis a recurring theme among our study respondents, many of whom were migrants from rural areas, was that moving to Addis was associated with them wanting and needing to get paid work. Obtaining paid work in Addis was also often critical to their survival in the absence of close family support networks. Additionally, in three cases (one in Addis and two in Oromia) older women needed to work to support themselves after the death of their husbands.

‘When I came from Somali [Eastern Ethiopia], I did not have relatives and people to help me. I used to make a living by selling things.’ (IDI 1, 70 years old, Addis Ababa)

‘... it is after he [her husband] died that I started working since there wasn’t any problem before that.’ (IDI 4, 62 years old, Addis Ababa)

‘I started the business after his death in order to educate the children.’ (IDI 13, 63 years old, Oromia)

Overwhelmingly it was noted, both by older women and key informants, that decisions on how to use the cash earned by older women was in the hands of the older women themselves. This was also noted by informants as a fundamental change from 10–15 years ago when women’s earnings were controlled by others, usually men. Now it was shared equally, or if the woman earned it, it was even her decision alone. (‘She is the one who decides [how the money she earns is spent] ... It is the man who did that [in the past]’ – FCS 2, 43-year-old stepson of IDI 3, 66 years old, Addis Ababa). Given that older women are controlling how their money is spent, this represents an additional motivation for them to take on paid work beyond just economic necessity. Hence, women spoke about wanting to give their children and grandchildren the opportunity to do better in life, making every effort to send them to school (‘I sent my child to school by selling potatoes and onion... I sent him to school in this way’ – IDI 7, Addis Ababa). Some older women, particularly in Addis, mentioned sending money to their mothers in rural areas or outside of Addis; and two older women among our study respondents were able to save money from their earnings. One is saving to give to her grandchildren upon her death (see Box 4), the

other has big plans for the future: ‘In God’s will, if my house is arranged, I have a plan to have a hotel and work on that’ (IDI 5, 60 years old, Addis Ababa).

Reasons for carrying out unpaid work were also out of necessity, and this was particularly, according to many study respondents, where they do not have daughters-in-law to assist them, reflecting underlying gendered norms regarding marriage and the division of labour within households.

‘... my wish for my mother is to let her sit only and do for her everything that she needs including foods. But I am not able to do that... So she runs here and there in the house preparing foods and coffee, you see we do not have girls in the house; had we had one, she would have supported her ... They [the community] says to us “Why you don’t get married!? ... Why you let her labour at this age?”’ (FCS 7, Oromia)

In emergency situations, women of all ages tend to face limited paid work opportunities and limited time for paid work linked to an increased need to carry out caring tasks, including accompanying children to hospitals or taking on tasks that ill household members usually engage in. Domestic work also often increases; for example, the 2016/17 drought in East Africa increased older women’s care and domestic workloads since they had to walk longer distances to get water, firewood and food (HelpAge International, 2016; see also Barbelet et al., 2018). At the same time, declining agricultural productivity and food insecurity during emergencies can impose extra requirements on women to find work to feed their families (Von Kotze, 1996). During recovery, older people in general and older women in particular tend to be excluded from job creation programmes, which often neglect the needs of women working informally and engaging in unpaid care work (WHO, 2008).

Other factors necessitating older women’s engagement in paid or unpaid work in Ethiopia as elsewhere include widowhood, family obligations arising from health shocks, migration and unplanned births, as well as emergencies (see HelpAge International, 2017b). Men’s lesser life expectancy leaves many women widowed, negatively affecting women’s financial well-being and thereby increasing their need to engage in paid work (African Union and HelpAge International, 2012), as well as leading many Ethiopian older widows to live in loneliness and isolation (Ministry of Labor and Social Affairs, 2006).

Older people experience more health risks than younger people, including risks of disease, injury, and chronic illness, and are more likely to have a disability, especially those aged 80 and above (WHO, 2011b). Poor health might prevent older people from engaging in paid work, or it might be a driver of work – including to pay for health care (United Nations, 2010b). Health shocks

also increase older women’s caring responsibilities; in Ethiopia, almost half of all orphans are cared for by grandparents where health shocks have taken the lives of the child’s parents (Erb, 2011b). This, in turn, can increase engagement in paid work, with brick laying and petty trading having been identified as the main activities carried out by older carers to support grandchildren in Ethiopia and Uganda (Lackey et al., 2011).

Economic migration has become increasingly common, and migration of younger family members can improve older people’s income through remittances. Yet older people, especially women, have been found to care for grandchildren left behind by migrating parents in contexts as diverse as Ethiopia (Erb, 2011b), rural China (HelpAge International, 2010a), South Africa (Chazan, 2008) and Vietnam (Samman et al., 2016). Evidence suggests that older people also migrate themselves for work – for example, in Ethiopia, some older people migrate to urban areas for work or as part of pastoralist communities (Ministry of Labor and Social Affairs, 2006). Yet, overall, little is known about older women’s migration patterns and their effect on their unpaid and paid work.

Other family circumstances have been found to increase older women’s paid and unpaid work. In the case of unplanned births grandmothers often step in to provide for their grandchildren or great-grandchildren (Oppong, 2006). In Ethiopia (Erb, 2011b) and Tanzania (Erb, 2011d), older people also mentioned having grandchildren born out of wedlock as a reason for caring for grandchildren (Erb, 2011b).

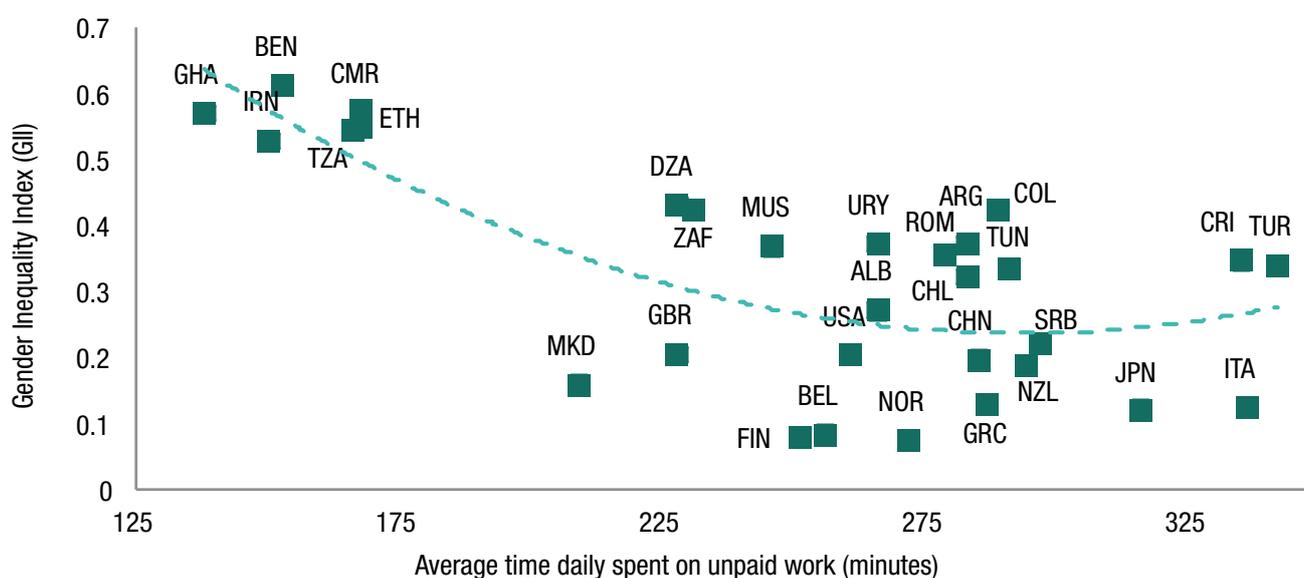
Conformity with social norms and personal preference can be identified as further key reasons for older women’s engagement in paid and unpaid work, although literature focused specifically on Ethiopia in these areas has to date been scant. Social norms related to gender, age and work are often internalised from a young age, and across sub-Saharan Africa, throughout their lives, women and girls are expected to care for children and grandchildren, as well as for sick adults (Oppong, 2006). Worldwide, men are often expected to be ‘breadwinners’ (Cleaver, 2002), while women are perceived ‘naturally’ more suited to perform care work (Chopra and Sweetman, 2014). Yet even though social norms mean that some forms of paid and unpaid work are often a necessity or an obligation for older women, they can also be expressions of personal preference. Evidence from developed countries suggests that older women may actively choose to engage in unpaid care to form emotional ties and bonds (Folbre and Nelson, 2000), and paid work can provide older people with a sense of independence (EU-OSHA et al., 2017), offer opportunities for social networking (Payne and Doyal, 2010) support financial independence, and create a sense of identity and purpose (Age UK and Carers UK, 2016), yet comparative evidence on these motivations in low- and middle-income countries is extremely limited. The quantitative data available to consider the links between

unpaid care and indicators that may reflect social norms is patchy and uneven.⁷

However, there is also some evidence that older women – and men – may actively choose to engage in unpaid work, rather than paid work, where they have the choice. First, we find that by and large, *in more gender-equal countries*,⁸ older women and men undertake more unpaid care work (Figure 15, Figure 16).⁹ The relationship between gender equality and unpaid care is far higher for older people than either so-called working age or adolescents and young adults. One interpretation of this finding is that engagement in unpaid work may not necessarily reflect disempowerment but rather

older women’s choices – though of course the factors influencing these choices need to be considered.¹⁰ Second, in more gender-equal countries, there is more equality in the amount of time that women and men spend on unpaid care. The time spent by women on unpaid work relative to men increases across the board where gender inequality is higher – and again, this relationship is much stronger among older people than those in younger age groups. Third, we see that conversely, in countries with more gender equality (which are also richer countries, by and large), women undertake far lower amounts of paid work.

Figure 15 Relationship between the Gender Inequality Index and older women’s unpaid work



Note: higher values of the GII denote more gender inequality.

Source: computed from data on unpaid work (Charmes, 2017) and UNDP’s Gender Inequality Index (GII) for the closest year corresponding to the time-use survey year).

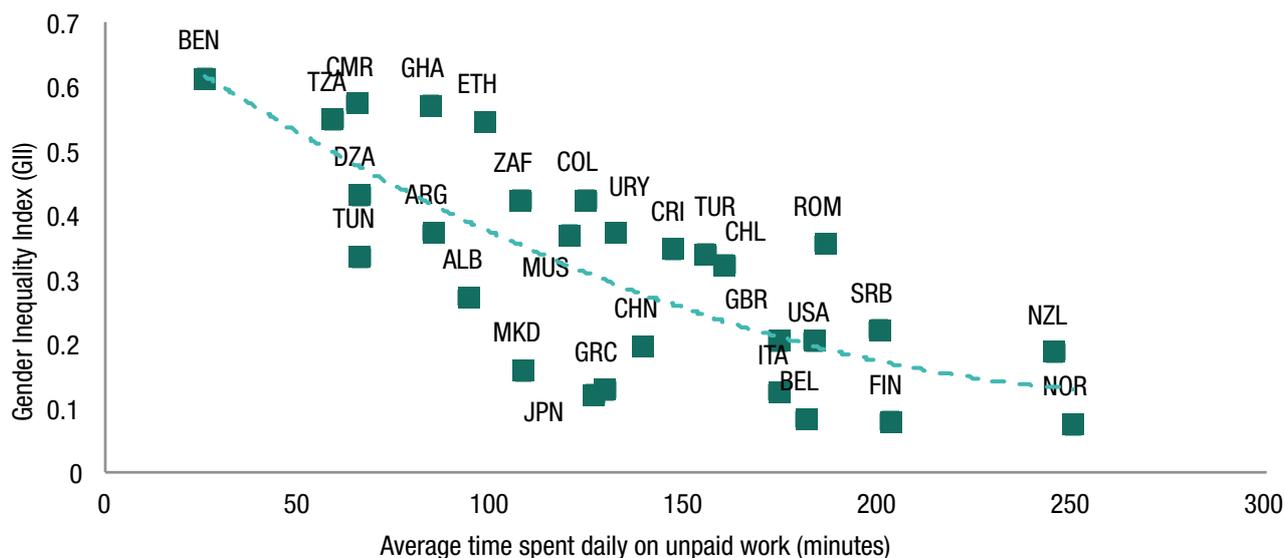
7 Time use was analysed in relation to variables from the World Values Survey that may be indicative of attitudes held toward older people and toward the importance of paid and unpaid work – namely ‘People over 70 are viewed with respect’ (V163), ‘Older people are a burden on society’ (V167), ‘It is important to help people nearby, to care for their needs’ (V74B), ‘Importance in life – work’ (V8). No particular associations were evident.

8 The analysis featuring the UNDP’s Gender Inequality Index is shown here; as a robustness check, we replicated the analysis with the UNDP’s Gender Development Index and World Economic Forum’s Global Gender Gap Index and obtained very consistent results (results available on request). The GDI data was matched to the closest year corresponding to each country’s time-use survey. Because the WEF data (WEF, 2010) is not strictly comparable, we took the index for 2010, which is the average of the survey years in our sample.

9 Note Cape Verde, where levels of unpaid work undertaken by older women are higher than elsewhere, is not included in this analysis because the GII has not been computed for this country.

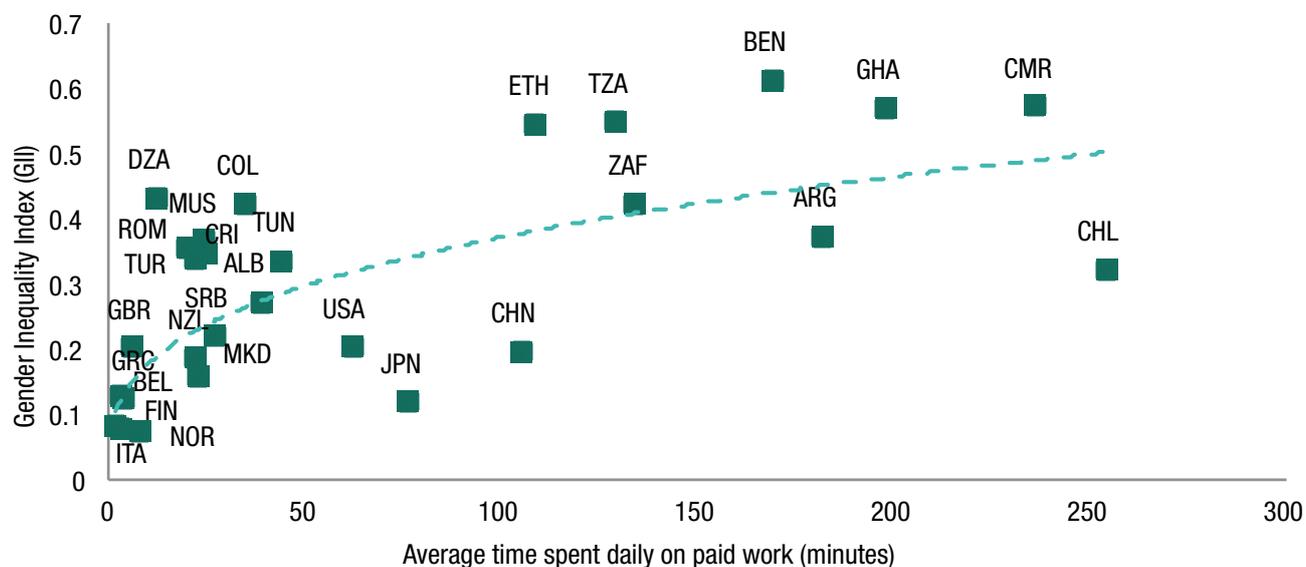
10 The concept of ‘constrained choice’ accepts that women’s ability to choose what they might prefer most is likely to be influenced by situational or extrinsic factors.

Figure 16 Relationship between the Gender Inequality Index and older men’s unpaid work



Note: computed from data on unpaid work (Charmes, 2017) and UNDP’s GII (for the closest year corresponding to the time-use survey year). Higher values of the GII denote more gender inequality.

Figure 17 Relationship between the Gender Inequality Index and older women’s paid work



Note: computed from data on paid work (Charmes 2018) and UNDP’s GII (for the closest year corresponding to the time-use survey year). Higher values of the GII denote more gender inequality.

6.2 The effects of older women's work

The effects of the paid and unpaid work carried out by older women are significant, both in the lives of older women themselves and of those around them, notably family members. The evidence published to date suggests that older women experience both positive and negative impacts of paid and unpaid work, while the impacts on their family members are largely positive. This highlights the need to foreground older women's experiences when considering how to ensure that the work they carry out leads to positive and empowering outcomes in their own lives. Importantly, the impacts of older women's work are highly context-specific and differ depending on the type of work they are engaged in, as well as their domestic and financial situation. We present insights from the global literature, with particular attention paid to the Ethiopia context where possible, bringing in findings from our primary research in Ethiopia which both corroborate and extend the existing knowledge base.

6.2.1 Positive impacts

The potentially positive impacts of older women's own paid and unpaid work include financial independence and status, support from family members, fulfilment, reduced isolation and cognitive and physical benefits.

In terms of paid work, income security is critical in enabling older women to meet their consumption and spending needs and increase their status in the household. Having an income has been widely identified in the women's economic empowerment literature as a key route to women's improved household bargaining position (Doss, 2013). In Ethiopia, existing literature suggests that being self-sufficient and not relying on their wider family for economic support is a key reason for both older women and men to engage in paid work (Erb, 2011b).

Our empirical data from Ethiopia strongly corroborates these previous findings, further indicating that respect and status are closely associated with women's involvement in paid work. Furthermore, a few older women also reported that they want to encourage other older women to work and improve their situation.

'... I want people to earn money by working. I do not like it when people want the support of others. Didn't you hear what she said earlier "She does not have anything, she lives in a plastic house". My neighbours appreciate me ... I do at least address some of their [her children's] headache. Assume if I am bedridden, it would be their challenge to wash my body, and to prepare foods, all these things will be their tasks. Buying soap and taking someone to shower by itself is worrisome ... I am happy that the Lord gave me health and I am not over dependent on the children ...' (IDI 12, 60 years old, Oromia)

Similarly, owning economically productive assets is an important marker of status and respect in older age, particularly in rural areas. However, given that land and

other income-generating assets and properties are largely owned by men and then inherited by children, this further fuels gendered inequalities, often also resulting in older women living in poverty.

'Women do not have any properties; they don't have a shop to trade commodities in our areas; most of the women are living in poverty; her children are taking her properties.' (FGD 4, men, Oromia)

Older women's opinions on their domestic responsibilities are usually positive, with interviewees expressing a preference to remain active and not to 'sit idle', and happiness/pride about being self-sufficient ('If I sit idle I will become fatigued or exhausted. I will even develop illness', IDI 8, 66 years old, Oromia). Others also express frustration with the physical challenges they now face in carrying out domestic work, as well as with community perceptions of their decreased capabilities, despite expectations that they are supposed to continue to support their families even into old age.

Perspectives from older women's families and other community members in both study sites in Ethiopia are also positive, with people valuing their self-sufficiency, being grateful for support received from them and being generally supportive that they are able to continue working, also feeling that working improves their morale.

'It is good that [my grandmother] is working. She will be strong. [Other people] they do not say anything [negative] ... If she did not work, we would not have been able to get food properly.' (FCS 1, 15-year-old granddaughter of IDI 3, 66 years old, Addis Ababa)

It was the older women themselves rather than others (family members and other members of the community) who mentioned the at times negative attitudes that others showed towards them working, including accusations of laziness:

'People ask, "Why does she just sit and eat". There is a business opportunity especially groups business opportunity given by kebele to access loan and work. However, since I am not healthy, I do not want to join the group ...' (IDI 4, 62 years old, Addis Ababa)

Generally, in these communities, it appears to be relatively unusual for community members to view older women's work negatively. The only exceptions relate to perceptions that older people have to carry out paid work because they do not have children to support them, which came out most strongly in Oromia.

Under some circumstances, caring for family members can also bring power or resources to an older women carer (EveryChild and HelpAge International, 2012). For example, caring for an orphaned child might lead to the transfer of property and inheritance rights to the new carer, and in cultures where having many children is considered a sign of prestige, older women may benefit

from increased social recognition by taking care of grandchildren (Mann, 2001).

Providing financial and care support to family members may increase the level of support older women receive from family members. Women's disproportionate (in relation to men) care of family members throughout their lives may lead older women to be valued by family members if they continue to contribute to the household through domestic and care work, particularly if at the same time older men are seen as contributing less if they struggle to find paid work (Knodel and Ofstedal, 2003).

Paid and unpaid work can also create feelings of satisfaction and fulfilment in older people. In some contexts, this might be especially important for older divorced women who are looking to define their identity later in life, including by developing 'careers' (Haydock Munnell and Jivan, 2005). Our qualitative findings from Ethiopia confirm this; a majority of older women participants noted that carrying out paid work or being able to generate a cash income made them 'happy' and/or gave them satisfaction as they were able to contribute to their own as well as other family members' wellbeing and future.

'I feel really happy [that I was working/earning money]. I feel happy ... I am brave. I want to earn money by working.' (IDI 12, 60 years old, Oromia)

Domestic-based work can also be rewarding for older women; caring for a child, in particular, has been reported by older women as being emotionally rewarding and satisfying (Kuyini et al., 2009). Furthermore, providing care leads older women to be surrounded by family members, thereby reducing feelings of loneliness and isolation (du Toit, 1994). Finally, there is some evidence suggesting that staying in the labour market after the age of 55 is associated with slower loss of cognitive functions in older age (WHO, 2011a), and studies have found that grandparents can feel more active as a result of looking after children (McGowen et al., 2006; Anderson et al., 2013).

6.2.2 Negative impacts

The main negative impacts of work on older women identified in the literature are physical and mental health concerns, stress, experiences of violence, discrimination and abuse, time poverty associated with competing demands on time, and financial loss linked to juggling paid and unpaid work. The global evidence base in this area has grown in recent years.

Paid work can pose physical and mental health risks to older women. Musculoskeletal disorders are a common health risk for older women, especially those engaged in manufacturing or assembly work. Women's risk of injury at work, for example through falling, tripping or slipping, also increases with age, yet women

receive compensation for work-related health issues less often than men (Payne and Doyal, 2010). Responsibilities for care and domestic work, including caring for children with HIV/AIDS and for grandchildren, have also been found to expose older women to increased health risks, such as risks of back strain from lifting, carrying and bending and potential musculoskeletal damage, and these are exacerbated by poverty where older women have limited access to health care (Payne and Doyal, 2010).

Mental health risks are no less relevant. Gender- and age-based discrimination at the workplace can be widespread, due to stereotypes are that older workers are less productive, less physically capable of carrying out tasks and slow to learn new skills or adapt to change; in some cases, this can lead to violence or abuse (UNFPA and HelpAge International, 2012). This is a major cause of stress for older women, which can have knock-on physiological effects in postmenopausal women, such as increases in heart rate, blood pressure and blood levels of epinephrine (Payne and Doyal, 2010). Care work can also cause mental health problems, especially if it is stressful, isolating and unacknowledged (ibid.). Grandparents caring for their grandchildren may be more likely to experience depression than non-caregivers (Anderson et al., 2013), and more likely to report feeling exhausted, overworked and overwhelmed, and to express frustration and helplessness (Munthre and Maharaj, 2010). Worry about providing for family members and what will happen to their family when they die can be a significant source of stress and emotional strain among older carers, with older women's psychological distress often compounded by grief and a sense of loss if their caring role is linked to caring for grandchildren following the loss of an adult child (e.g. Mudege and Ezeh, 2009; Lackey et al., 2011; Schatz and Gilbert, 2012).

Time poverty can increase work intensity (Kes and Swaminathan, 2006) and limit time for rest and leisure (Bardasi and Wodon, 2006). While individuals and households from all income groups can experience time poverty, poor households are most likely to be time-poor (Kes and Swaminathan, 2006), and the associated competing claims on women's time can lead to stress affecting women's physical, mental and financial wellbeing. Several studies find that paid work interferes with older women's caring roles. For example, Chazan (2008) shows that working long hours as street traders in South Africa hindered grandmothers from providing what they considered 'proper care' to their families. This relationship also operates in the other direction, as care can decrease the time older women spend on paid work, leading to financial loss: family obligations for grandchildren, older parents, adult children or spouses can be a main reason for women to stop working in older age, which was not found to be the case for men (Knox-Vydmanov, 2016), and can lead to older women carers having to sell assets and borrow money (Orbach, 2007).

6.2.3 Effects of older women's work on family members

Older women's work can be beneficial for family members, through financial contributions, providing care, and freeing up their time, notably by older women looking after grandchildren or carrying out household chores.

Several studies have found that older women's paid work helps to support family members financially (Age International 2015; Vera-Sanso, 2012), including in Ethiopia (Erb, 2011b). Evidence strongly suggests that grandmothers' incomes can improve children's health and chances of child survival in Ethiopia (Gibson and Mace, 2005), as well as in contexts as diverse as rural Gambia (Sear et al., 2000), Finland and Canada (Lahdenperä et al., 2004) and Japan (Jamison et al., 2002).

Older women's care can be an essential support for family members, especially if they are ill or in need of emotional support, with evidence strongly confirming that having a grandmother in the household is beneficial for children (Schrijner and Jeroen, 2014). Especially for orphaned children, grandparents' care can provide opportunities for stability and attachment and create a sense of identity and belonging, with orphaned children preferring grandparents' care to other forms of care for various reasons, including familiar parenting practices, existing relationships with grandparents and a shared culture (EveryChild and HelpAge International, 2012).

Finally, having older people looking after grandchildren or helping with household chores often frees up time for working age adults to work or pursue education (Harper, 2015). Older women's presence also has a positive effect for children; using data from 33 sub-Saharan African countries, including Ethiopia, Schrijner and Jeroen (2014) find that the presence of a grandmother has a positive effect on children's schooling, linked to grandmothers' role in care and household tasks

which enables parents to work from home and prevents children, especially girls, from taking on household tasks instead of engaging in education.

Critically, our fieldwork in Ethiopia suggests that older women's care loads do not go unnoticed by some family members, who at times express regret or concern that their wives or mothers are overburdened by household work. However – equally critically – they also perceive that this situation is unavoidable, especially in the absence of a daughter-in-law who can help to ease the load.

'What are we supposed to feel then when she does all these things? Our best interest is to let her rest and me too, and we wish to be provided care in our old age; that is our wish [smile]. But who will take care of us? [said with deep emotion].' (FCS 6, 70–75-year-old husband of IDI 10, 62 years old, Oromia)

To conclude, drawing on findings both from the literature review and the primary qualitative data collection in Ethiopia, this section has shown that poverty is a key driver of women's engagement in paid work, including into older age. Although women's paid work can have negative effects, as shown mostly by the secondary literature, respondents from the primary data collection in Ethiopia largely expressed the opinion that if they were well enough, older women wanted to work. Not only was the work of older women a vital contribution to household livelihoods, but they saw their continued working as earning them respect in the eyes of others and that keeping working also helped them live longer. Older women themselves, other family members and community members generally viewed older women's work as a positive phenomenon, with a few respondents expressing concerns that older women should be resting rather than continuing to work.

7 Inclusion of older women: informal and formal support and policy responses

Key messages

- Older women are highly dependent on informal support, other relatives and neighbours, and this was evident in our Ethiopia case study – indeed, where it was lacking, older women cited negative coping strategies including asset sales, begging and reducing their food intake.
- Formal – including government – support is often inadequate to meet the needs of older women, while rapid social and economic shifts mean that informal support provided by families is waning, leaving older women increasingly isolated and vulnerable to economic and physical shocks.
- Several international agreements and national policies/plans have aimed to provide supports for older people, including social protection, services and infrastructure, workplace policies, training and education and social activities – but these have not necessarily been implemented or advanced in an age- or gender-sensitive manner.
- Programmes aimed at women, including those focused on unpaid care, can fail to be responsive to age across the life course. Creating a policy environment – including macro-economic policy – which takes into account the rights and preferences of women and men at all stages of their lives is vital to meet commitments to older women.

In this section, we first look at the informal support available for older people, for which we draw heavily on the primary qualitative data collection, which provided rich insights into older women's need to rely on their family, neighbours and community. We then move on to explore formal responses, including policies and programmes, drawing on both the literature and our fieldwork in Ethiopia, which shed light on the significant challenges which exist in practice around ensuring that policies and programmes deliver for older women.

7.1 Informal support

While older women often provide invaluable support to family members through their paid and unpaid work, there is significant evidence that they also often receive support from their family and others in their extended network. This family support can be for and from children, grandchildren, siblings, spouses and other relatives living nearby or further away.

Existing literature primarily provides evidence that older women are often supported financially by their family members. A study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016) finds that most older people rely on financial support from family, although this is often inadequate. Such support can include remittances, which are especially common in countries such as the Philippines, where 49% of old people receive domestic remittances. Financial support from the family is especially important in urban areas and for older women who are less likely than men to have their own income. Studies from Bangladesh (Erb, 2011a) and Tanzania (Erb, 2011b) find that older people's main source of income came from family. In India (Erb, 2011c), Tanzania (Erb, 2011b) and Ethiopia (Erb, 2011b), older people have also reported taking loans from family members. Children living with grandparents might also make financial contributions. For example, a study in Western Kenya finds that orphaned children aged between 11 and 17 contributed to household income (Skovdal, 2010).

Aside from cash, literature suggests that informal support from families can include goods, in-kind support or care and might be more or less regular (Knox-Vydmanov, 2016; WHO, 2011a). For example, a study of skip-generation households in Southern and Eastern Africa finds that grandparents benefitted from their grandchildren's care (Lackey et al., 2011). Similarly, a study in Western Kenya with 69 orphans aged 11 to 17

shows that children provided valuable care and support to older household members (Skovdal, 2010).

Findings from the primary data in Ethiopia confirm that older women are highly dependent on family for informal support. Children represent the main source of informal support for many older people, which presents a challenge to those without children or lacking their support. There was a sense among research participants that it is the duty of children to help, and these are the only people from whom older women should be asking support ('In the past we used to send children to school and take care of them; but now we expect support from the children', IDI 6, 70 years old, Oromia). Corroborating the literature, the most common kind of support children provide is financial (e.g. paying for rent, giving them bits of money), followed by providing them with food, carrying out domestic chores for them, buying personal and household items for them (e.g. mobile phones, housing materials), contributing to their idirs (burial societies) and looking after them when they are sick (e.g. paying for health costs, taking them to the hospital). Children also frequently 'checked in' on older women to make sure that they were well. In Oromia, children will also carry out agricultural activities for them, take care of livestock and/or share the harvest.

Support identified in Ethiopia during this research can be regular (e.g. paying rent) or sporadic, with the latter usually being associated with those who live elsewhere and who may either send cash or provide cash or in-kind goods when they visit. Any financial support appears to be largely coming from male children, and often a son who has been educated and has some form of salary, though in one case a son as young as 14 was supporting his mother to pay her rent from the money he earned doing piece work. Female children largely help out with domestic tasks, including daughters-in-law and there remains a strong social expectation that daughters-in-law will take the lead on domestic work from their ageing mothers-in-law (where extended families live together in a household). Conversely, women may remain without support in their household chores should their sons not marry and if they have no daughters (or they have married out).

'He [son] also supports me. When I tell him that I do not have food, he will give me money; if I tell him that I run out of money, he gives me money to buy coffee.' (IDI 3, 66 years old, Oromia)

Grandchildren also are critical in assisting with household chores and running errands for older women, particularly in Oromia. They provide support by fetching water, collecting firewood, cooking, cleaning, washing dishes and purchasing items. Other relatives also offer support by providing food stuffs, and they may provide small amounts of money (e.g. during holidays) and other household items such as soap and clothing.

Neighbours and community are also key in providing support to older women – taking them to hospital and paying hospital-related costs; providing them with food

or cooking for them; providing them with access to household utilities, i.e. largely in Addis allowing them to use their water tap (free of charge) and their cooking stoves; and mostly in Oromia providing support with farming, paying for their idirs and house construction. Neighbours, particularly in Addis and largely because of their proximity, are often the ones who help out on a regular basis. Clearly, this is not all neighbours ('There are some neighbours who do not pick you up if they see you falling here and there are some neighbours who are kind and take food to feed them', FGD with women aged 30+, Addis) and there is also a sense that this may come and go at any moment, unlike family support, which – to a certain extent – is more guaranteed, not least because of social norms around expected behaviours of children and grandchildren. Churches and church congregations may also provide food and/or a source of emotional support or community for older people.

However, it has been argued in the literature that economic, demographic, and cultural transformations in many parts of the world are leading to decreased family support for older people, especially in urban areas. For example, a study in Bangladesh found that one of the main reasons family members were not supporting older relatives was that social support networks were changing (Erb, 2011a). In an Agewell (2017) study in India, older people said that their status had deteriorated in the last decade. Similarly, a report on ageing in Brazil (ILC, 2015) finds that changes in family structures reduce the support that older persons get from younger family members. In sub-Saharan Africa, parent-child ties, descent groups and kin networks traditionally served to integrate and protect older people. Some have argued that these norms that ensured respect and support for older people are diminishing, leaving some older people, especially women, isolated and vulnerable (Oppong, 2006). For Ethiopia (Erb, 2011b) and Tanzania (Erb, 2011b), studies found that even though older people were in need of care – as they lost strength, mobility and vision with age – family support was said to be reducing. Older persons across Ethiopia reported that changes in systems of family responsibility were linked to economic hardship (Erb, 2011b).

The fieldwork carried out in Ethiopia identified that in some cases older women lack informal support, either from particular sources, such as their family or neighbours, or in a few more extreme cases, lack support altogether. Importantly, our findings confirmed the changing expectations and norms around the need to look after one's parents identified in the literature, as the following quote exemplifies:

'The sons of these days are after their own selfish interest only, not for us ... Sons and daughters we gave birth to, what they are doing for us? They look at us and pass without doing nothing. If we die over here tonight, they will not see us and will not lament for us.' (85-year-old husband of IDI 4, 62 years old, Oromia)

Other reasons for lacking support include having fallen out with family members, both close and extended, having had a pivotal family member die, or having a family member already struggling to support their own large family. In some cases, and largely in Addis, older women report that they refuse support from relatives (or would refuse it if available), because they perceive their children to have their own financial worries, because they do not wish their children to resent them, or because they feel estranged from their families.

To deal with lack of informal support, older women resort to a range of negative coping strategies including fasting and/or excessive sleeping to avoid hunger ('I will save by sleeping without eating', IDI 6, 70 years old, Addis Ababa), selling assets (usually cattle), resulting in asset depletion and loss of income ('If I get sick and need medical treatment, the goat will be sold to cover medical expenses', IDI 2, 65 years old, Oromia), taking loans or begging. Begging is more common in Addis (see also Section 4.1) but is considered taboo or haram among Muslim communities living in Oromia:

'Begging is haram in Oromos; a person never goes begging; rather others may understand his situation and help him as they get the reward from God; but the person never goes public asking for support from others; that is haram!'
(FGD with women aged 30+, Oromia)

7.2 Formal support

In this section we briefly review the major approaches to policymaking in this area which have been employed around the world,¹¹ and draw on responses from primary research in Ethiopia to shed light on the extent to which older women benefit in practice from policies and programmes aimed at supporting them. Importantly, while this glimpse into 'real-life' experiences is by no means a comprehensive picture of what is available in Ethiopia, it is based on the perceptions of respondents – older women and the members of their communities, as well as expert key informants – and highlights a range of challenges faced by older women in accessing support, even where it is ostensibly in place.

At international level, several international policy frameworks have addressed the need to achieve women's economic empowerment – including most recently the SDGs (see Box 6). References to the specific needs of older women tend to be scattered across these frameworks; there are few international policies which include a specific focus on or have separate sections on older women. There is no binding international human rights instrument specifically on older women and the efforts made by international human rights mechanisms on ageing remain limited (UNFPA and HelpAge International, 2012).¹² Similarly, some regional bodies have adopted frameworks focused on, or referencing, older people – a notable example being the African Union's Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older People in Africa (African Union, 2016). Equally notable is the 'healthy ageing' agenda of the World Health Organisation, which focuses on the importance of older people's ability to engage in activities they themselves value and has led to commitments by governments to long-term care policies (WHO 2017),¹³ and the recent commitments to investing in care infrastructure to meet both the needs of caregivers and those in need of care made by UN member states at the Commission on the Status of Women in 2017 (UN Women, 2017).

Linked to regional frameworks, a significant number of countries have developed national policies, plans, programmes or strategies on older people and some have approved age-specific legislation, mostly in Latin America, the Caribbean and Asia, yet limited evidence is available on the resource allocation critical to their implementation (UNFPA and HelpAge International, 2012). A full review of these initiatives remains outside the scope of this overview summary; what is clear, though, is that although policy approaches to addressing the needs of older women differ significantly between countries, they can be broadly divided into five main themes: (1) Social protection, (2) Public services and infrastructure, (3) Workplace policies, (4) Capacity building, education and training, and (5) Social networks and activities. We briefly outline key characteristics of these five thematic areas in turn in this section.

11 A more comprehensive review of policies and programmes to support older women's work and care can be found in the literature review document that accompanies this research report.

12 For example, General Recommendation 27 on older women of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is authoritative but non-binding on ratifying states. Similarly, the Beijing Declaration and Platform for Action – a wide-ranging set of commitments which clearly recognised that women's rights are human rights – recommended that governments implement support programmes that enhance the self-reliance of older women. This agreement was an unprecedented commitment by governments and other actors to women's rights but is legally non-binding.

13 More specifically, the WHO Global Strategy and Action Plan includes commitments to strengthening long term care including establishing long term care systems; to aligning health systems to the needs of older persons; and to fostering older people's autonomy and enabling older people's engagement. It builds on the commitments made in the Madrid International Plan for Action on Ageing and the WHO's policy framework on active ageing.

Critically, a number of challenges related to the provision of formal support to older people – encompassing policy and programming – were raised by study respondents, including a perceived notable absence of or failure to implement relevant policies for older people and women’s unpaid care work:

‘There should be clear policy on elders; I have never seen a policy on elders; it has to be drafted on elders; if people able to eat and live then we can say the country is developed; that is what I want to say.’ (KII 7, government, Oromia)

Furthermore, the relative lack of specific government policies and programming for older people – by donors,

NGOs and government – was mentioned by respondents as a major challenge, with existing programming tending to focus on other groups (e.g. girls and/or adolescent girls and young women), to the neglect of older people in general and older women in particular. As one key informant reported:

‘The government provides care and inpatient treatment for mothers and children who have malnutrition, but elders not included in the beneficiary list... they said the budget they have is only limited to women and children.’ (KII 8, NGO, Oromia)

Box 6 SDGs targets relating to women’s economic empowerment



SDG 1: End poverty in all its forms everywhere

- Social protection systems for all, including floors.
- Equal rights to economic resources, basic services, ownership and control over land and other forms of property, inheritance, natural resources, new technology and financial services.



SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- Double the agricultural productivity and incomes of small-scale food producers, in particular women.



SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- Equal access for all women and men to technical, vocational and tertiary education.
- Access to quality early childhood development, care and pre-primary education.
- Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training.



SDG 5: Achieve gender equality and empower all women and girls

- Recognize and value unpaid care and domestic work.
- Ensure women’s full and effective participation and equal opportunities for leadership including in economic life.
- Give women equal rights to economic resources, including land, property, financial services, inheritance.



SDG 8: Economic growth, full and productive employment and decent work for all

- Full and productive employment and decent work for all women and men, and equal pay for work of equal value.
- Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.



SDG 10: Reduce inequality within and among countries

- Fiscal, wage and social protection policies that progressively achieve greater equality.



SDG 11: Inclusive, safe, resilient and sustainable cities

- Access to safe, affordable, accessible and sustainable transport systems for all, with special attention to the needs of those in vulnerable situations including women.

Source: OECD (2016)

A comprehensive approach, covering older women's diverse and multi-layered needs in different fields of life and throughout the life course of women is likely to be most effective, with meaningful participation of older people at all stages of their conceptualisation, design, implementation and evaluation critical – for example by introducing an active ageing focal point in local governments in order to make sure that older person's issues are addressed (Erb, 2011b). An enabling macroeconomic environment is essential for the delivery of policies and programmes aimed at furthering women's economic empowerment at all ages (see Box 7).

7.2.1 Social protection

Social protection is concerned with preventing, managing, and overcoming situations that adversely affect people's wellbeing and basic living standards, and as such can assure the human rights of older people are met – in particular the right to an adequate standard of living. Social protection consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risk, and enhancing capacity to manage economic and social risks such as unemployment, exclusion, sickness, disability and old age. The main entity providing social protection is usually the government, with civil society and the private sector also playing a role – although only one in three countries in the world have comprehensive social protection schemes (Knox-Vydmanov, 2016). Within this, cash transfer schemes are increasingly accepted as a critical means to address vulnerabilities throughout the life-cycle risks, including by supporting poor people, children and older caregivers.

Non-contributory social pensions are a particularly important form of cash transfer to older women, given they are likely to have unequal contributory capacity throughout the life course due to, inter alia, periods outside the labour market due to childbirth and child care, as well as their over-representation in the most vulnerable, lowest-paid segments of the informal economy (United Nations, 2018; UN Women, 2015). Moreover, their simple eligibility criteria mean that they are relatively straightforward to implement at scale, 'even in low income settings with limited administrative capacities' (MoGCDSW, 2016: ix). An increasing number of countries have introduced social pensions in the last decade, including Uganda, Kenya and Zanzibar, and more than 100 countries now have social pensions in place (HelpAge International, 2017). Social pensions can also be beneficial for other household and community members, and local economies; for example, evidence indicates pensions have helped to protect poor rural communities by encouraging local economic activity (United Nations, 2010b).

Yet, despite advances in the introduction of social pensions in recent years, they remain limited in many contexts, as our primary research in Ethiopia demonstrates. The formal pension scheme in Ethiopia

Box 7 The importance of macroeconomic policy for women's economic empowerment

Gender transformative macroeconomic policies are important for providing an enabling environment for women's economic empowerment. Macroeconomic policies affect the availability of paid employment for women and of resources for social policy implementation and social services. They determine women's experiences of unpaid care and domestic work through impacts on employment, income and living standards and they can advance or hinder distribution of resources between men and women, including through taxation.

However, macroeconomic policies rarely take into account gender quality. Many macroeconomic policies have insufficient focus on employment creation and social policies that support gender equality, and also often contribute to the undervaluation of women's work by not accounting for the disproportionate time spent on unpaid work by women, or the macroeconomic contributions these contributions make. Therefore, ensuring the macroeconomic environment supports women through employment policies, social protection and social services is critical. Macroeconomic policies that support the redistribution of women's unpaid work load by ensuring resources for social services, for example through gender-responsive, progressive tax regimes which generate sufficient revenue to provide quality, accessible public care services, are critical to further women's economic rights and empowerment. Furthermore, transparent and participatory macroeconomic policymaking, which incorporates distributive impact analyses – i.e. evaluations of impacts on older women's socio-economic disadvantage through to gender budgeting that takes into account women's different experiences and needs at different stages of the life course – are critical for progress and accountability against key policy commitments, including the SDGs, women's rights frameworks including the Beijing Platform for Action, and national policy frameworks (UN Women, 2015).

has been estimated to provide for 15% of older people (HelpAge International, 2018), an insufficiency reflected in the comments of respondents in Addis who lamented that pensions are often not available or not enough to live on given that the value of the pension is based on contributions from past earnings, meaning that the income received is relatively little compared to current living costs. Older women also noted that they were not receiving a pension after their husband had died and had been employed in the formal economy. That said, the situation appears to be slowly improving, with focus group participants noting that women have increasingly begun to receive pensions:

‘...three of them [women] might have pension out of 10. There was no pension in the past. Pension for women started recently... I think it started during the Derg regime. If I am not mistaken, it was not available in the past. Let alone women, men did not have pension in the past.’ (FGD, with men aged 25+, Addis)

Other important elements of social protection globally include public works programmes (PWP) or similar schemes – usually labour-intensive infrastructure initiatives (Holmes and Jones, 2011) – which have the potential to provide work, cash and food to older women. Yet gender-sensitive design is critical: PWPs are usually construction-related and do not remunerate women for care-related work and social services, and in many cases may end up presenting additional care challenges to caregivers through a lack of recognition of and support to their caring roles (Holmes and Jones, 2011; Samman et al., 2016). Additionally, PWPs address the needs of working age poor rather than those of older people (McCord and Slater, 2009), including because the heavy manual labour in many PWPs may be unsuitable for older people.

According to respondents participating in primary research in this study based in Addis and Oromia, the main form of support provided by the Ethiopian government is the Productive Safety Net Programme (PSNP).¹⁴ This support is sometimes contingent on taking up work opportunities, such as cleaning. Respondents spoke about on average having received payments for the previous two to four years, with several older women also reporting having benefitted from the safety net in the past but no longer doing so, although the reasons why were not clear. Of those respondents receiving the allowance, most were unclear about the modalities of receiving it, for how long they would be receiving it, the reason why some were stopped and others continued, highlighting a significant information gap in terms of rights to, and means of accessing, public support.

Several older women in Oromia report having received in-kind support from the government in the form of food or clothing in the past, but this is rare and usually associated with blanket support to poor people during emergencies, e.g. drought (see Barbelet et al., 2018). However, male focus group participants in Addis do note that regular, although not frequent (annual or biannual), distribution of clothing is undertaken by the ministries for Labor and Social Affairs and Women and Children Affairs.

‘Sometimes ... government provides us aid. They do provide us wheat ... This was in the past and I am not quite sure how long since they quit that aid. Last year, they helped us at a very critical time [drought] and people were delighted.’ (IDI 6, 70 years old, Oromia)

Three older women living in Addis and one in Oromia receive kebele-level support including housing provision, free or subsidised use of public utilities (water, electricity), subsidised food (i.e. coupons) and referrals to other services. This appears to be given based on extreme need, i.e. if an older person is destitute, is alone or has no one to support and has no pension; but there is also a sense that some people have it because of connections members of their family (e.g. husbands) may have had and they have been able to hold on to a kebele house, for instance.

Finally, microcredit and other financial investments can help older women invest in livelihoods or to help them cope with shocks, yet access can be difficult in practice: access to formal banking systems can be limited for older people (Erb, 2011b) and credit schemes usually have age restrictions that prevent older women from participating (United Nations, 2010a). Furthermore, evidence suggests that microfinance programmes are more effective if combined with other interventions, such as business development training (Taylor and Pereznieto, 2014), suggesting holistic, integrated and tailored approaches to financial service delivery are likely to offer most promise to support the economic empowerment of older women (Hunt and Samman, 2016).

Our primary research in Ethiopia suggests that financial schemes can be highly specific to localities. The majority of older women participants may be members of insurance societies, with the most popular type in both Addis Ababa and Oromia being idirs, or burial societies. Both older men and older women can be members of idirs: some idirs are single-sex while others are mixed, and they can include both older and younger people, though there is a sense that the older one gets the more likely is one to join an idir as its necessity looms larger. Older women may be part of women’s only idirs and/ or they can contribute to their husband’s idir, though it does not appear to be uncommon to belong to multiple idirs. There are multiple idirs in one Woreda/kebele, some being large and more organised than others. Importantly, idirs also offer an important forum for socialising.

Idirs function by people contributing on a monthly basis and then drawing down on the funds when a relative dies. It was also noted that if older people do not have a family, members of the idir can take on the organisation of the entire funeral. Contributions are reported to range from 20–50 birr per month, though some respondents particularly in Oromia noted that contributions do reduce depending on age and physical capacity and in some cases people are exempted total from contributing. Pay-outs on bereavement vary between 200 and 1000 birr, depending on the recipient’s relationship to the deceased.

In addition, key informants mentioned that some older people may be members of group savings and credit associations. Known often as equbs, these small savings groups consist of approximately 10 individuals,

14 The government has now launched the Urban Safety Net Programmes (in 2017), which focuses on 11 cities and will replicate the experience of the rural PSNP, providing support through community asset building and direct support.

with members contributing from 20 to 50 birr per week.¹⁵ The maheber or church associations are also groups made up of contributing members.¹⁶

Yet, older people can face significant challenges in accessing some finance initiatives. Significantly, humanitarian and development organisations operating in both Addis Ababa and Oromia sometimes fail to ensure their programmes are inclusive of and meet the needs of older people, according to key informants. Thus, in Oromia a key informant mentioned that a revolving fund supported by the United Nations Children’s Fund (Unicef) did not benefit older people since ‘they can’t work and won’t be able to return the loan’ (KII 7, government, Oromia).

7.2.2 Services and infrastructure

The ‘care agenda’ has increasingly become a policy focus in the global development sphere in recent years. Razavi’s (2007) care diamond posits that care work should be recognised, paid for and facilitated not just at the household level, but by four groups of actors: families and households, the state, the market and not-for-profit groups. Policies and programmes that address women’s unpaid care work at the different levels of the diamond have been implemented around the world, although often they do not specifically address the needs of older women.

Notably, states have an obligation under human rights frameworks to address inequalities in unpaid care work (Sepulveda Carmona, 2013). Care policies can be transformative when they further the human rights, agency and well-being of unpaid carers and care recipients (ILO, 2018). They often work to allocate money or time to people in need of care, often combining policies in the field of public services, infrastructure, social protection and labour (Esquivel, 2016). However, an enabling macroeconomic policy environment is critical to ensure the provision of quality, sustainable initiatives aimed at the recognition, reduction and redistribution of unpaid care and domestic work (Elson, 2008), and – as discussed in Box 7 – the impact of macroeconomic policies on older women must be included in any economic policy assessment. Accessible and affordable care services promote the capabilities of those in need of care and relieve time constraints from those who provide care (UN Women, 2015). In addition, long-term health and social care and support and targeted programmes are critical in addressing the physical, mental, emotional and health needs of older women, especially those from minority groups and those caring for grandchildren, to ensure that older women’s human rights are met and to facilitate their unpaid and

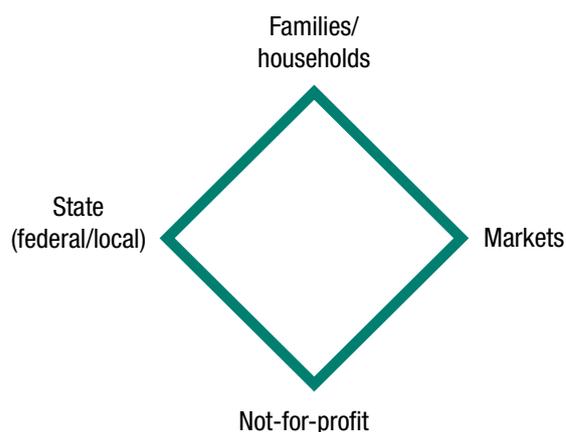
paid work should they wish to engage in these activities (United Nations, 2010a).

However, our primary research in Ethiopia suggests that older people can find it highly challenging to access programmes, for a range of reasons. If programmes targeting older people do exist, they tend to be pilot programmes, are unable to offer older people long-term support and often face difficulties in relation to infrastructure and staffing. Older women may not participate in these programmes because they are ‘shy’, because they are too busy doing household work, because they ‘lack the energy’ or because they were unable to pay the contributions to participate in idirs or equbs. There are also governance challenges, with systems of patronage mediating who benefits from or receives formal support:

‘Some kebele officials provide to his associates/ confidants, to those who are in his personal networks. The government also provides cash, donkey, cart, cattle ... but they provide all this to their associates! ... Those who do him a favour! Those who live with him! Only for all of them! The destitute are left out here; overlooked! They never look at the destitute in their jurisdiction. They target those who have farm land; those who water pumping motors; they are the ones who got the cart, donkey, cattle ...’ (70–75-year-old husband of IDI 3, 66 years old, Oromia)

Finally, provision of public infrastructure, such access to water, sanitation, electricity, roads and transportation, are critical for reducing older women’s paid and unpaid workloads. Especially in poor rural settings, women of all ages often spend much of their time collecting water

Figure 18 Care diamond



Source: Razavi (2007)

15 Each equb has its own rules and regulations; some equbs may lend the money for members who have to repay the loan and interest. The interest rate also varies among various equbs. But commonly, the members contribute money and members can use it.

16 Maheber or church associations gather on the day of the saint they are named after; they drink local beer and eat roasted barley and give food to destitute people who reside nearby. Some mahebers may contribute money to help the poor and to buy materials necessary for their association.

or firewood, which can be reduced if water sources are nearer and households are equipped with electric or other fuel-saving cooking facilities (Rost and Koissy-Kpein, 2018). Good transportation and roads can also save older women's time, for example through improving access to care services (Esquivel, 2016). While the state retains a critical role in infrastructure development, non-governmental organisations can also make significant contributions to the provision of time and labour-saving equipment as well as care-related infrastructure.

In some cases, although programmes do not specifically target them, older people are often de facto beneficiaries since programmes target the most vulnerable based on income levels, as the coordinator of one programme in the Rift Valley explained:

'We target poorer households ... But don't limit ourselves to age. We define people as poor – this may include older people.' (KII 4, NGO, Addis)

However, in other cases, NGO programmes can leave some groups of older people – including older women – excluded. According to an Addis-based key informant working in an initiative run by a large international NGO aimed specifically at alleviating women's disproportionate unpaid care load, the programme does not include approaches for dealing with differences in unpaid work by age, instead identifying participants only by gender. Similarly, the initiative was reported to focus mainly on the employment of girls and young women, including because – significantly – the population is disproportionately made up of young adults:

'Older women are not seen as economically active, possibly due to the general lack of value placed on informal/unpaid work ... Our interventions are more focused on younger people and employment ... When you look at our populations in Africa they tend to have more younger people proportionally.' (KII 6, NGO, Addis)

It appears, then, that an urgent policy challenge is to ensure that older women's paid and unpaid work is supported in the years to come, as increased life expectancy sees older people engaged for ever longer years in the labour market alongside millions of new entrants as a result of the 'youth bulge' – notably in Africa.

7.2.3 Workplace policies

To facilitate older women's involvement in decent paid work, policies should improve employment opportunities and working conditions – notably by ensuring that women are protected in the workplace. Critical components include: anti-discrimination legislation aimed at workplace discrimination against older people, including protective mechanisms and legal intervention (United Nations, 2002); flexible working

times and part-time work arrangements; and recognition of the care responsibilities of workers. Support should be provided to carers of all ages, for example through measures to create signs of a 'carer friendly work environment' (Age UK and Carers UK, 2016). Although globally many workplace policies to support older people focus on formal employment, interventions to support older women's informal work are essential. States can help make older women's work less precarious, for example, through creating more formal jobs, regulating informal jobs and extending state protection to the informal workforce, including labour and social protections (Chen, 2012).

7.2.4 Capacity building, education and training

Training and education for older women can help them to access employment opportunities and navigate their unpaid work responsibilities. They can also build confidence and quality of life as well as knowledge and skills that can support economic empowerment, such as budgeting, the use of loans and entrepreneurial skills (Erb, 2011a; Erb, 2011b). Training programmes can be offered by governments – for example, Mexico's National Institute for Older People provides training programmes to older adults who want to reintegrate in the workforce. These services can also be offered by non-governmental organisations or education institutes – for example Third Age Universities have been established by governments, enterprises, armies, colleges and research institutions to provide continuous education to older people – in China, there are more than 30,000 universities of the third age with more than three million students (UNFPA and HelpAge International, 2012).

Yet, our primary research in Ethiopia suggested a significant lack of commitment among the development community, including donors, to ensure comprehensive provision of education, training and skills (re)development to older people. Some respondents attributed this gap to donors not regarding older people as economically active and the higher number of young people in African countries leading donors to focus attention on the youth cohort. Some even went so far as to say that they perceived donors to believe there is no future with older people. As one key informant explained:

'Yes, the view of donors is when you invest on children, you may get something, some kind of result because those children will be educated and become self-sufficient and become older people and on women, they become economically self-sufficient and no longer need your help but regarding older people, most of the donors and even the care-givers, the community as a whole thinks that they are going to die sooner or later so they ask "Why should we invest on them?" That is the problem.' (KII 1, NGO, Addis Ababa)

7.2.5 Social networks and activities

Social networks can help older women overcome some challenges and provide them with ideas to support their paid and unpaid work. Many older women, especially homebound women, are unable to participate in cultural, recreational and community activities, which can cause feelings of isolation and negatively affect their well-being (United Nations, 2010a). Initiatives to support older people's social connections and activities vary vastly depending on context, yet one common characteristic is that they are often provided or facilitated by NGOs, such as Eneredada in Ethiopia, which was identified during the fieldwork for this research (see Box 8).

Older People's Associations (OPAs) provide a well-established model of community-based organisation of older people that aims to improve living conditions and provide social support, with participants reporting increased well-being and health, reduced poverty, and other positive outcomes including older people's improved social status in their local community (HelpAge International, 2007).

Yet OPAs are not accessible to all older people, as our primary research in Ethiopia demonstrated. There are 2,342 OPAs with a membership of 1.6 million older people in Ethiopia, though they appear to be concentrated mostly in Addis, the capital city, with significant coverage gaps in rural areas. According to the leader of one OPA in Addis, they are available in 160 woredas in Addis, but they have some problems of coordination:

'...we do not link together. All of them are in their own Woreda ... In our place, there are 10 associations in every Woreda, in Arada sub-city and the others might have the same, 10 sub-cities. [They] might not [do] the same [things]. There are those who manufacture charcoal by forming an association, there are those who make injera.' (KII 2, with a leader of an OPA, Addis)

To conclude this section, there is significant evidence from the global literature, corroborated and further nuanced from our primary data collected in Ethiopia, that in many cases older women rely on informal support provided by their family, neighbours and community, but that this support may be waning as social, economic

Box 8 Eneredada: older persons' NGO

The majority of women interviewed in Addis received regular help from Eneredada, an NGO dedicated to supporting older people (see also Annex 3 on methodology). For a majority of respondents, this was the only support they were receiving. Support usually takes the form of monthly provisions of e.g. teff (5 kilograms), cooking oil (1 litre), soap, mattresses, clothing and/or shoes. Eneredada also provides an important source of community and social belonging for older women, both within the centre itself and through its outreach programme. Hence older women spoke about coming to meet on a weekly or bi-weekly basis and/or during holidays and 'drinking coffee and tea together', 'entertaining' each other and sometimes having food. One woman also reported having been able to undertake paid work as a cleaner through the organisation. Another had come to the centre on the day of the interview for an eye test.

Some women spoke about being a member of Eneredada for over five years, others mentioned having been going for a few years. They had usually found out about it through other beneficiaries and through word of mouth – one woman spoke about writing a letter requesting to join, with her being accepted a year later.

and demographic changes take hold. Exploration of formal responses, including policies and programmes, drawing on both existing literature and the fieldwork in Ethiopia, has shed light on significant challenges in practice around ensuring that policies and programmes deliver for older women. Importantly, these gaps in policy, service provision and access, contribute to older women having to rely on informal support. At the same time, these gaps represent a failure to meet commitments to the rights and needs of older women, notably on the part of governments, in part because older women are excluded from formal support on the basis of both age and gender. Therefore, urgent action is needed to redress these gaps – an area to which we now turn.

8 Challenges and recommendations

This report has shown that older women (and men) are engaged in significant amounts of paid economic activity, particularly in low- and middle-income countries, as well as in unpaid care and domestic work. It is clear that older women's contributions – both paid and unpaid – provide critical support to families, societies and economies. Yet these activities too often remain unrecognised and uncounted, not least because knowledge on older women's roles and experiences remains relatively scarce – a gap this report contributes towards filling. As a result, older women all too often remain side-lined by policymakers, with policy and programming often inadequate to meet their needs and fulfil their rights.

Quite simply, older women can no longer remain invisible to policymakers – particularly given current demographic and economic trends. For example, in sub-Saharan Africa over 40% of women aged 65 and older are in the labour force (Figure 6). Yet increasing numbers of people are not only remaining in the labour market for longer into older age as life expectancies increase, but in some parts of the world they are doing so alongside millions of new entrants due to the impending 'youth bulge', again, notably in SSA (see Samman and Watkins, 2017). Ensuring policy takes the life course into account is set to become ever more pressing in the years ahead.

To be clear, we are not advocating that older women do more paid or unpaid work – but rather that policymakers recognise the reality that older women are already engaged in considerable amounts of economic activity, and support them to realise their preferences. Again, current trends render this ever more urgent; our research has shown that traditional and informal forms of support to older women, notably from older women's families and community, are critical – yet this support is ebbing alongside social and demographic change. Governments, with the support of the international community, have an imperative to respond to these realities. This imperative is not only moral, but clearly mandated under international commitments, including the SDGs, and crucial to ensuring that the rights of older women are fulfilled.

The call to action provided by the 2030 Agenda and accompanying SDGs, together with the current

groundswell of attention to women's economic empowerment, provide an unmissable opportunity to bolster political will, tailor policy and – critically – urgently dedicate sufficient resources to securing substantive and transformative change in women's lives. Furthermore, the call to 'leave no one behind' brings into sharp relief the need to ensure that progress reaches all women, including the most marginalised and the currently invisible. This means that older women's specific priorities, preferences and needs must be given specific attention by policymakers – at local, national and global level. Failure to do so will mean that older women's rights remain unfulfilled, and the SDGs will not be achieved. With the clock to 2030 ticking, now is the time to act.

Making this agenda a reality requires, in the first instance, a readiness among policymakers to make the realities of older women visible and ensure that policy responds to their needs.¹⁷ In practice, this will require recognition of how barriers to economic empowerment emerge or change over women's life courses, and the particular challenges that older women face owing to discrimination arising from intersecting inequalities – including age and gender, but which may be further compounded by discrimination based on other identities such as race, ethnicity, disability, geographic location, religion, marital status or sexuality, among others. There is also a need to 'look beyond averages' to document and respond to the specific challenges facing the hardest-to-reach older women, who face increased risk of being left behind in development, including widows, migrant/trafficked women, those fleeing from or left behind in humanitarian or environmental crisis, and those living in conflict.

Therefore, we make the following recommendations for governments and development partners for priority action:

Including older women in policy processes

- Increase awareness of the realities and continued capacity of older people in general and older women in particular for political and civil engagement, through:

¹⁷ This often does not happen. For example, while the High-Level Panel on Women's Economic Empowerment toolkits recommend investment in care services including social care, the references are to enabling the empowerment of younger women.

- Community-based communications and mobilisation
- Encouraging recognition of the role of social norms in limiting the potential of older women
- Fostering positive norm change at different levels (household, community, among policy makers).
- Build support for older people across different generations, different genders and across different kinds of associations and community-based groups.
- Ensure programming for older people is fully costed and budgeted in public budgets, employing ex ante and post ante gender budget audits to ensure public funds succeed in delivering transformative change for older women.
- Finance long-term, integrated and sustainable NGO programming to provide support to older people.
- Ensure that where programmes targeting older people exist, information about eligibility is available and accessible to older women and men.
- Recognise and address, where needed, the implications of macroeconomic policy for older women. This could include policies such as age- and gender-sensitive taxation and budgeting, and transparent and participatory macroeconomic policymaking which incorporates distributive impact analyses, notably robust evaluation of impacts on older women's socio-economic situation.

Income security

- Enact non-contributory, universal social pensions, as part of a comprehensive social protection system with guaranteed social protection floors and a life-cycle approach. This is the only way to ensure older women and men can access minimum income security regardless of their roles in unpaid care work throughout their lives.
- Ensure access to decent work for older people and support those who are furthest way from such work, given the preponderance of older women in informal and insecure forms of income generation. A variety of proposals have been introduced in this respect, including promoting access to capital and technology, improving workplace infrastructure, including for home-based workers, a minimum-wage policy and supporting informal worker organisation, and ensuring services are fully accessible to informal workers (see Stuart et al., 2018; Moussié and Alfors, 2018).
- Ensure policy supports to enable older women to enter higher-value sectors of the economy – which could require that economic empowerment programmes, training, education and skills development specifically target older women – not just new labour market entrants, given that retraining or updating skills will become increasingly relevant for older women as changing labour markets demand new aptitudes from workers.
- Implement workplace policies that support women's access to decent working conditions, are firmly rooted in anti-discrimination and safeguarding principles, and recognise and support unpaid care – including by access to social protection and flexible working arrangements.
- Lift discriminatory inheritance laws, not least as they can impede the accumulation of assets and property among women, including land – which acts as a particular barrier to empowerment, especially for widows.
- Review eligibility criteria for financial services, to ensure that they do not discriminate against older women, and are delivered as part of a holistic package of support aimed at supporting women's financial literacy and decision-making power.

Policies to support carers

- Support gender norm change so unpaid work is more equally shared between household members, in line with the UN High-Level Panel on Women's Economic Empowerment and other stakeholders' adoption of the call to 'recognise, reduce and redistribute' unpaid care work. This is necessary to ensure that workloads are not simply redistributed between generations of women.
- Enact an integrated set of policies that include the promotion of quality, affordable childcare services and long-term health, care and support services, in line with the World Health Organisation's Strategy and Plan of Action on Ageing and Health, to strengthen and maintain the capacity of older women and men to engage in the activities that matter to them, including as caregivers. This will also require the provision of time- and labour-saving equipment that reduces women's workloads, as well as raising awareness and trying to shift norms around the gendered division of care workloads.
- Pay attention to the care implications of policy – e.g. in public works programmes (which sometimes disregard the unpaid work responsibilities of carers), in cash transfer programmes (which can impose challenging conditions on carers) and in emergency situations where care workloads – such as accompanying children to hospitals, or fetching water, firewood and food – can increase.
- Ensure that pensions and other forms of public support for older people support the caring responsibilities of older women and men.

Participation

- Ensure the full, meaningful and effective participation of older women – including those in the informal economy – in economic decision-making, including by:
 - Ensuring that older people are supported to be centrally involved in defining their priorities,

-
- campaigning for their rights and solving their own problems
 - Encouraging older women’s active participation in leadership roles within policymaking, organisations and programmes.
 - Strengthen and encourage women’s participations in OPAs and other civil society organisations, which could include women’s rights organisations and labour unions:
 - Recognise their potential influence and how this could be harnessed for the benefit of future generations.
 - Encourage/support the formulation and implementation of relevant policy and programming through increased advocacy:
 - Encourage the inclusion of a robust and comprehensive approach to the recognition, reduction, and redistribution of women’s unpaid care and domestic work at all ages, as well as the representation and meaningful engagement

- of women carers of all ages in national policy formation, implementation and evaluation
- In national contexts, revisit relevant policy (e.g. the national gender strategy in Ethiopia) to ensure a focus on older women is included.

Data and research

- Increase understanding of the intersecting inequalities experienced by older women, using these insights to inform policy and programme development, monitoring and evaluation. This should include filling key evidence gaps around older women’s paid and unpaid work and the collection of disaggregated data, both by age at national and district levels (see also Box 9).
- Ensure the inclusion of older women and men in time-use surveys and in broader data systems and SDG monitoring.¹⁸ Data disaggregated by both age and sex is crucial to understanding and responding to the challenges they face, and to achieving the SDGs.¹⁹

18 The United Nations establishment of the Titchfield Group in early 2018 marks a positive step forward in addressing significant gaps in national and international statistics on ageing.

19 For time-use surveys, first, it is notable that only 33 countries disaggregated data by age groups in their public reports (Charmes 2017). Beyond this, there is a need to remove age limits – currently present in our dataset in Algeria (74 years old), Belgium (75), Cameroon (95), Norway (74), Tunisia (74) and the United States (74). Moreover, age groups ought to be standardised to permit cross-national comparison: ‘the age groups used for tabulating the time-use surveys vary extremely so that it would be impossible to build a homogeneous table for comparative purposes unless we accept some discrepancies’ (ibid).

Box 9 Research gaps relating to older women's economic empowerment

Our literature review has revealed a number of gaps in the existing evidence on older women's paid and unpaid work, some of which this research contributes towards filling. In particular, we note that much of the existing literature – notably that concerning preferences and the positive aspects of engagement in work and care – is focused on high-income country contexts.

Perhaps our most critical observation related to countries in the global South is that most of the existing literature focuses on the necessity to work, often linked to poverty and crisis, including emergencies and economic shocks. Going forward, it is essential to improve understanding about what older women themselves want. Understanding older women's living and working conditions, personal desires, preferences, motivations for work and support needs, and taking an intersectional approach which explores how age and gender intersect with other identity dimensions – such as disability, race, ethnicity, religion, caste, class – and shape women's experiences, are critical to inform the design of comprehensive policies for their economic empowerment.

This is perhaps critically important in SSA, not just as poverty levels tend to be higher than elsewhere, but because a striking share of older women – more than four in 10 of those aged 65 and older are in paid work, according to ILO estimates. Further interrogation of their motivation and preferences in this context is particularly warranted.

Beyond work itself, more research is needed on other facets of older women's economic empowerment, including financial literacy and the ability to take decisions over household purchases (or to choose to delegate such decisions), as well as building on the existing body of feminist economic analysis to increase understanding of the specific impacts of economic policy on older women, with a particular focus on increasing understanding of how to design and implement a gender-transformative macroeconomic policy environment.

We concur with the UN that the financial and emotional cost of older women's unpaid work requires further investigation (United Nations, 2010a). Other critical research gaps to date include the implications for older women of caring for other older people and community members, given that most of the literature on older women's unpaid work has so far focused on caring for grandchildren. Women's experiences of time poverty across the life course and how time constraints affect older women are other linked areas ripe for further investigation. Although the literature on time poverty tends to have a strong focus on gender, it does often not disaggregate findings by age.

Deepening knowledge on older women's experiences of work in relation to social, demographic and political change in different contexts would also be highly worthwhile. Social change and economic hardship have been observed as factors changing systems of family responsibility in Ethiopia (Erb, 2011b), and the Open Working Group on ageing (United Nations, 2011) has recognised the need for research on the relationship between socio-economic development and behaviour towards older people. With this in mind, the role of changing social and gender norms in changing perceptions around older women's and men's involvement in paid and unpaid work is a critical gap requiring attention. Relatedly, care responsibilities can provide an opportunity for older women to (re)define their identities (Neysmith and Reitsma-Street, 2009); as such, further research on the identity dimensions of older women related to their work, especially care work, would be fruitful.

Finally, we suggest that a critical area for future research concerns migration. The significant 'global care chains' literature has focused on the effect of migration of family members on older people's responsibilities, especially with regard to care work. Yet less research has been conducted on migration of older people themselves (HelpAge International, 2015). Therefore, further policy-focused research into the prevalence of migration of older women and how the migration patterns of older women affect their working lives, economic security, well-being and relationships with family members, among other areas, would offer significant promise to further the women's economic empowerment agenda.

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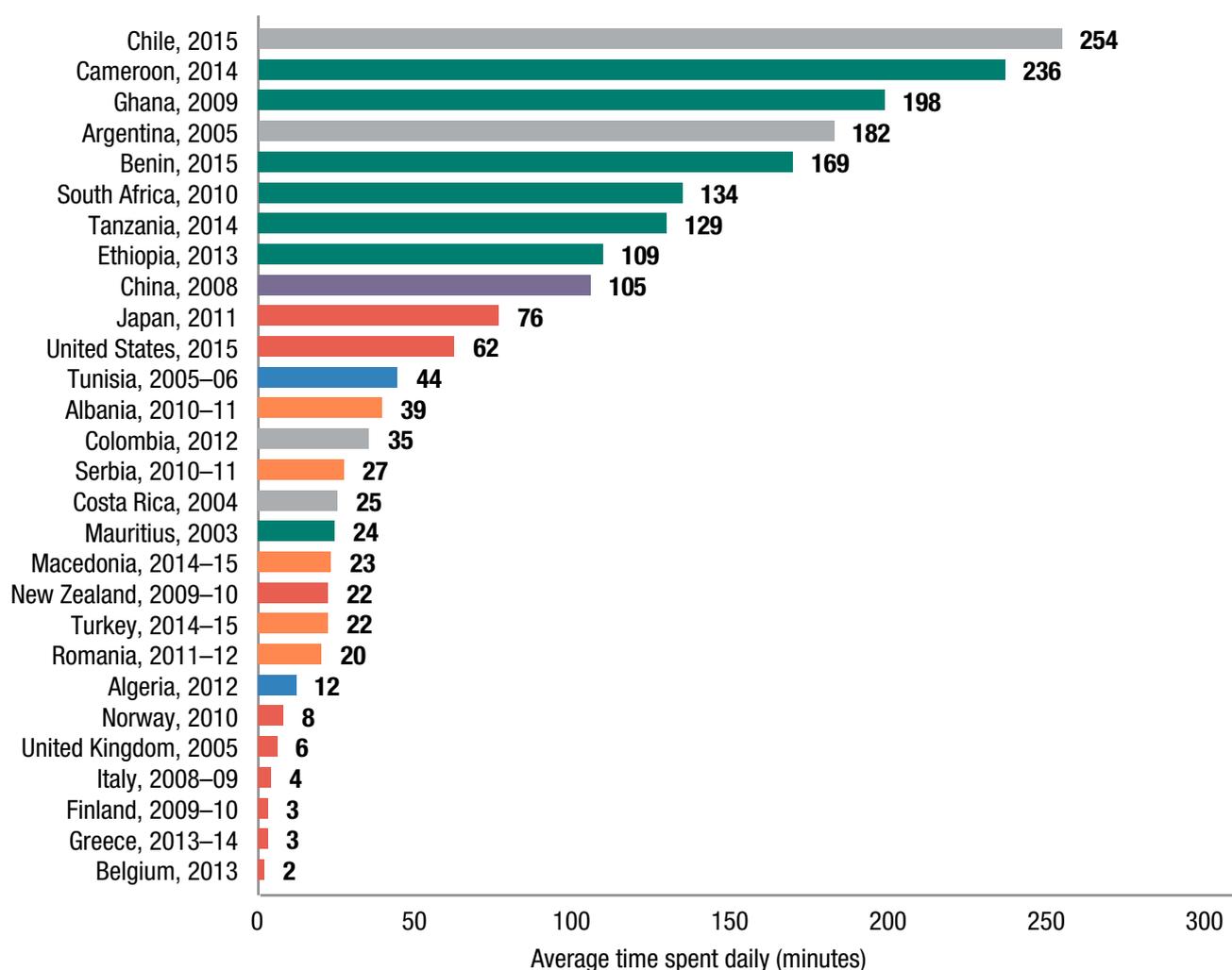
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Annex 1 Average time spent by older women on paid and unpaid work

Figure A1 Average time spent by older women on paid work in 28 countries (minutes per day)

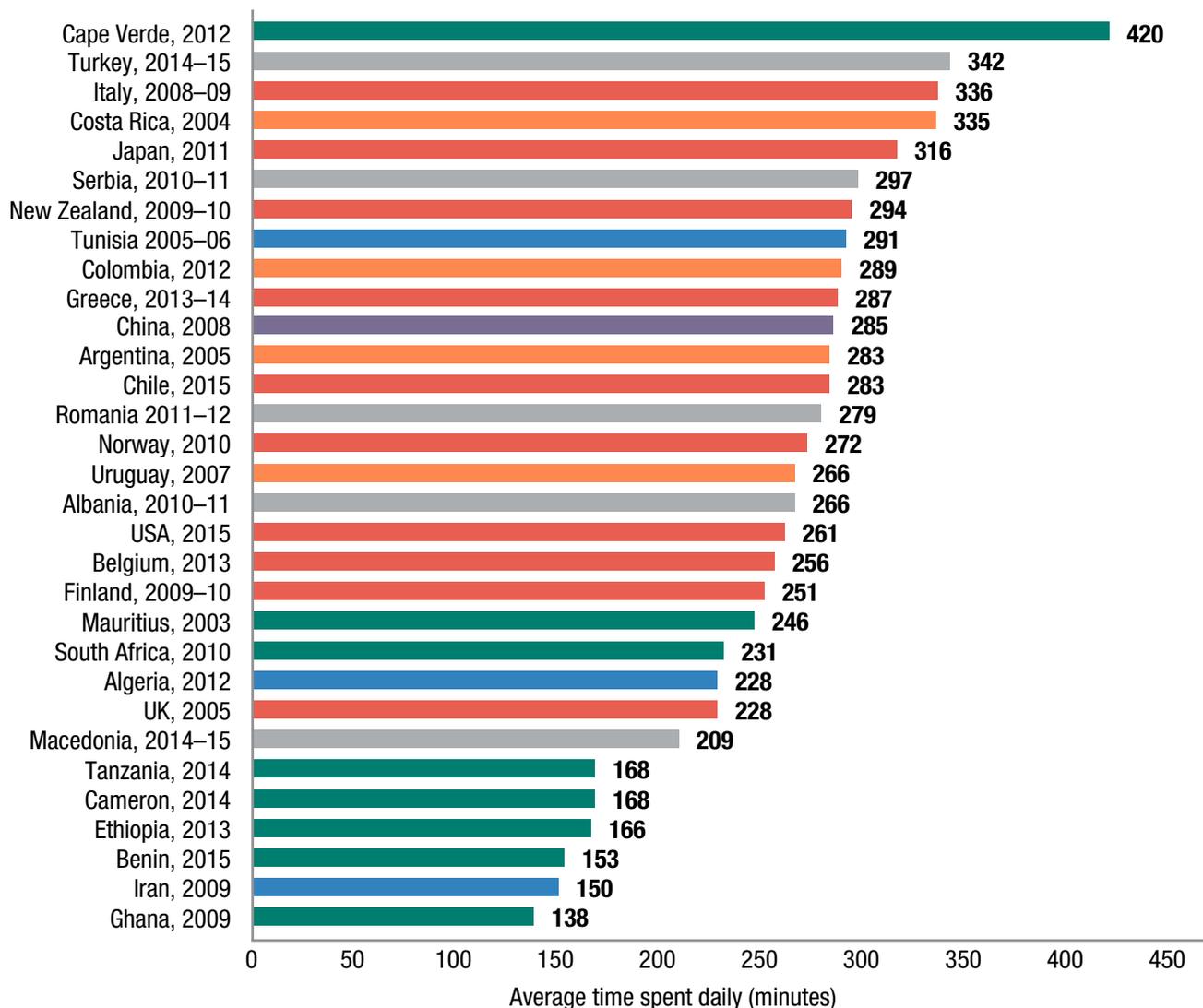


Note: green denotes sub-Saharan Africa (SSA), blue is Middle East and North Africa (MENA), orange is Eastern Europe and Central Asia (ECA), purple is East Asia Pacific (EAP – China only), grey is Latin America and the Caribbean (LAC) – all low- and middle-income countries only. Red denotes high-income countries in the survey year.

The age groups associated with older age vary across countries (see Annex 2).

Source: Charmes (2018)

Figure A2 Average time spent by older women on unpaid work in 31 countries (minutes per day)



Note: green denotes SSA, blue is MENA, orange is ECA, darker purple is EAP (China only), grey is LAC – all low and middle-income countries only. Red denotes high-income countries in the survey year.

The age groups associated with older age vary across countries (see Annex 2).

Source: Charmes (2018)

Annex 2 Age groups corresponding to the data on unpaid work in 32 countries

Country	Year(s)	Youth	'Adults'	Older people
Albania	2010-11		15–64	65+
Algeria	2012	18–24	35–44	50–74
Argentina	2005	15–24	25–39	
Belgium	2013	18–24	25–39	65–75
Benin	2015	6–14	15–49	65+
Cameroon	2014	10–14	15–59	60–95
Cape Verde	2012	15–19	25–44	65+
Chile	2015	12–24	25–45	66+
China	2008	15–24	25–59	60+
Colombia	2012	18–24	25–44	65+
Costa Rica	2004	18–24	25–39	60+
Ethiopia	2013	15–29	30–64	65+
Finland	2009-10	15–24	25–44	65+
Ghana	2009	18–24	25–64	65+
Greece	2013-14	20–24	25–44	65+
Iran	2009	15–24		
Italy	2008-09	15–24	25–44	65+
Japan	2011	15–24	15+	65+
Macedonia	2014/15	15–24	25–44	65+
Mauritius	2003	10–19	20–39	60+
New Zealand	2009-10	12–24	25–44	65+
Norway	2010	16–24	25–44	67-74
Palestine	2012-13	10–17	18–29	30+
Romania	2011-12	15–24	25–44	65+
Serbia	2010-11	15–29	30–64	65+
South Africa	2010	10–17	18–45	45+
Tanzania	2014	15–24	35–64	65+
Tunisia	2005-06	18–24	35–44	50–74
Turkey	2014-15	15–24	35–44	55+
United Kingdom	2005	16–24	25–44	65+
United States	2015	20–24	25–34	65–74
Uruguay	2007	18–29	30–59	60+

Annex 3 Primary data methodology, sample type and size

8.2.1 Primary data methodology, sample type and size

Development of research tools and training

We developed the research tools for this study in a participatory manner, led by ODI, with inputs from Age International, HelpAge Ethiopia and the in-country research partners. The tools' content was guided by findings from the literature review and existing tools as well as the study's areas of interest. Prior to fieldwork, the study team spent a day examining the tools in detail, discussing and clarifying key concepts and terminology, and ensuring the logistical arrangements were in place. The study team also took into account the sensitive nature of the enquiry when designing the tools, discussing the interview length, whether to use visual approaches and ensuring the research team were prepared to face potentially difficult situations.

Site selection

To explore differences in older women's economic empowerment, it was decided to carry out fieldwork in one urban and one rural area. Given issues of accessibility and available resources, sites were selected in Addis Ababa and in Batu in Oromia, both areas where HelpAge Ethiopia had contacts who could help facilitate access to respondents. In Addis Woreda 3, Arada sub-city was selected – a low socio-economic area in which the NGO Eneredada (with whom HelpAge had collaborated) was active. In Oromia, it was decided to go to Dodicha kebele, which is a rural area located 10 kilometres from Batu, the nearest town and where the Rift Valley Programme is active.

Study respondents, sample size and characteristics

In Addis, older women were recruited largely through Eneredada, though support from the Woreda office was sought to organise focus group discussions (FGDs). Key informant interviews (KIIs) were carried out at Woreda but also national level to ensure a national perspective. In Dodicha, older women were recruited mostly through the kebele administration with support from a local guide.

A total of 35 respondents were interviewed across the two sites. The table shows the type and number of respondents, by location.

Interview type	Number of interviews								
	Addis Ababa			Oromia			Both research sites		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
In-depth interview (IDI)	7	0	7	6	0	6	13	0	13
Family case study (FCS)	1	2	3	0	4	4	1	6	7
Focus group discussion (FGD)	1	1	2	1	1	2	2	2	4
Key informant interview (KII)	-	-	6	-	-	5	-	-	11

The ages of the older women (IDIs) interviewed in each of the research sites are set out in the table that follows.

Age group	Number of older women interviewees (IDIs)		
	Addis Ababa	Oromia	Total
60–69	5	4	9
70–79	2		2
80–89		1	1
90+		1	1

The size and composition of the households in which the older women interviewed were living were as follow: two older women in Addis and one in Oromia lived alone. Three older women in Addis and four older women in Oromia lived in small households of two to four people, usually with their children and or grandchildren or, in minority of cases, also with their husbands (in Oromia these are sometimes skipped generation households with a single older woman caring for one or more grandchildren). Only one older woman in Addis but three older women in Oromia lived in large households of five or more members (the largest number of household members being nine). None of the older women in our sample had received formal education as children, but two in each location had attended an adult literacy programme. Family case studies were conducted with two children (one granddaughter and one grandson) and one adult male (stepson) in Addis Ababa, and with two adult men (sons) and two older men aged 70+ (husbands) in Oromia. In addition, two focus group discussions were conducted in each location, one with adult women and the other with adult men.

Analysis

With appropriate consent, all interviews were recorded, and then translated and transcribed. The study team jointly developed a coding structure, and all the interviews were coded and entered into MaxQda. Data from the coded segments was summarised according to agreed themes and the analysis also explored differences emerging from different variables including site/location, gender and size of family. The analysis was then written up in the agreed report outline.

Study limitations

Given that recruitment of respondents in Addis was largely through an NGO catering to the needs of particularly vulnerable older people and women, a majority of individual interviews were held with that kind of respondent there. However, we did get wider perceptions through the FGDs where respondents were recruited through the Woreda office and through the key informants. Similarly, although we had initially planned to get a variety of kinds of respondents according to different socio-economic status and family size in Addis, again because of the kind of respondents recruited through the NGO, many were at the poorer end of the socio-economic spectrum and living in small households, and sometimes even alone. However, we did still find respondents who were wealthier and living in larger households, and were able to get their life stories and perspectives.

Annex 4 In-text interview references with full identification

In-text interview references with full identification

In-text reference	Full details
IDs	
IDI 1, Addis Ababa	IDI 1, 70-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 2, Addis Ababa	IDI 2, 65-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 3, Addis Ababa	IDI 3, 66-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 4, Addis Ababa	IDI 4, 62-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 5, Addis Ababa	IDI 5, 60-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 6, Addis Ababa	IDI 6, 70-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 7, Addis Ababa	IDI 7, 67-year-old woman, Woreda 3, Arada sub-city, Addis Ababa
IDI 8, Oromia	IDI 8, 66-year-old woman, Dodicha kebele, Adami Tullu, Oromia
IDI 9, Oromia	IDI 9, 92-year-old woman, Dodicha kebele, Adami Tullu, Oromia
IDI 10, Oromia	IDI 10, 62-year-old woman, Dodicha kebele, Adami Tullu, Oromia
IDI 11, Oromia	IDI 11, 65-year-old woman, Dodicha kebele, Adami Tullu, Oromia
IDI 12, Oromia	IDI 12, 60-year-old woman, Dodicha kebele, Adami Tullu, Oromia
IDI 13, Oromia	IDI 13, 63-year-old woman, Dodicha kebele, Adami Tullu, Oromia
FCS	
FCS 1, granddaughter of IDI 3, Addis Ababa	(FCS 1, 15-year-old granddaughter of IDI 3, Woreda 3, Arada sub-city, Addis Ababa)
FCS 2, stepson of IDI 3, Addis Ababa	(FCS 2, 43-year-old stepson of IDI 3, Woreda 3, Arada sub-city, Addis Ababa)
FCS 3, grandson of IDI 4, Addis Ababa	(FCS 3, 9-year-old grandson of IDI 4, Woreda 3, Arada sub-city, Addis Ababa)
FCS 4, husband of IDI 11, Oromia	(FCS 4, 85-year-old husband of IDI 11, Dodicha kebele, Adami Tullu, Oromia)
FCS 5, son of IDI 11, Oromia	(FCS 5, 31-year-old son of IDI 11, Dodicha kebele, Adami Tullu, Oromia)
FCS 6, husband of IDI 10, Oromia	(FCS 6, 70-75-year-old husband of IDI 10, Dodicha kebele, Oromia)
FCS 7, son of IDI 10, Oromia	(FCS 7, 20-year-old son of IDI 10, Dodicha kebele, Adami Tullu, Oromia)
FGDs	
FGD 1, Addis Ababa	Focus group discussion with men aged 25+, Woreda 3, Addis Ababa
FGD 2, Addis Ababa	Focus group discussion with women aged 30+, Woreda 3, Addis Ababa
FGD 3, Oromia	Focus group discussion with women aged 30+, Dodicha, Oromia
FGD 4, Oromia	Focus group discussion with men aged 30+, Dodicha, Oromia

Annex 5 Organisations in Ethiopia targeting older people

Organisations in Ethiopia targeting older people

Overview of organisation and its activities							
Location	Rural Social Affairs Bureau (Ministry of lab and social affairs)	Rift Valley Women and Children Development	Older people's association	Mosque (name not given)	Eneredada	Old People Association (Biruh Testa)	Idir (Dej Azmach Habetmichael)
When and how established	Oromia 2007 (Eth. calendar) Established to support elders and children, focusing on these target groups.	Oromia 2000 (Eth. calendar) Although Rift Valley's programming for older people began in 2000, it has been suspended at certain points owing to funding deficits.	Oromia 2009 (Eth. calendar) Established by founder on his retirement, under the Rural Social Affairs Bureau who provided organisational support and 3 training sessions. It is the first OPA to be established in Batu town.	Oromia Date unknown Mosque building constructed with support/ monetary contributions from its congregation.	Addis Ababa 1997 (Eur. calendar) Founded by woman based in the UK who provides support in-person once a year. Is based in a house belonging to her family; began as a horticultural centre that provided older people with food and herbal medicines from its garden.	Addis Ababa 2006 (Eth. calendar) Inspired by an association established by the government for former soldiers in Kolfe Keranio.	Addis Ababa 57 years ago Land donated by a private individual for the construction of an idir building.
Geographical coverage	Oromia Community care Collusion (CCCs) – 14 CCCs, one in each kebele.	Oromia Currently two intervention areas (previously 6/7 when funding available).	Oromia Savings association for older people	Oromia Emergency food assistance – during drought, targeted older people (food, seeds, WASH, nutrition) supported by HelpAge	Serves Arada sub city, Woreda 3.	Ten woredas across three sub cities: Arada, Addis Ketema and Gulele.	Woreda 3 (17 idirs across woreda 3, with membership numbers varying from 70 to 400).
Nature of support provided / activities	Crop distribution Community Care Collusion – self-help/ self-reliance programme, package for older people (diet, referral, finance, labour clothes)	Food security and livelihoods Has worked with HelpAge on drought and improving livelihoods of older people. Also targets poor households in general, including older people.	All members contribute money, are striving to build their own building, it will have different leisure services for elders e.g. library, shops and will also generate income for elders.	Livelihoods – providing goats and loans for income generation.	Caregiving / home visits Income generation	Members of OPA are saving money on monthly basis, currently they have a plan to construct a centre for older people, the saving is intended for construction.	Burial savings society

	Rural Social Affairs Bureau (Ministry of lab and social affairs)	Rift Valley Women and Children Development	Older people's association	Mosque (name not given)	Eneredacta	Old People Association (Biruh Testa)	Idir (Dej Azmach Habetmichael)
Beneficiaries / members							
Numbers (gender disaggregated where available)			105 members, from 14 professions (incl. 18 farmers, 5 lay church workers). 15 members are women, currently recruiting women, aim to achieve parity.		824 beneficiaries receiving different kinds of support (more female than male beneficiaries, aligned with community demographics).	Around 50 beneficiaries (working on spinning), from a community population of 480 older people (280 women, 200 men).	226 members (estimated 15 more women members than men).
Eligibility / characteristics	WASH and agricultural programmes for all community. Nutrition programming targets older people.			Mosque assists the weak who lack 'duniya' (without good life, on whom life is turning its back). The mosque is informed of the needs by neighbours. Support needed to cover medical costs, pay land tax, due to loss of agricultural assets (death of oxen).	Beneficiaries are 'poorest of the poor', based on info. given by kebele, and use questionnaire to determine age, living standard (income, if are carers, if have informal support, HIV status, etc.)	Eligibility is based on age, with members aged 55 and over. Of 480 total members of 17 idirs in Woreda 3, key informant estimates that: 50 are raising their grandchildren; 200 of 480 live alone in a small house (more older women live alone than men).	Most beneficiaries are 60 to 65 years old. Of 480 total members of 17 idirs in Woreda 3, key informant estimates that: 50 are raising their grandchildren; 200 of 480 live alone in a small house (more older women live alone than men).
Contributions (financial or otherwise)	'An individual brings voluntarily, based on his capacity, that could be 2kg, 10kg, 50kg; this will be used for those vulnerable and elders and disabled people. We have two other elders' associations at Adami Tullu... They contribute around 15 birr, with that money they help those who are bedridden.'		There are three types of members: first, those who are above 50/55 to 60 and willing to pay 20 birr and registration; second, there is no extra payment when they turn 60; the third group are the honorary members; these are those who are willing to provide gift or support voluntary, knowledge or resource.	Donations from the congregation are collected during prayers (and used to support those who are vulnerable).		'There are 140 people who contribute 5 birr every month. The others do not contribute ... They cannot contribute due to their capacity and lack of awareness.'	Members contribute 30 birr each month. 'There is a fine of 1 birr for missing 1 month's payment, if it is 2 months, the fine will be 3 birr ... if he does not pay for 3 months, he will not be part of the member anymore even though he can pay'.

Rural Social Affairs Bureau (Ministry of lab and social affairs)	Rift Valley Women and Children Development	Older people's association	Mosque (name not given)	Eneredada	Old People Association (Biruh Testa)	Idir (Dej Azmach Habetmichael)
Organisational governance						
Funding						
	Funding is provided by HelpAge but has not been consistently available over the past 18 years, resulting in the programme being paused.	Unicef provided 10,000 birr for a revolving fund Initially supported by an NGO Individuals pledges: Bekele Molla Hotel; Harder Growth; Share Ethiopia; BGI, (winery); Oromia State University		Various sources (current and past): HelpAge Diplomatic Spouse Group St Yosef US embassy SIDA GIZ	Funding is provided mainly by Eneredada, but also private donors. Some idirs rent out rooms/buildings and earn income, some have a mill	
Leadership and staffing						
Various committees for fundraising, screening of beneficiaries, to mobilise resources, to raise awareness				Manager, social worker, accountant, project officer, store keeper, kitchen staff. 20 people provide care work; approx. 30 volunteers; 15-20 students are tutors of grandchildren, fundraise, etc.	Eight leaders/staff – chairman, deputy, secretary, accountant and cashier, 3 (2 women among the 8). Meet monthly.	Association consist of 17 idirs across Woreda 3, total of 5 managers and 3 controllers in the committee. In each idir there is a deputy manager and secretary who are elected every 2 yrs.
Partnerships with other organisations						
	Partnership with HelpAge – provided an emergency nutrition project, support phased out a year ago			Beneficiaries receive free meals from a local hotel		Meets weekly with Dept. of Labour and Social Affairs to share information, request referrals for healthcare/housing; also does audits. The idir refers members to Eneredada for free healthcare services.



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