



Older women's economic empowerment

A review of the literature

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Key messages

- Older women across the world engage in significant amounts of paid and unpaid work.
- Paid work is often a necessity for older women, especially for those living in poverty or who have experienced shocks, widowhood, HIV/AIDS in the family or migration of family members.
- Paid and unpaid work, and particularly having to juggle both, can negatively affect older women's physical and mental health. But some older women also report positive impacts of their work.
- Family members often benefit greatly from older women's paid and unpaid work.
- Few policy frameworks have focused on older women. Interventions to support older women and their work include social protection, public services and infrastructure, workplace policies, capacity building, education and training, and building social support networks.

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Contents

Acknowledgements	3
List of boxes, tables and figures	5
Acronyms	6
1 Introduction	7
2 Older women’s work and living arrangements	10
2.1 Paid work	10
2.2 Unpaid work	13
2.3 Living arrangements	15
2.4 Reciprocity of family support	18
3 Motivations for paid and unpaid work	20
3.1 Necessity	20
3.2 Social norms	24
3.3 Personal preference	25
4 Impacts of older women’s work on older women	27
4.1 Negative impacts	27
4.2 Positive impacts	30
5 Impacts of older women’s work on family members	33
5.1 Financial contribution	33
5.2 Well-being	33
5.3 Time	33
6 Policies to support older women	35
6.1 International policies	35
6.2 Regional and national policies	39
6.3 Policy approaches and interventions	41
7 Research gaps	55
7.1 Data collection and analysis	55
7.2 Research topics	56
8 Conclusion	59
Bibliography	60
Annex 1 Search strategy	70

List of boxes, tables and figures

Boxes

Box 1	Key statistics on global ageing	8
Box 2	Key definitions	9
Box 3	Kwa Wazee Pensions in Tanzania	44
Box 4	Uganda's pension pilot	44
Box 5	Social protection in South Africa	46
Box 6	The importance of macroeconomic policies	50

Tables

Table 1	Informal activities for older women/older people	12
Table 2	International policy instruments and their focus on older women	35
Table 3	Social pensions in sub-Saharan Africa	42

Figures

Figure 1	Labour force participation among older people in Africa	10
Figure 2	Typology of family support to and from older people	19
Figure 3	Care diamond	48

Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFID	Department for International Development
ECI	Elder Care Insurance
EU	European Union
HSNP	Hunger Safety Net Programme
ICT	Information and Communications Technology
IDS	Institute of Development Studies
ILO	International Labour Organization
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NGO	Non-governmental organisation
OPA	Older people's association
PSNP	Productive Safety Net Programme
PWP	Public works programme
WE-Care	Women's Economic and Care

1 Introduction

The proportion of old people is growing worldwide, but especially in the developing world. The term ‘feminisation of ageing’ is used to reference the worldwide shift towards there being more older women than men, especially for the ‘oldest old’ – those aged 80 and older (Greengross, 2015). Older people in general, and women in particular, often face high levels of poverty (UNFPA and HelpAge International, 2012) and the large majority of older people living in low-income countries do not have a regular income (Age International, 2015). Older women are often particularly vulnerable both economically and socially, especially those living alone, with disabilities or those caring for children orphaned by AIDS (UNFPA and HelpAge International, 2012). Compared to younger generations, older people are also more likely to experience health risks and are more likely to suffer from a disability (WHO, 2011b). Because of their higher life expectancy, women often live for more years in bad health than men (Age International, 2015).

Older people make essential contributions to the economy through their paid and unpaid work. They provide inputs into industry and services to workers, and effectively subsidise national budgets by caring for children and sick people (Greengross, 2015). Women in particular make essential contributions to economic growth and the well-being of nations through their care work (Budlender, 2010).

Despite these contributions, 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). Policy discussions on ageing sometimes emphasise the pressure that growing older populations put on national budgets (Knox-Vydmanov, 2016). Especially in the Global North, images of ageing women as consumers of leisure and healthcare services are common stereotypes (du Toit 1994). Older women’s work, especially

care work, tends to be little recognised because of gender- and age-based discrimination.

If older people’s work is not recognised, this can mean that they do not receive adequate assistance and protection. A lack of enforced workers’ rights and social protection can lead to older workers working long hours for little or no pay (Greengross, 2015). International policy actors have increasingly pointed to the need to recognise older women’s contributions (United Nations, 2010a). The Madrid International Plan of Action on Ageing (United Nations, 2002b) acknowledges that older people make social and economic contributions that include economic activities as well as contributions that are not measured in economic terms, such as caring for family members or domestic work. It concludes that ‘all these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognized’ (20).

A first step toward recognising older women’s social and economic contributions to their families, communities and societies is an improved understanding of their work. This review brings together literature on older women’s work. It seeks to answer the following broad research questions:

- To what extent are older women involved in work? What kind of work are older women doing? In what kinds of households?
- What are the motivations for undertaking paid and unpaid work?
- What are the impacts of this paid and unpaid work on older women?
- What are the impacts of this work on other people in the household, including people they care for and productive adults?
- What relevant policies have been developed or are under discussion at global and national levels? What is known about which policies to support the paid and unpaid work of older women are most effective?

The focus of the literature review is on sub-Saharan Africa with a special interest in Ethiopia.¹ Africa is the world region that is predicted to have the sharpest increase in the number of old people (see Box 1). It is also the region with the highest proportion of economically active people aged over 65 (Oppong, 2006). At the same time, Africa is among the regions in the world with the least adequate support for older people, especially women. In HelpAge International's Global Age Watch index – which takes into account older people's income security, health status, capability and enabling environment – 7 out of the 10 lowest ranked countries are in Africa. In Ethiopia, older people, especially women, often have limited access to resources and lack diversified

livelihoods (Erb, 2011b). HelpAge International data shows that in Ethiopia, 75% of people over 60 live in chronic poverty and 75% of older people suffer from health problems (HelpAge International, 2017a). Box 1 summarises some key statistics on ageing, globally and in sub-Saharan Africa/Ethiopia.

The literature review is based on academic literature, policy documents and reports from non-governmental organisations (NGOs). As literature specifically focussed on older women's work is scarce, the literature review also includes studies on women or older people in general. The terminology used in the literature to describe older persons varies, including 'older persons', 'the aged', 'the elderly', 'the third age' and 'the

Box 1 Key statistics on global ageing

- Between 2017 and 2050, the number of people over 60 in the developing world is predicted to increase from 652 million to 2.1 billion (United Nations, 2017d).
- It is predicted that, by 2047, there will be more older people than children (United Nations Population Division Data cited in Age International, 2015).
- In 2017, over two-thirds of older people lived in developing countries. By 2050, 79% of the world's people over 59 will be living in the developing world (United Nations, 2017d).
- 80% of older people in developing countries have no regular income and only a quarter of older people in low- and middle-income countries receive a pension (United Nations Population Division Data cited in Age International, 2015).
- Africa is the world region that is predicted to have the sharpest increase in the number of old people. The increase in the number of people aged 60 years and over between 2017 and 2050 will be about twice as high in Africa as worldwide (116.3% worldwide, compared to 228.5% for Africa).
- By 2050, 41% of children born worldwide will be born in Africa: 40% of under 5s and 37% of all children will live in Africa (Unicef, 2014).
- With an increasing proportion of older people, there will be more people living with a disability worldwide and especially in low-income countries (WHO, 2011b).
- In sub-Saharan Africa (2010–15), life expectancy at birth was 59.5 for women and 56.2 for men. Life expectancy at 60 was 16.8 for women and 15.4 for men (United Nations, 2017d).
- In Ethiopia, there are currently 5,553,000 people aged 60 or over, which is 5.3% of the total population. This is expected to rise to 18,893,000 and 9.9% of the total population by 2050. Between 2010 and 2015, life expectancy at birth was 65.5 years for women (61.9 years for men) and life expectancy at age 60 was 18.5 years for women (17.2 years for men) (United Nations, 2017d).

¹ The regional focus was determined by the research team in conjunction with Age International. Ethiopia was selected for data collection, so the literature review also acts as a background document for the primary data collection in Ethiopia.

ageing'. This literature review uses 'older persons', which is also used in official United Nations documents (United Nations, 1995). Box 2 outlines

key concepts and definitions used in this literature review (see Annex 1 for further details of the search strategy used for the literature review).

Box 2 Key definitions

- **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).
- **Paid work:** Work carried out for pay, including formal employment and informal income-generating work.
- **In-kind work:** Work that is paid for in goods or services, as opposed to money.
- **Unpaid work:** This includes productive activities outside of the labour market undertaken by individuals for their households or others (Swiebel, 1999). In this literature review, the focus is on domestic work, caring for people and voluntary community work.
- **Unpaid care work:** Unpaid care work refers to all unpaid services provided within a household for its members, including care of persons, housework and voluntary community work (Elson, 2000).
- **Women's economic empowerment:** Hunt and Samman define women's economic empowerment as 'a process whereby women's and girls' lives are transformed from a situation where they have limited power and access to economic assets to a situation where they experience economic advancement' (2016: 9).

2 Older women's work and living arrangements

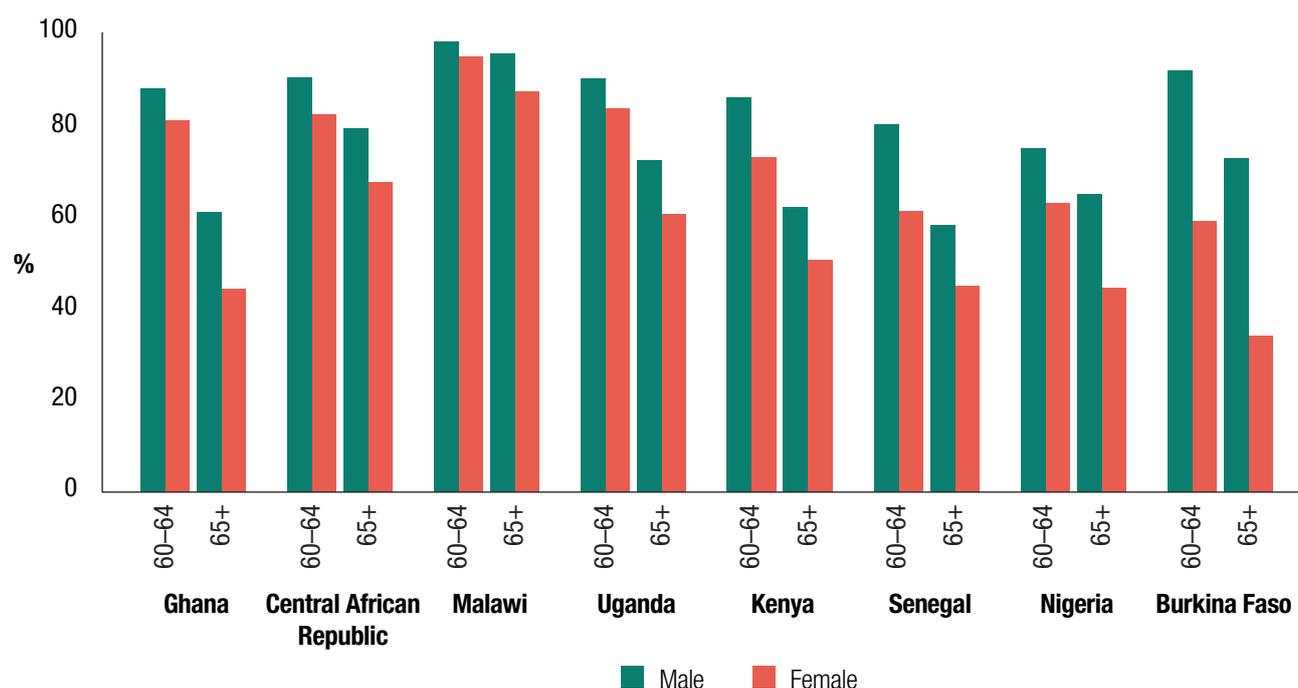
This section examines the kind of work older women carry out in different households. Many studies have shown that, especially in developing countries, older women often take on large amounts of paid and unpaid work, shouldering a 'triple burden' of reproductive work, productive work and community managing work (Moser, 1989). The amount older women dedicate to paid and unpaid work depends on the specific socio-economic and personal circumstances of women and their families.

2.1 Paid work

Worldwide, many women continue to be involved in paid work in their old age. Globally, 24% of

older women (and 47% of older men) participated in the labour force in 2012 (ILO, 2010). Africa is the region with the highest labour force participation for older people and the rate is expected to remain high, especially in the poorest parts of Africa. In most sub-Saharan countries, more than 50% of older women are engaged in paid work (Aboderin, 2015). Figure 1, taken from a report on global ageing (Age International, 2015) and based on ILO labour statistics (ILO, 2013), shows that, in selected African countries, even though the labour force participation of older women is lower than that of older men, between 59% and 98% of women aged 60 to 64 and between 35% and 84% of women aged over 64 participated in the labour market in 2011.

Figure 1 Labour force participation among older people in Africa



Source: ILO, Laborstat, 2011.

In Latin America and Asia, older women's labour force participation is lower than in Africa, but still high compared to other developed regions. For example, in Ecuador, Honduras, and Paraguay, about half of the older population is engaged in the labour market (ILO, 2012). A recent study on older people's work in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016), finds that a high proportion of people in these countries work when they are over 60: about 40% in Bangladesh, the Philippines, Thailand and Vietnam, and 66% in Nepal.

2.1.1 Type of work

Generally, women of all ages are more likely to be working in the informal economy (Chen, 2012). Most older women, especially those living in developing countries, work in informal, low-paid work and fewer older women than men are involved in the formal economy (United Nations, 2010a). In Ethiopia, the majority of older people, especially women, have limited employment opportunities. They work in the informal economy and engage in challenging work with unreliable income (Ministry of Labour and Social Affairs, 2006). The Ethiopian National Plan of Action on Older People describes older women's working conditions in Ethiopia as dire: 'They work from dawn to dusk every day to get few coins' (Ministry of Labour and Social Affairs, 2006: 68).

Formal work

Some older women in both developing and developed countries engage in formal labour later in their lives. For example, Neysmith and Reitsma-Street (2009) find that in Canada most older women who participated in their study were employed. But older women's participation rates in formal work are often below those of men, and women are more likely to engage in part-time work (Payne and Doyal, 2010). A study on older people's work in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016) shows that women are less likely to be employed later in their lives than men. In the European Union (EU), more older women than men engage in part-time employment, often linked to care responsibilities (EU-OSHA et al., 2017).

Those older women who work tend to have less attractive jobs with lower pay than younger people

(United Nations, 2010b). For example, a study in Latin America and the Caribbean finds that elderly men and women are over-represented in the lowest quintile of the hourly wage distribution (Gasparini et al., 2007).

Gendered occupation segregation continues into old age. Similar to women of younger age groups, the type of formal work older women undertake tends to be different to men's. For example, data from the United Kingdom show that in 2005 women across age groups made up the majority of workers in health care, social work, education and service sectors and only 10% of workers in the construction industry (Payne and Doyal, 2010).

Informal work

Most older women work in the informal economy. Working informally might be linked to limited formal employment opportunities (United Nations, 2010b). Chen (2012: 7) distinguishes between informal self-employment and informal wage employment. While the former encompasses employers or own-account workers in informal enterprises, producer cooperative members and contributing family workers, the latter refers to employees hired 'without social protection contributions by formal or informal enterprises or as paid domestic workers by households'.

As for self-employment, many older women in developing countries are engaged in informal income-generating activities. The majority of self-employed older women in developing 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. contributing family work (Greengross, 2015).

Many older women and older men in developing countries also engage in informal wage employment, i.e. paid employment without secure contracts, worker benefits or social protection (HelpAge International, 2010b). For example, a study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016) finds that older people are more likely than people of other ages to engage in informal wage work. Looking at different studies from developing countries, the following informal activities were identified for older women/older people:

Table 1 Informal activities for older women/older people

Activity	References for older women	References for older people
Petty trade/small business work	Ethiopia (Erb, 2011b) Kenya (Mudege and Ezech, 2009) India (Vera-Sanso, 2012)	India (Erb, 2011d) Bangladesh (Erb, 2011b) Tanzania (Erb, 2011c)
Agriculture and selling agricultural produce	Vietnam (Samman et al., 2016)	Ethiopia (Erb, 2011b) Bangladesh (Erb, 2011a)
Fishing		India (Erb, 2011c)
Livestock rearing and selling livestock/milk	Vietnam (Samman et al., 2016)	Ethiopia (Erb, 2011b) India (Erb, 2011c)
Brewing	Ethiopia (Erb, 2011b)	Tanzania (Erb, 2011c)
Working as housemaids	Ethiopia (Erb, 2011b)	
Washing people's clothes	Nairobi (Mudege and Ezech, 2009)	
Spinning, weaving	Ethiopia (Erb, 2011b)	
Leaf collecting, stone splitting	Ethiopia (Erb, 2011b)	
Cobbling/shoemaking, blacksmithing		India (Erb, 2011c)
Hiring themselves out as waged day labour		Tanzania (Erb, 2011c)
Collecting discarded bottles at school	Vietnam (Samman et al., 2016)	
Begging		Ethiopia (Erb, 2011b); India (Erb, 2011c)

Similar to formal work, older women tend to earn less than older men in the informal economy. For example, a study in Ethiopia finds that on average older women daily labourers earned about half the amount that older men earned, about 7 to 10 birr (US\$0.5–0.75) a day (Erb, 2011b). Informal work has the advantage of providing flexibility. For example, Arizpe (1977) found that working informally as street vendors offered women in Mexico City the flexibility to stay home when a child or husband was ill and to look after small children while working. But it often provides an unreliable and insufficient source of income (Knox-Vydmanov, 2016). 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.

Very little has been written about older women's engagement in in-kind work. Most literature on in-kind work (e.g. ILO, 2017) is about domestic workers who often receive accommodation and food from their employers' house as part of their payment.

Agriculture

Agriculture is the main source of income of rural older women in sub-Saharan Africa. Agriculture in developing countries is increasingly dominated by older people and a significant proportion of the global food supply is produced by older smallholder farmers. For example, in Mozambique 70% of male and female farmers and in Indonesia 80% of farmers are over 45 years old (Harper, 2015). Women in Ethiopia are more likely than men to be engaged in farm labour (Holmes and Jones, 2011). 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). At the same time, older people are more likely to be concentrated in subsistence farming than younger people (Uhlenberg, 2009). But the literature on older women's subsistence farming is limited.

2.1.2 Time dedicated to paid work

Most time-use studies show that women's hours spent on paid work decline with age. For example, a study which explored women's work performed in Argentina, India, Japan, Korea, Nicaragua, South Africa and Tanzania shows for all countries that women aged 18–45 years spent more time on

productive work than older women (Budlender, 2010). Similarly, a study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam observes that, in all five countries, the likelihood of working and the hours spent working for pay declined for both men and women with age. Women were found to be less likely to be employed and more likely to withdraw from work earlier than men (Knox-Vydmanov, 2016).

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. The study finds for South Africa (Oosthuizen, n.d.) in 2010 that women's paid work peaks at about 45 to 50 and then decreases. However, paid work remains significant at older age with about 10 hours a week at 60 and four hours a week at the age of 80. Using data from 1999 in India (Ladusingh, n.d.), the project finds that women's paid work also peaks at about 45 to 50, but remains significant at older age with about 15 hours a week at 60 and three hours a week at the age of 80 in South Africa (Oosthuizen, n.d.). In Vietnam in 2015, women's labour market work is high at all ages and even increases in their 60s: it is about 18 hours a week for 60-year-old women and 21 hours a week for 80-year-old women (Thi Lan Huong et al., n.d.).

2.2 Unpaid work

Women across the world and of all ages engage in significant amounts of unpaid work, including caring for children and ill persons, domestic chores and voluntary community work. These tasks, traditionally considered 'female tasks', are often taken for granted and not traditionally recognised by society and in policy-making (Hooyman and Gonyea, 1999).

2.2.1 Type of work

Domestic work, caring for people and voluntary community work are all usually all unpaid and carried out by women.

Domestic work

Globally, domestic work is primarily undertaken by women. It 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).

Caring for people

Women of all ages usually spend more time caring for children and adults than men. Levels of care work are particularly high in developing countries because of a lack of social care infrastructure and governmental support. For example, the 2009 World Alzheimer's Report highlights that about 80% of carers for people with dementia in Venezuela and Cuba were women, in comparison to about 61% in the UK (Alzheimer's Disease International, 2009).

Caregiving activities can include diverse activities depending on the specific circumstances. For example, looking after grandchildren in a study in Tanzania included overseeing children's educational needs and teaching children 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, such as 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. Some also include domestic work and community work in the definition of 'care work' as an indirect form of care (Budlender, 2007).

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

Grandchildren. Families around the world rely on grandparents, mainly grandmothers, for childcare (Samman et al., 2016). A Grandparents Plus (2013) report finds that in Europe grandparents provide a significant amount of childcare, especially in contexts with limited formal childcare. For example, in France, Denmark, Sweden and the Netherlands, between 50% and 60% of grandparents provide childcare to their grandchildren. In the United States, most grandparents living with their grandchildren provide at least some care, especially to younger children (Anderson et al., 2013). 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 for children left behind by their parents in case of migration or death (EveryChild and HelpAge International, 2012).

Other family members. Apart from grandchildren, older women often provide care to other family members, including spouses, adult children, siblings, siblings' children, great-grandchildren, older parents and other relatives, especially if family members are ill or disabled. Older women also often care for their husbands. It is common for women to marry older men, which increases the likelihood of husbands being in need of care (Neysmith and Reitsma-Street, 2009). In Europe, the incidence of providing care for an elderly relative or a relative with a disability is highest among 50- to 64-year-old women and men (EU-OSHA et al., 2017). Siblings often play an essential part in caregiving and support to each other in old age (Gottlieb, 1989). Older women also often take care of their adult children, especially if they are ill (Schatz, 2007). For example, a study of older women carers in Cambodia, Thailand and Vietnam (Orbach, 2007) notes that older women were found to be the main provider of emotional support and advice to HIV-infected adults.

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). Older women usually have older friends who are likely

to be in need of care (Neysmith and Reitsma-Street, 2009). For example, an Age UK and Carers UK (2016) report finds that men and women aged between 50 and 64 in the UK are most likely to be carers for old people. Similarly, Neysmith and Reitsma-Street (2009) note that caring responsibilities of Canadian older women included friends and neighbours.

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 to seeking professional help or health care for themselves (e.g. Schatz and Gilbert, 2012).

Voluntary community work

Some older women are involved in voluntary work to help community members or improve communal living. *The State of the World's Volunteerism Report 2011* highlights older people's contributions through volunteering. For example, in the Netherlands and the UK about a third of older people were involved in voluntary work in 2011 (Ehlers et al., 2011). Neysmith and Reitsma-Street (2009) find in their study of older women in Canada that older women 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 a fifth in the Philippines and China provided assistance to community members at the time of the study (Harper, 2015).

Older women are involved in many different types of voluntary work. In Africa, older women and men often have a special cultural role as 'elders' that may involve guiding young community members (Aboderin, 2015). The special role of older people as community mentors and mediators is recognised in the 2016 African Union protocol on the rights of older people in Africa (African Union, 2016). Older women can fulfil specific cultural community roles. 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). In Tanzania, older women were found to help with mentoring and conflict reduction talks at community level (Erb, 2011d). In South Africa, Chazan (2008) shows that grandmothers working as traders helped to improve their communities through developing responses to collective problems, including participating in savings groups that support HIV- and AIDS-affected families or prayer groups.

2.2.2 Time dedicated to unpaid work

Research suggests that compared to middle-aged women, older women on average perform less care and domestic work, but often still a significant amount. Because there is no formal contract that specifies an end-date or time of unpaid work and because care and domestic work are necessary any time in life, women continue to engage in unpaid work even when they stop working for pay (Jiménez-Fontana, 2015). Budlender (2010), looking at care and domestic work performed in Argentina, India, Japan, Korea, Nicaragua, South Africa and Tanzania, finds for all countries that care and domestic work first increases and then decreases with age. In all countries, women aged 18–45 are more likely to do unpaid care and domestic work than those of other age groups. This might be linked to having young children to care for during middle age. But care and domestic work of old women still remains high. For example, in Nicaragua, older women are twice as likely as men to perform unpaid care and domestic work. In Argentina, hours spent on domestic work were found to be even longer for older than for younger women.

Research from Oxfam's Women's Economic and Care (WE-Care) initiative shows similar results. The 2014 round of data collection in Colombia, Ethiopia, the Philippines, Uganda and Zimbabwe finds that although women's 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). 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, but not in households with younger, women (Karimli et al., 2016). WE-Care

research in other regions in the Philippines, Uganda and Zimbabwe in 2017 confirms that in all countries, women's care and domestic work hours tend 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. Using 2010 data from South Africa (Oosthuizen, n.d.), the project finds that women's care and domestic work decreases at about 60 but remains significantly high and higher than men's, with 30 hours a week at the age of 60 and about 15 hours at the age of 80. Similarly, for India (Ladusingh, n.d.) in 1999, the project finds that women's care and domestic work decreases at 30 but that women aged 60 still carry out about 30 and women aged 80 about 10 hours a week of care and domestic work. In Vietnam in 2015, women's care and domestic work increases from about the age of 40 and decreases at about 70. But older women still spend a significant amount on unpaid work: women aged 60 spend about 43 hours a week and women aged 80 30 hours a week on care and domestic work (Thi Lan Huong et al., n.d.).

2.3 Living arrangements

Older women's paid and unpaid work is closely linked to their living arrangements. Living with family members can both increase workloads for older women and provide support to older women. The data points to differences in living arrangements between developing and developed countries, as well as between older women and men.

2.3.1 Multi-generation household

Living with family members can both impose extra work on and provide support to older women. Data from a new United Nations database of 126 countries shows that older women and men from the least developed countries are more likely to live with child(ren) (64.5% of women and 73.7% of men) than older people from more developed regions (20.5% of women, 19.6% of men). In sub-Saharan Africa, 50.9% of women and 64.2% of men aged 60 or over live with child(ren). In Ethiopia, 53.6% of women aged 60 or over (77.1% of

men) lived with child(ren) in 2010/11 (United Nations, 2017d). In a HelpAge international study in Ethiopia, older people living with relatives reported high care responsibilities (Erb, 2011b). That living with people from different generations is still common in developing countries was for example shown by a HelpAge International study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam, where about 55% to 80% of older people lived with at least one child (Knox-Vydmanov, 2016).

2.3.2 Skip-generation household

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, the number of skip-generation households is growing linked to AIDS and increased labour migration leaving children behind (Das and Zimmer, 2015). 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). Globally, more older women than men head skip-generation households (United Nations, 2005). A 2005 United Nations report on older people's living arrangements shows that in Asia about 4.2% of women (2.9% of men) lived in skip-generation households and in Latin America and the Caribbean the proportion of skip-generation households was 9.9% for women (6.3% for men). In Africa, skip-generation households have become common, often linked to HIV and AIDS: 15.7% of women and 8.6% of men lived in a skip-generation household in 2015, with the highest prevalence in Malawi, Rwanda, Uganda and Zambia, where 21% to 25% of older persons lived in skip-generation households. In Ethiopia, the proportion of skip-generation households was 21.8% for women and 10.4% for men in 2000 (United Nations, 2005).

Older people heading skip-generation households tend to have increased workloads. In addition, research has found that older people living in skip-generation households face particular challenges, including grief of having lost a child, health concerns, 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).

2.3.3 Living with a spouse

Worldwide, older women are less likely than men to live only with their spouse. Data from a United Nations database shows that older women and men in more developed regions are more likely to live with a spouse (39% of women and 57.7% of men) than women (6.2%) and men (10.8%) in the least developed countries. In sub-Saharan Africa, 6.4% of women and 11.4% of men aged 60 and over live with a spouse only. In Ethiopia, 5.4% of women aged 60 or over (7.2% of men) lived with a spouse in 2010/11 (United Nations, 2017d). Similarly, in a study on older people's work in Bangladesh, Nepal, the Philippines, Thailand and Vietnam, 11% to 20% of older people were found to live with a spouse (Knox-Vydmanov, 2016).

2.3.4 Living alone

Living alone can reduce older women's likelihood of receiving consistent and sufficient family support and thus increase the pressure to generate an income in old age. Women are more likely than men to live alone since they are more likely to be widowed. Older women are more likely to be widowed because they often live longer, marry men who are older than them and are less likely to remarry (Knodel and Ofstedal, 2003). Older women in a study in rural China were found to be more likely to be widowed than men (HelpAge International, 2010a). Data from the United Nations database of 126 countries shows that older women from the developed world were especially likely to live alone. In more developed regions, 34% of women aged 60 or over (17% of men) live alone, compared to 7.6% of women (3.3% of men) in least developed countries. In sub-Saharan Africa, 12.4% of women and 7.1% of men live alone. In Ethiopia, more women (12%) than men (2.6%) aged 60 or over lived alone in 2010/11 (United Nations, 2017d).

Living alone can expose older women to increased vulnerabilities. For example, in a study of older people in Nairobi slums, social isolation was identified as a factor exposing older people to health risks (Mudege and Ezeh, 2009). But research from Bangladesh, Nepal, the Philippines, Thailand and Vietnam shows that most older persons living alone lived in close proximity to their relatives and maintained family ties (Knox-Vydmanov, 2016). But older women might be advantaged compared to older men living alone. Mudege and Ezeh's study in slum areas in Nairobi, Kenya (2009) finds that older women were more self-reliant having had life-long experience with care work, while men struggled to provide for themselves when their wives passed away.

2.3.5 Institutional living

Paid and unpaid work among older people living in institutional homes is most likely to be low, as older people usually move to institutional living because of their poor health and pay for services at the premises. In developed countries, institutional living, such as in old-age homes, medical institutions, religious institutions and other non-domestic living arrangements, is becoming more common (United Nations, 2005). Women are more likely than men to live in institutional settings. This gender difference might be linked to the fact that older women are less likely than older men to live with a spouse and are more likely to live longer. The proportion of older people living in institutional living arrangements is highest for those aged 75 years and over. A United Nations report using data from 82 countries from different censuses between 1976 to 2000 shows that Africa is the world region with the smallest number of older people living in institutions. In African countries, only between about 1% of women and men aged 60 or over lived in institutional settings (United Nations, 2005). Villegas and Samman (2015) show with data from different sources that the share of the elderly population in institutional settings is higher for developed than for developing countries, ranging from 0.2.% in Bolivia to 6.7% in Belgium.

2.3.6 Other forms of living arrangements

The above-described living arrangements are the most common arrangements for older women

(and men) around the world. However, some women also live with other relatives or non-relatives. More older women tend to live with other relatives (not a spouse or children) than with non-relatives. In Africa, the proportion of women aged 60 or over living with other relatives ranges from 2.6% to 28% (between 2% and 19.9% for older men). In Asia, between 0.8% and 12.5% of older women live with other relatives (between 0% and 4.7% of older men). In Europe, between 0.2% and 5.1% of older women (0.3% and 4.7% of older men) live with other relatives. In Ethiopia, the proportion of older people living with relatives other than children and spouses was 8.8% and 3.8% for men in 2000 (United Nations, 2005).

Generally, the proportion of older women living with non-relatives is low: between 0.3% and 6.7% of women aged 60 and over (0% and 5% of men) in Africa, between 0.1% and 8.3% of older women (0% and 8.4% of men) in Asia and between 0.7% and 4.4% of older women (0.7 and 5.3% of men) in Europe live with non-relatives. In Ethiopia, only 2.8% of women aged 60 or over and 1.7% of men lived with non-relatives in 2000 (United Nations, 2005).

2.3.7 Kinds of dwellings

Housing situations are linked to economic status, with poor people being more likely to live in poor housing conditions (Choi, 1999). Older women are more likely to live in poor housing conditions than older men (Chan, 2017). For example, Rudkin (1993) shows that women over 60 in Java, Indonesia lived in poorer living conditions than men of the same age group. Choi (1999) finds that in the US older women from ethnic minorities living with family were most likely to live in deficient accommodation, while white older women living alone were most likely to live in adequate accommodation. The Ethiopian Ministry of Labour and Social Affairs (2006) notes that most older people in Ethiopia are poor and have a 'low standard of living'.

Housing conditions are especially important at old age, since elderly people tend to spend more time at home and their decreased health status might make it harder to deal with deficient housing (Choi, 1999). Research has found that dwelling conditions of older people can impact on

their psychological wellbeing. A study of urban dwelling conditions of older people in Hong Kong finds that residential satisfaction was determined by the interior and exterior environment. In other words, older people who reported higher satisfaction with interior dwelling characteristics (such as lighting, temperature, stairs) and exterior dwelling characteristics (e.g. road crossing, noise pollution) were more likely to report that they were satisfied with their dwelling, block/estate and community/district. The authors also find that environmental dwelling conditions indirectly affected older people's psychological wellbeing, measured by an adapted version of the World Health Organisation (WHO)'s Quality of Life Scale (Phillips, 2005).

2.3.8 Urban/rural location

Whether older women live in urban or rural areas also affects their situation and work. Living in rural areas can increase workloads for women. Rural women in Africa often face challenges linked to limited facilities and a lack of land ownership rights (African Union and HelpAge International, 2012). Rural women might also have more care responsibilities. For example, Munthre and Maharaj (2010) find that older caregivers in South Africa were more likely to look after orphaned children in rural than in urban areas. For China, Giles et al. (2011) show that, while urban workers retire at the mandatory retirement age of 60, rural individuals continue to work informally until they are no longer physically capable of working.

But living in urban areas can also be challenging for older women. In Ethiopia, intergenerational conflicts are more common in urban areas and older people in urban areas tend to be less supported by their families. An increasing number of older people in urban centres live in religious institutions, on streets or around traffic lights (Ministry of Labour and Social Affairs, 2006).

2.3.9 Changes in living arrangements

Research suggests that living arrangements of older people are changing worldwide. Decreasing fertility rates mean that family size reduces and that there will be fewer adults of working age

to support older people (UNFPA and HelpAge International, 2012). Family support structures are diminishing in some contexts, often linked to migration within or between countries (Falkingham, 2015). For example, recent research from the African Population and Health Research Centre shows that older people residing in multi-generational households do not necessarily receive adequate care that guarantees their emotional and social wellbeing (Owii, 2017).

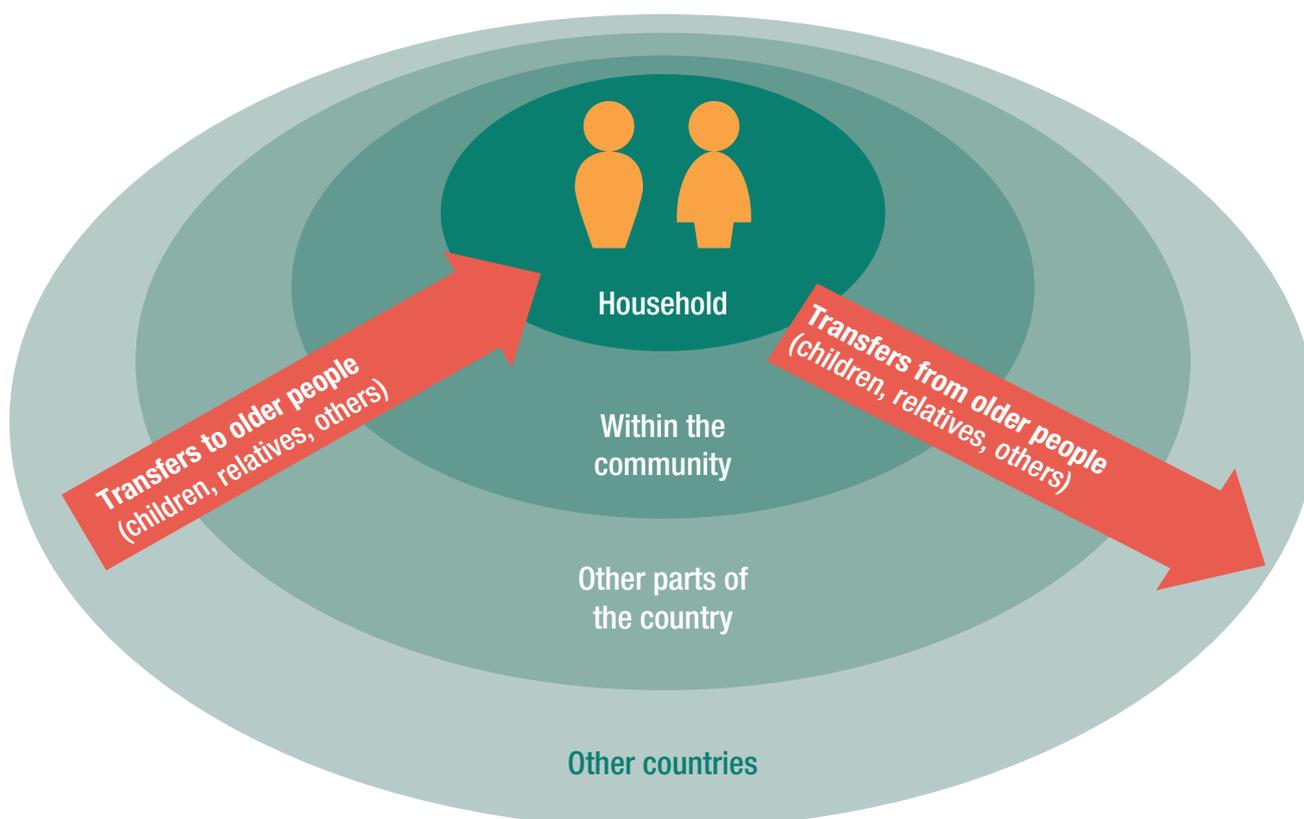
2.4 Reciprocity of family support

While older women often provide invaluable support to family members through their paid and unpaid work, they also often receive support from their family. Knox-Vydmanov (2016) suggests a simplified typology of family support to and from older people (see Figure 2). Family support can be for and from children, grandchildren, siblings, spouses and other relatives living nearby or further away. The nature of support can include cash, goods, in-kind support or care and might be more or less regular.

First of all, 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 members, often through domestic remittances which are especially common in the Philippines where 49% of old people receive domestic remittances. Financial support from 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 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).

Family members also provide care to older women (WHO, 2011a). For example, a study of skip-generation households in southern and

Figure 2 Typology of family support to and from older people



Source: Adapted from Knox-Vydmanov, C. (2016) *Work, family and social protection: old age income security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam*. HelpAge International, East Asia/Pacific Regional Office.

eastern Africa finds that grandparents benefitted from their grandchildren's care (Lackey et al., 2011). Similarly, the Skovdal (2010) study in western Kenya showed that 11–17-year-olds provided valuable care and support to older household members.

Some have argued that economic, demographic, and cultural transformations in many parts of the world decrease family support for older people, especially in urban areas. For example, a study in Bangladesh finds that one of the main reasons why 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 find 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).

3 Motivations for paid and unpaid work

Older women have diverse motivations for their work, which can be grouped under three overarching themes: necessity, social norms and personal preference.

3.1 Necessity

Many older women work because their income and care are necessary for their own and their family's survival, especially in situations of poverty or emergencies.

3.1.1 Poverty

Compared to better-off women, poor women are more likely to engage in paid work in their old age to generate cash for themselves and their families. Looking at country-level data from 117 countries, Besamusca et al. (2015) find that economic conditions in a country affect the timing of labour market exit of older women. In developing countries where only a small minority of older people has access to a pension, older people often continue to work for pay simply because this is the only way to meet their daily needs (Agewell, 2017). For example, a study on older people's work in Bangladesh, Nepal, the Philippines, Thailand and Vietnam finds that older people who work have no other choice and that even ill or disabled people often continue to work as a means of ensuring their own survival (Knox-Vydmanov, 2016). The author concludes that older people's work can be both a sign of income security and poverty (Knox-Vydmanov, 2016). That older people continue to engage in paid work until they are physically unable to do so or die was also found in studies in Ethiopia (Erb, 2011b), Bangladesh (Erb, 2011a) and Tanzania (Erb, 2011d). In EU countries, poor older women are also more likely to work than better-off women (EU-OSHA et al., 2017).

Older people need cash for different aspects of their lives. In studies in Bangladesh (Erb, 2011a), India (Erb, 2011c), Tanzania (Erb, 2011b) and Ethiopia (Erb, 2011b) the main reasons for older people needing cash was for food and medicine, as well as for investments in agriculture, livestock or small businesses. In India, cash was also needed for repairing homes, transport, clothes, festivals and rituals. In Tanzania, older people also mentioned needing cash for shelter and transportation. In sub-Saharan Africa, where adult children often have poor incomes and many children to care for, older people often work to support their families financially (Oppong, 2006). The pressure on grandparents is increased when there are high levels of unemployment and limited opportunities for working age adults (Chazan, 2008). The above-mentioned studies find that older people in Ethiopia needed cash to pay for their grandchildren's school fees (Erb, 2011b) and in India for their family's weddings, education of grandchildren and supporting their children's and grandchildren's businesses (Erb, 2011c).

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. For example, in India, 60% of older women have no assets in their name and research from urban China shows that poverty rates are three to four times higher for older women than men. Women are also less likely to receive a pension (United Nations, 2010b). In Ethiopia, older women struggle financially as it is difficult for them to own property or save money in their name (Ministry of Labour and Social Affairs, 2006). 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 Labour and Social Affairs, 2006). Women in the EU aged 55–64 and especially those aged 75 and older are more likely to live in poverty than men (EU-OSHA et al., 2017).

A lack of income can mean that older people suffer from food insecurity and are prevented from accessing social services or community activities that require transport (United Nations, 2010a). For example, in Ethiopia, it was found that older people experienced food insecurity and did not meet their minimum daily food needs (Erb, 2011b). Especially older people caring for vulnerable children tend to have insufficient income. Lackey et al. (2011) find that in Ethiopia, Kenya, Mozambique, Uganda, South Africa, Zambia and Zimbabwe, households headed by older women and men carers lacked regular income, which led to food insecurity and being forced to sell assets. Similarly, Chazan (2008) finds that South African grandmothers caring for children and working as street traders struggled to meet medical, food and funeral expenses. Another study in South Africa finds that older carers struggled the most with meeting material needs, including food for the family, school fees and uniforms (EveryChild and HelpAge International, 2012).

Poverty can also increase the need of older women to engage in unpaid work. Domestic chores, such as fetching water or firewood, cleaning and cooking, are likely to be more time-consuming for poor women with inadequate public infrastructure and services and limited capacity to invest in time- and labour-saving equipment (Esquivel, 2016). Poor adult children are less likely to be able to pay for childcare and thus more likely to rely on their parents' support. In poor communities, demands on older women to contribute to the needs of their community might also be higher.

3.1.2 Paying for health care

Older people experience more health risks than younger people, including risks of disease, injury, and chronic illness, and are more likely to suffer from a disability, especially those aged 80 and above (WHO, 2011b). Often, older people in developing countries suffer from poor vision that makes work very hard (Erb, 2011d). Health concerns particular to older women include

changes at menopause which may increase the risk of cardiovascular disease and osteoporosis, if combined with factors such as poor nutrition and lack of physical activity. Older women also face distinct reproductive and sexual health issues (UN Women, 1995). The disability prevalence among people over 44 is higher among women than men; it is about 20% for 45–54-year-old women (compared to about 12% for men) and it goes up to about 60% for women over 74 (compared to about 45% for men of the same age group) (WHO, 2011b: 35).

Poor health might be a driver of work or it might prevent older people from engaging in work. Older people are more likely to need healthcare services, which are often not free. In some contexts, older women have less access to healthcare than men from the same background, as was found in India (Agewell, 2017). This means that for some older people paid work is necessary to pay for healthcare (United Nations, 2010b).

3.1.3 Emergencies

In emergency situations, women of all ages tend to face limited paid work opportunities and limited time for paid work linked to increased needs for care and domestic work. Declining agricultural productivity and food insecurity can impose extra stress on women to find work to feed their families (Von Kotze, 1996). During the recovery phase, older people in general and older women in particular tend to be excluded from job creation programmes. For example, job creation programmes often neglect the needs of women working informally and engaging in unpaid care work (WHO, 2008).

Emergencies are associated with increased incidence of illness which imposes more care workloads on women of all ages, for example accompanying children to hospitals or taking on tasks that ill household members usually engage in. After emergencies, women of all ages are often responsible for cleaning, repairs and reconstructive work and for queuing to get aid relief. They often look for food and walk long distances to get water (Von Kotze, 1996). Some evidence particularly on older women has also highlighted increased care and domestic work in emergencies. For example, the 2016/17 drought in East Africa increased older

women's workloads, since they had to walk longer distances to get water, firewood and food (HelpAge International, 2016b). During the conflict in Sierra Leone some older women faced increased care responsibilities as grandchildren were sent to live with them (Gale, 2006).

Social and economic disadvantages of older women also tend to be exacerbated in emergency situations. Inheritance rules that deny land and property ownership to women make it likely that older widows are vulnerable to isolation, neglect, and abuse if they lose a spouse in an emergency situation. This can undermine older women's capacities to engage in safe livelihood activities, as well as to cope with the crisis, access basic services or register for humanitarian assistance (HelpAge International, 2013a). Women of all ages are at increased risk of violence during conflict (Chan et al., 2017). Linked to risks of violence, older women might be less willing to stay in temporary shelters which lack privacy and protection (Chan et al., 2017). A study of the 2015 Nepal earthquake response finds that older women experienced more trauma, anxiety and depression than older men, especially those women with disabilities (HelpAge International, 2016a).

3.1.4 Widowhood

The male disadvantage in life expectancy leaves many women widowed and dependent on their own income. Widowhood can negatively affect women's financial well-being and thus increase their need to engage in paid work (African Union and HelpAge International, 2012). Often, women rely on their spouse's income so that their death represents financial loss. In some contexts, women are not entitled to inherit marital property after their spouse's death and many widows are victims of 'property grabbing' (United Nations, 2010a).

On top of financial losses, many widows face additional challenges. Losing a partner is understandably associated with trauma and grief. Some women are not prepared to live on their own in a context where social norms dictate that they are dependent on others (Gottlieb, 1989). Widowhood can also change the status of women and lead to their neglect and abuse. For example, in Tanzania, widowhood changes the status of

women and undermines their security. Disputes about inheritances and property ownership have often led to accusations of witchcraft, which have resulted in violence, abuse and killing of older widowed women (United Nations, 2011b). Some older widows in Ethiopia also live in loneliness and isolation (Ministry of Labour and Social Affairs, 2006).

3.1.5 Health shocks

Health shocks, such as illnesses, diseases or disabilities of family members, can impose stress and work burdens on older women. Most of the literature on older women and health shocks has focused on HIV and AIDS. People aged 15 to 49 are the most likely to be affected by HIV, which means that many children are left orphaned (Lackey et al., 2011). UNAIDS estimates that 12 million children are orphaned by AIDS in sub-Saharan Africa (UNAIDS, 2008). The worst affected regions are southern and eastern Africa, including Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe (Oppong, 2006). Kinship care is the most common form of care for orphans and grandmothers are usually the primary carers for orphans (EveryChild and HelpAge International, 2012). In Ethiopia, almost half of all orphans are cared for by grandparents (Erb, 2011b). Death linked to HIV was also one of the main reasons for older people's care responsibilities in Tanzania (Erb, 2011d).

Having to care for grandchildren often increases the need of older women to engage in paid work (Schatz and Gilbert, 2012). A study using 13-year panel data from Tanzania finds that the death of a prime age adult increased working hours of older women. The association is strongest if the deceased adult was living with the older woman when they died and for death in the distant past (Adhvaryu and Beegle, 2009). In a study in seven eastern and southern African countries (Lackey et al., 2011), older women and men carers saw it as their main role to provide basic needs to their grandchildren, such as food, shelter, clothes, education and healthcare. In order to provide for their orphaned grandchildren, older people in Mozambique and Zambia reported engaging in trading and selling vegetables, while in Ethiopia and

Uganda the main activities to generate money for their grandchildren were brick laying and petty trading. Across the countries, older carers reported that they lacked resources, especially food and healthcare (Lackey et al., 2011).

Caring for grandchildren and ill people also increases older women's unpaid work (Schatz and Gilbert, 2012). The same study of older carers in seven eastern and southern African countries (Lackey et al., 2011) finds that grandparents saw it as their role to provide guidance, counselling and teaching to their grandchildren. Older women also tend to be the primary carers for family members infected by HIV who often return to their parents' homes before they die. Caring for the sick is hard and often stigmatised work, involving a variety of care and domestic work activities (Schatz, 2007).

In addition to older carers' increased workload, they often face other challenges. A study of older carers in seven eastern and southern African countries (Lackey et al., 2011) finds that older carers dealt with many challenges, including rivalry among children, and behavioural, emotional and psychological issues. Older carers in Ethiopia said they were discriminated against by community members, neighbours and teachers (Lackey et al., 2011).

3.1.6 Migration

Women sometimes face a conflict between providing for children and caring for them. Migration for work, especially in the domestic service sector, has become increasingly common (Samman et al., 2016). The Global Care Chain literature discusses how migrant women take on care responsibilities of women in richer countries, leaving their own care responsibilities to unpaid women family members, often grandmothers (Yeates, 2004). Migration of younger family members can improve older people's income through remittances. But it also often imposes the responsibility of providing financially and caring for grandchildren on older people. For example, older people, especially women, were found to care for grandchildren left behind by migrating parents in Ethiopia (Erb, 2011b), rural China (HelpAge International, 2010a), South Africa (Chazan, 2008) and Vietnam (Samman et al., 2016). In China and Vietnam, migration

from rural to urban areas is a key driver for grandmothers taking care of grandchildren. Up to 30% of the population in the largest Vietnamese cities are migrants. Field work in the Vietnamese Binh Phu commune shows that most children only saw their parents once a year (Samman et al., 2016). In pastoralist communities, children are also sometimes left behind with grandparents or other relatives, often linked to their schooling needs (Jama, 1993).

As shown in the previous section (3.1.4), having grandchildren to look after can be an important driver for older women to engage in paid work (e.g. to pay for children's food, healthcare and school fees), as well as to provide care and domestic work (e.g. cooking, washing). When asked what Vietnamese grandmothers looking after grandchildren would do if they had one extra day, many responded that they would try to earn money for the children, even though they felt like they needed to rest (Samman et al., 2016). Because of labour migration, grandmothers also often face responsibilities for the care of terminally sick family members who are left behind by migrating families (Oppong, 2006).

Sometimes older people migrate for work. In Ethiopia, some older people migrate to urban areas for work or as part of pastoralist communities (Ministry of Labour and Social Affairs, 2006). Chazan (2008) finds that grandmothers in South Africa migrated between the urban area where they worked as street traders and the rural area where they looked after children and sick family members. As their work and migration was 'informal' and they did not have 'proper addresses' in urban areas, they were denied healthcare services in the urban area. Older migrants in Africa often fall outside social protection schemes and are more likely to be forcefully removed from their settlement than younger migrants (African Union and HelpAge International, 2012). But little is known about the effect of migration of older women on their unpaid and paid work.

3.1.7 Other family obligations

A number of family circumstances have been found to increase older women's paid and unpaid work. First of all, in the case of unplanned births grandmothers often step in to provide for their

grandchildren or great-grandchildren (Oppong, 2006). Oppong (2006) argues that in sub-Saharan Africa there is an increasing number of unplanned births linked to diminishing rules promoting sexual restraint. 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).

Some older people also provide support to their family in case of marital breakdown. For example, in many Latin American countries marital breakdown has been associated with children being sent to live with relatives (EveryChild and HelpAge International, 2012). In the UK and US, marital breakdown has been related to increased kinship care (EveryChild and HelpAge International, 2012). Similarly, an adult child divorcing was found to be one of the main reasons for older people's care responsibilities in Tanzania, as parents who remarried left their children with their parents (Erb, 2011d).

Another family crisis during which grandparents tend to help is the case of child abuse. In the UK and US, child abuse or neglect and drug and alcohol abuse have been associated with growing kinship care (Janicki et al., 2000).

Lastly, in some contexts, children are sent to live with grandparents because schools are nearer to their grandparents' homes. For example, in Southern Africa, some children are in kinship care to access better schools (Unicef, 2008) and similar practices have been observed in Ghana (Kuyini et al., 2009). In many parts of West Africa, there are strong traditions of children being sent to live with relatives as an opportunity for schooling or to create stronger familiar bonds (EveryChild and HelpAge International, 2012).

3.2 Social norms

Social norms guide behaviour linked to expectations of what other people think and do (Bicchieri, 2017). Socialisation theory emphasises the role of childhood gender socialisation as a key factor for maintaining gender norms (Marcus and Harper, 2014). Social convention theory argues that social norms are complied with because of rewards for compliance, such as esteem, recognition or positive reputation, and sanctions in case of violation, like feelings

of guilt, shame or anxiety (Mackie et al., 2012). Norms can become part of someone's routine so that they are not questioned and taken for granted. This may be because they are linked to traditions and cultural or religious beliefs (Marcus and Harper, 2014).

Social norms related to gender, age and work can be powerful in determining what kind of work women and men of different age groups engage in. Worldwide, men are often expected to be 'breadwinners' (Cleaver, 2002), while women are perceived to be 'naturally' more suited to perform care work (Chopra and Sweetman, 2014). Research has found that if gender ideology against working women is strong, women are less likely to engage in paid work (Besamusca et al., 2015). Gender norms related to caring roles can also encourage women's participation in care work. Several studies have found that older women considered their care responsibilities as 'normal'. For example, Altschuler (2001: 88) finds that older US women took their care work for granted and saw it as a 'necessary part of being a human being'. For South Africa, Schatz (2007: 153) notes that older women did not call their caring responsibilities 'burdens' and rather referred to them as 'taking care of their own blood' even though they caused physical and emotional strains. Also for South Africa, in Chazan's (2008) study, grandmothers working as traders in South Africa to provide for their grandchildren viewed their caregiving as 'natural'. Social norms can create feelings of duty and obligation to engage in caring. Chazan finds that South African grandmothers caring for grandchildren view their situation as part of their 'duties' and 'roles'. This was confirmed by a Munthree and Maharaj (2010) study in South Africa showing that older people feel obliged to look after HIV-infected persons. Similarly, for the US, older caregivers were found to relate caring for grandchildren to a sense of duty (Anderson et al., 2013).

Social norms related to gender- and age-based roles are often internalised from a young age. In 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). Altschuler's (2001) study in the US finds that having a relative role-model carer

in early years motivated caring of older women later in life. Similarly, MacRae (1995) in her study of Canadian older women finds that older women had learned to care through socialisation, observing their parents as role models.

Since gender norms reinforce power inequalities, people that benefit from existing social norms, such as adult men or adolescent boys, have an interest in maintaining them (Marcus and Harper, 2015b). But older women might also benefit from upholding discriminatory gender norms if they benefit from related prestige associated with having an adult son or from having a daughter-in-law to assign work to (Kandiyoti, 1988). However, gender norms are in constant flux (Marcus and Harper, 2015a). Currently, the majority of the world's population lives in contexts of large-scale structural changes that affect gender norms (Marcus and Harper, 2014). In the field of international development, there has been an increased interest in shifting social norms maintaining unequal gender relations (Marcus and Harper, 2014). Gender norms have been found to change in relation to economic development, the spread of communication technology, new laws and policies, education, activism and programmes (Marcus and Harper, 2015a), as well as in contexts of migration, displacement or conflict (Marcus and Harper, 2014).

3.3 Personal preference

Even though paid and unpaid work is often a necessity or an obligation for older women, it can also be an expression of a personal preference. Paid work can provide older people with a sense of independence (EU-OSHA et al., 2017) and can offer opportunities for social networking (Payne and Doyal, 2010). Unpaid work can also be a personal preference linked to emotional rewards and improved family ties (e.g. Age UK and Carers UK, 2016).

3.3.1 Financial independence

In many cases, older people want to remain economically active (UNFPA and HelpAge International, 2012). Having an income can ensure personal independence, which is especially important in case of family dissolution,

widowhood or if the partner becomes unemployed (EU-OSHA et al., 2017). In Doyal's (2000) UK-based survey of older women, most women described paid work as positive and mentioned having an independent income as the main reason (Payne and Doyal, 2010). In a study in Tanzania, some older people also emphasised that work helped them to remain self-sufficient (Erb, 2011d).

But financial incentives do not necessarily lead to older women having a preference for paid work. An ILO/ Gallup study on women and work finds that Egyptian women aged 45 and older are more likely than women from younger age groups to want to stay at home. The same study also finds that, in all regions, younger women (aged 15 to 29) are the most likely to prefer to have paid work rather than do both paid work and care for the home or just stay at home (ILO and Gallup, 2017).

3.3.2 Opportunities at work

Good pay, career prospects, continuous learning and training and a good work environment at older age can encourage older people to continue paid work. An EU-based study (EU-OSHA et al., 2017) finds that opportunities at work were one of the main determinants of whether older people stayed in the labour force or not. The study also finds that more educated people tended to stay in the workforce for longer, which might be explained by the fact that more educated people are more likely to have better prospects for training and career advancement at older age. The same EU-based study also shows that physical and psychological work environment influence workers' participation in work later in life. While high work intensity, poor work-life balance, job insecurity and age-based discrimination discourage older workers from staying in the workforce, job autonomy, flexible working arrangements, a manager's support and feeling that the job is well done can encourage people to work in their old age (EU-OSHA et al., 2017).

3.3.3 Emotional rewards

Older women might decide to engage in paid work as it creates a sense of identity and purpose and helps form social connections (Age UK and Carers UK, 2016). In Doyal's (2000) UK-based

survey of older women, social support networks created at work were mentioned as a reason why older women generally perceived paid work as positive (cited in Payne and Doyal, 2010). The same study finds that older women wanted to work because work created feelings of satisfaction and self-esteem. Also for the UK, Payne and Doyal (2010) show that older women workers perceived work positively because they felt they contributed to society, and because work kept their minds and bodies active (Payne and Doyal, 2010).

Unpaid work does not provide financial recompense or formal training opportunities. However, older women might have a preference to engage in unpaid work, especially caring for people, because of emotional ties and bonds formed through caring. Folbre and Nelson (2000) argue that the term 'care' has a dual meaning, referring both to caring activities and caring feelings. Caring feelings – referring to concern or affection for the person one cares for – are often assumed to motivate caregiving. Some have argued that caring feelings are crowded out in processes of marketisation of

care, where people are increasingly motivated to care not for love but for money. But Folbre and Nelson (2000) recommend avoiding a dichotomy between 'love' and 'money' as they are increasingly intertwined. Goodman and Silverstein (2006) find that in the US, African-American, Latina and white grandmothers caring for grandchildren all expressed a strong commitment to family survival and continuity. In a study of subsidised grandparent carers in the US, Anderson et al. (2013) find that even though grandparents were paid for their care work, their key motivation to care for their grandchildren was to help grandchildren and the family. Some have also argued that grandparents like looking after grandchildren, as this is a way to influence the reproductive success of their children and the survival of their genes after their own fertility ends (Schrijner and Jeroen, 2014). In the absence of a pension system and social care services, caring for children and grandchildren can also be a strategy for older people to ensure that children care for them if they are no longer able to provide and care for themselves (Schrijner and Jeroen, 2014).

4 Impacts of older women's work on older women

This section investigates literature on negative and positive impacts of paid and unpaid work on older women. Impacts of work on older women are very much context-specific, depending on the type of work, the living situation and the personal state of the working woman.

4.1 Negative impacts

The main negative impacts of work on older women identified in the literature are physical and mental health concerns and stress/financial loss linked to juggling paid and unpaid work.

4.1.1 Physical health concerns

Paid work can be linked to health risks for older women. If paid work causes stress this can be especially harmful to the menopausal health of older women, as research has found that stress in postmenopausal women has physical effects, such as increases in heart rate, blood pressure and blood levels of epinephrine (Payne and Doyal, 2010). Musculo-skeletal disorders are another special 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. The risk of work-related accidents is higher for older women than men, as many workplaces are designed for male employees. Women receive compensation for work-related health issues less often than men (Payne and Doyal, 2010).

Responsibilities for care and domestic work 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 musculo-skeletal damage (Payne and Doyal, 2010). Recent Oxfam research on women/adolescents (aged between 13 and 88) finds that over one-third of women in Uganda and Zimbabwe and over two-thirds of women interviewed in the Philippines had experienced an injury, illness, disability or other physical or mental harm from their unpaid domestic work or caring for people in the last 12 months. This harm was perceived as having a long-term effect for about half of the women. The large majority of women were also concerned that their unpaid care and domestic work would cause them harm in the future (Rost and Koissy-Kpein, 2018).

In particular, caring for children with HIV or AIDS and for grandchildren can negatively affect the physical wellbeing of older women (Munthre and Maharaj, 2010). For example, older South African women caring for other household members in Schatz and Gilbert (2012)'s study reported health problems, such as pain in body, legs or back. Also for South Africa, Schatz (2007) finds that older women experienced physical burdens related to the morbidity and mortality of their adult children and to caring for left-behind children. In Chazan (2008)'s study, South African caregiver grandmothers suffered from chronic, debilitating and often untreated illnesses, such as asthma, arthritis, diabetes and hypertension, which made it harder for them to work. For Cambodia, Thailand and Vietnam, a study of older women carers (Orbach, 2007) also finds that the physical strain of providing care had a major impact on older women's health. For example, tasks such

as moving adult children out of bed, giving them a bath and taking them to the toilet, as well as carrying infants, were difficult for older women. Many older women reported headaches, joint or back pain, feeling rundown, weight loss, reduced food intake and a lack of sleep because of their caring. In Kenya, grandparents carers were found to report decreased self-reported health over time (Ice et al., 2010). Similarly, Mudege and Ezech (2009) find that older carers in Nairobi slums reported chronic pain problems and problems with limited mobility. A study using 13-year panel data from Tanzania finds that the death of a prime-age adult is associated with an increased likelihood of acute illness of older family members (Adhvaryu and Beegle, 2009).

Health concerns often get worse in the context of poverty where older women have limited resources to access healthcare and have to continue to work despite health problems. As shown above (3.1.1 Poverty), older people in poor contexts usually continue to engage in paid work despite health problems. Studies of South African older female carers (Schatz and Gilbert, 2012) and Ethiopian older people (Erb, 2011b) show that demands to spend the little available money on their families meant that older people were unable to pay for their own medical expenses. Similarly, a study in South Africa finds older carers particularly struggled with getting money for health care – for themselves and family members (EveryChild and HelpAge International, 2012).

4.1.2 Mental health concerns

Stress at the workplace is often the most common factor leading to work-related mental health concerns among older women. Gender- and age-based discrimination at the workplace is a major cause of stress for older women (see 4.1.3 Violence, discrimination and abuse).

Care work can also cause mental health issues, especially if it is stressful, isolating and unacknowledged (Payne and Doyal, 2010). Grandparents caring for their grandchildren have been found to 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). For example, in Kenya, grandparent carers reported decreased mental health compared to non-carers (Ice et al., 2010). American elderly who live with children were also found to have lower life evaluations and report worse emotional outcomes (Deaton and Stone, 2013).

One of the main mental health concerns linked to care work is worrying about providing for family members. Several studies of older carers have found that carers experienced stress and emotional strain linked to worries about being unable to provide for their grandchildren and other dependents (e.g. Mudege and Ezech, 2009; Lackey et al., 2011; Schatz and Gilbert, 2012). Many older women caregivers also worry about what will happen to their grandchildren when they die (e.g. Chazan 2008). Anxiety about the future of grandchildren is especially strong when caring for children with disabilities. For example, Janicki et al. (2000) find that African-American women caring for children with developmental delays or diagnosed disabilities in New York were constantly worried about the future.

Older carers also often worry about raising their grandchildren. For example, in South Africa, older carers struggled most with disciplining adolescents (EveryChild and HelpAge International, 2012) and were worried about talking about sex with younger family members (Chazan, 2008). In a study of subsidised grandparent carers in the US (Anderson et al., 2013), one of the most difficult aspects of caregiving was reported to be disciplining children.

If older women's caring responsibilities are linked to the loss of an adult child, grief and trauma are common psychological concerns. Especially caregiving responsibilities linked to HIV can cause psychological distress. For example, Schatz and Gilbert (2012) and Munthre and Maharaj (2010) find that South African older women were worried about their children or grandchildren getting infected with HIV or about getting infected themselves when looking after HIV-infected family members. Orbach (2007) shows that in Cambodia, Thailand and Vietnam, older women carers whose children were infected by HIV were stigmatised and isolated from community activities.

4.1.3 Violence, discrimination and abuse

Several studies have found evidence of work-related discrimination against older people. Common 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 (UNFPA and HelpAge International, 2012). Such perceptions might make it harder for old people to access desirable jobs. For example, some older people in Nairobi slums reported that they experienced discrimination on the basis of age when looking for work (Mudege and Ezeh, 2009). Older workers are also at risk of age-based discrimination at the workplace. An EU survey finds that 21% of older people had experienced or observed discrimination in the workplace because they were considered to be too old (European Commission, 2012).

A mix of gender- and age-based discrimination puts older women workers at a particular disadvantage from work-based discrimination. They often receive lower salaries and are offered fewer career development opportunities than men (United Nations, 2002b). Older women are more likely than men to work in employment that offers them fewer opportunities for flexibility, decision-making and on-job learning (Payne and Doyal, 2010). EU research finds that older women experience more bullying and harassment at work than older men (Payne and Doyal, 2010). Older women working in professions where appearance is seen as part of the job, such as secretarial or receptionist work, may experience particular discrimination linked to their ageing bodies (Payne and Doyal, 2010). In a recent HelpAge International consultation with 250 older women from 19 countries, many older women reported having experienced age- and sex-based discrimination at their paid workplace, including age limits in job advertisements, forced retirement, limited job opportunities for well-paid jobs, harassment at the workplace and being overlooked for promotion because of their older age and gender (Sleap, 2017). An ILO/ Gallup survey on women and work finds that older women were more likely to name unequal pay as the key challenge at the workplace, whereas younger women considered unfair treatment/ abuse and a lack of affordable care for their children most challenging (ILO and Gallup, 2017).

Outside of the paid work environment, many older people, especially women, experience discrimination in their communities. Violence and abuse of older women should be seen in the context of life-long discrimination, oppression and abuse of women (United Nations, 2014a). The Madrid International Plan of Action on Ageing (United Nations, 2002b: 111) notes that some harmful traditional and customary practices lead to abuse and violence directed at older women. In sub-Saharan Africa, urbanisation and other forces are weakening the cultural ideas of older people as 'bearers of wisdom and knowledge'. Ageing is increasingly perceived as a negative experience and older people are portrayed as weak and uneducated. In some countries, such as Burkina Faso, Kenya, Malawi and Tanzania, older women have experienced extreme forms of violence, including attacks and killings associated with witchcraft allegations (Sleap, 2011). These older women, who are resented, feared and envied by younger community members, are most likely to be accused of witchcraft. Some suggest that this trend is increasing linked to increased social misfortune and economic uncertainty (Oppong, 2006). Since data systems that record sexual and physical violence against women often stop at age 49, older women's experience of violence might be underreported (HelpAge International, 2015b).

Violence and abuse of older women is often exacerbated in contexts of poverty and a lack of education and information about older women's rights (United Nations, 2011b). Older women who are refugees, stateless, asylum-seekers, migrant workers or internally displaced are likely to face particular discrimination, abuse and neglect. For example, older women refugees might be denied healthcare because they lack identification documents or experience cultural and language barriers in accessing services (United Nations, 2010a). In a recent HelpAge International consultation with 250 older women from 19 countries, abuse of and discrimination against older women was found to be worse for those women without children, widowed, with a disability, infected by HIV, in rural areas, with low levels of literacy and without proper documentation (Sleap, 2017).

4.1.4 Competing claims on women's time

The concept of 'time poverty' is used to account for the competing claims on individuals' time that reduce their ability to make choices on how to spend their time (Kes and Swaminathan, 2006). Time poverty can lead to increased work intensity (Kes and Swaminathan, 2006) and limited time available 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).

'Time poverty' is often used to shed light on the multiple tasks that women engage in, including paid and unpaid work and work carried out simultaneously (Blackden and Wodon, 2006). Another concept that highlights women's multi-layered responsibilities is that of women's 'triple role' or 'triple burden', including reproductive work, productive work and community managing work (Moser, 1989). Time-use research has shown that women across the world and from different age groups are more likely to be 'time poor' than men. For example, women and girls were found to be more 'time poor' than men and boys in Guinea (Bardasi and Wodon 2010) and Brazil (Ribeiro and Marinho, 2012). In Guatemala, twice as many women (7.4%) than men aged 12 to 65 were found to be 'time poor' and 'income poor', which affected their ability to earn money (Gammage, 2010).

Competing claims on women's time can lead to stress affecting women's physical, mental and financial well-being. Several studies find that paid work interferes with older women's care responsibilities. 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. A Grandparents Plus (2013) report finds that in European countries with high employment rates for older women, fewer grandmothers provide intensive childcare for their grandchildren, compared to countries with low employment rates for older women.

Research suggests that care responsibilities also interfere with women's paid work. First, caring responsibilities might be a reason for older people to stop work. In a study on older people's work in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016), family

obligations for grandchildren, older parents, adult children or spouses were one of the main reasons for women to stop working at older age, which was not the case for men. A report by Age UK and Carers UK (2016) finds that caring affects carers' ability to stay involved in paid work, even if caring responsibilities are only five hours a week. The report notes that the transition to being a carer is associated with increased risks for older workers. If carers stop work because of their care responsibilities, their well-being is likely to be affected, as they might experience a loss of sense of identity and of social connections at work. The Madrid International Plan of Action on Ageing (United Nations, 2002b) recognises that especially women experience financial costs linked to care responsibilities.

Secondly, caring responsibilities can expose older people to risk of job loss. Between 59% and 63% of full-time and part-time carers in the EU find that their job is at risk, compared to 54% of non-carers. Carers, more often than non-carers, think that it will be hard for them to find a new job if they are made redundant (EU-OSHA et al., 2017).

Furthermore, caring responsibility might decrease the time older women spend on paid work. Reviewing literature on women's work in the US, Haydock Munnell and Jivan (2005) find that care responsibilities encourage women to move from full- to part-time employment. A study of older women carers in Cambodia, Thailand and Vietnam also finds that caring weakened older women's economic status linked to direct costs for medicine, food, clothing and education, as well as indirect costs, i.e. lack of time to earn money. This often meant that older women carers had to sell assets and borrow money (Orbach, 2007). Similarly, a study in South Africa finds that caring for the sick caused a financial loss for grandmothers working as street traders (Chazan, 2008).

4.2 Positive impacts

Women's unpaid and paid work in old age can have positive as well as negative impacts for women.

4.2.1 Financial independence and status

An income can meet older women's needs in terms of consumption and spending and increase their status in the household. In the economic

literature on household bargaining, an income is considered a key determinant of women's decision-making power and status. Having an income can increase a woman's bargaining position, as it improves her situation in case cooperation in the household failed (Doss, 2013). For example, Duflo (2000) finds that older South African women's income through pensions increased the anthropometric status of girls. In Ethiopia, being self-sufficient and not relying on their family for support was a key reason for older woman and men to work (Erb, 2011b).

Under some circumstances, caring for family members can also bring power or resources to the older woman carer (EveryChild and HelpAge International, 2012). For example, taking care of an orphaned child might imply the transfer of property and inheritance rights to the new carer. In cultures where having many children is considered a sign of prestige, older women taking care of grandchildren might also benefit from social recognition (Mann, 2001).

4.2.2 Cognitive advantage

There is some evidence suggesting that staying in the workforce after the age of 55 is associated with slower loss of cognitive functions (WHO, 2011a). For the US, it was found that grandparents looking after children felt more active (McGowen et al., 2006).

4.2.3 Support from family members

Providing financial and care support to family members might increase older women's likelihood of being supported by family members (see 2.4 Reciprocity of family support). Some research suggests that older women are more likely than older men to receive support from family members. This might be linked to women's involvement in caring for family members throughout their lives and related emotional bonds between mothers and children. In old age, women might be valued more by family members, as they often continue to contribute to the household through domestic and care work, while older men struggle to find paid work (Knodel and Ofstedal, 2003). Mudege and Ezeh (2009)'s study in slum areas in Nairobi shows that having worked close to the household throughout their lives helped women to build stronger social ties,

which made it easier to access social and religious support and health care.

4.2.4 Fulfilment

Paid and unpaid work can create feelings of satisfaction and fulfilment in older people (see '3.3.3 Emotional rewards'). As for paid work, in a study in Tanzania older people emphasised that work increased their self-esteem, sense of identity and the respect they received from family or community members (Erb, 2011d). Work for pay can connect older people to social networks, might give them a sense of duty and create a feeling of being included in society (EU-OSHA et al., 2017). Older US women working as paid carers for other older women listed appreciation from patients, flexibility of work and relief of loneliness as advantages of their work (Butler et al., 2012). Paid work as a source of identity might be especially important for older divorced women who are looking to define themselves through their careers (Haydock Munnell and Jivan, 2005).

Concerning unpaid work, supporting one's family can mean being surrounded by family members, which can reduce feelings of loneliness and isolation (du Toit, 1994). MacRae (1995) finds that for older women in Canada caring roles presented a source of self-continuity in later life and a component of self-identity and self-meaning. Similarly, participants in a study of older women in the US (Altschuler, 2001: 88–89) experienced caring as doing a 'good deed', 'helping others' and 'acts of loving kindness' and 'compassion'. Caring for a child especially can be emotionally rewarding and satisfying (Kuyini et al., 2009). McGowen et al. (2006) find for the US that caring for grandchildren made grandparents happier and gave them a sense of purpose (Anderson et al., 2013). In a study of subsidised grandparent carers in the US (Anderson et al., 2013), grandparents said that they enjoyed looking after children and found it meaningful. Even though the grandparents received money for their care under the Illinois Child Care Assistance Program, the study finds that grandparents provided care largely for altruistic reasons.

Domestic work can also be rewarding for older women. A US-based study finds that older women who identified themselves as 'retired' and 'homemakers' had higher self-esteem and lower

depression than older women defining themselves as either 'retired' or 'homemakers'. The authors conclude that multiple role identities are important for older women (Adelmann, 1993). A study of

older New Zealand women shows that cooking Christmas food was an expression of personal, family and cultural identity, self-affirmation and public recognition (Clair et al., 2005).

5 Impacts of older women's work on family members

Older women's work can be beneficial for family members. This section examines three key benefits identified in the literature: financial contribution, time and well-being.

5.1 Financial contribution

Several studies have found that older women provide financial support to family members (Age International, 2015; Vera-Sanso, 2012), also in Ethiopia (Erb, 2011b). For EU countries it has been found that households are less likely to be poor if older women are working (EU-OSHA et al., 2017). Improved household finances can benefit children's education. For example, in India older people named paying for their grandchildren's education as a key reason why they needed cash for education of grandchildren (Erb, 2011c).

Grandmothers' income can also improve children's health and chances of child survival. Studies find that the presence of grandmothers was associated with improved survival chances of grandchildren in rural Gambia (Sear et al., 2000), Ethiopia (Gibson and Mace, 2005), Finland and Canada (Lahdenperä et al., 2004) and Japan (Jamison, 2002). In Tanzania, older people said that they needed to earn an income in order to meet medical needs for grandchildren (Erb, 2011b). Also for Tanzania, Hawkes et al. (1997) observe that Hadza-grandmothers improved the nutritional welfare of grandchildren by helping to provide food (cited in Schrijner and Jeroen, 2014).

5.2 Well-being

Older women's care can be an essential support for family members, especially if they are ill or in need of emotional support. Most studies suggest 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. Studies from around the world have shown that orphaned children prefer grandparents' care to other forms of care (EveryChild and HelpAge International, 2012). Some reasons for children's preference for grandparent care might be that grandparents provide more love, moral support and help to cope with worries (Lackey et al., 2011) or that they tend to follow similar parenting practices as the children's parents (EveryChild and HelpAge International, 2012). Children usually know their grandparents and share the same culture. Often they live in the same community, which can ensure that children can continue to go to the same school and have the same friends (EveryChild and HelpAge International, 2012).

5.3 Time

Older people looking after grandchildren or helping with household chores frees up time for working-age adults to work or pursue education (Harper, 2015). Using data from 10 European countries, Dimova and Wolff (2011) find a strong positive effect of grandchild care on the labour-force participation and the degree

of labour-market involvement of mothers. In North Bihar, India, domestic and care support usually provided by older women was essential, as it allowed adult household members to work and earn money (Erb, 2011c). Also for India, Vera-Sanso (2012) finds that younger woman's businesses often broke down when older women were no longer able to support them through care work. Older women can also reduce the workloads of children and enable them to spend more time on education or play. Using

data from children in 33 sub-Saharan African countries, Schrijner and Jeroen (2014) find that the presence of a grandmother has a positive effect on children's schooling. Grandmothers are particularly important for girls and when the mother is absent. The effect is stronger in better-off areas and in rural farm households. The authors link the positive effect on schooling to grandmothers enabling parents to work from home and preventing children, especially girls, from taking on household tasks.

6 Policies to support older women

So far the literature review has shown that older women, especially those living in poverty, are involved in significant amounts of paid and unpaid work, which can negatively affect their physical and mental well-being, but can also generate benefits for themselves and other household members. This section summarises policies at international, regional and national level that aim to support the paid and unpaid work of older women.

6.1 International policies

In the past couple of decades, several international policy frameworks have addressed

the need to protect older people and women. Even though some instruments refer to the specific needs of older women, there are only a few international policy documents that particularly 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). Table 1 summarises chronologically key international policy instruments on older people and women and if and how they address the needs of older women.

Table 2 International policy instruments and their focus on older women

	General	Older women
Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), 1979 (United Nations, 1979)	<ul style="list-style-type: none"> • Adopted by the United Nations General Assembly • Brings women into the focus of human rights concerns, incl. women's rights in the public sphere, economic and social rights and women's equality in marriage 	<ul style="list-style-type: none"> • No specific mention of older women • Recognises 'the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work' (art. 11)
International Labour Organization (ILO) Recommendation concerning older workers (No. 162), 1980 (ILO, 1980)	<ul style="list-style-type: none"> • Calls to supplement existing policy instruments with standards on equality of opportunity and treatment for older workers • Three key areas: 1) Equality of opportunity and treatment, 2) Protection, 3) Preparation for and access to retirement 	<ul style="list-style-type: none"> • No specific mention of older women

	General	Older women
Vienna International Plan of Action on Ageing, 1982 (United Nations, 1983)	<ul style="list-style-type: none"> • First international instrument on ageing • Adopted by the first World Assembly on Ageing • Aims to bring 'world-wide attention to the serious problems besetting a growing portion of the populations of the world' (p. 5) • Focus on developed countries 	<ul style="list-style-type: none"> • There is no separate discussion/recommendation about older women • Recognises that due to higher life expectancy women will constitute the majority of older people • Acknowledges that women are often 'caught' between paid and unpaid work responsibilities • Recommends providing social insurance for women who are often disadvantaged in the labour market
United Nations Principles for Older Persons, 1991 (United Nations, 1991)	<ul style="list-style-type: none"> • Calls to appreciate older people's contributions to society • Encourages governments to incorporate the 18 principles into policies • Principles divided in five areas: 1) Independence, 2) Participation, 3) Care, 4), Self-fulfilment and 5) Dignity 	<ul style="list-style-type: none"> • No specific mention of older women (refers to 'older persons', no gender distinction)
Beijing Declaration and Platform for Action, 1995 (UN Women, 1995)	<ul style="list-style-type: none"> • Organised by the Commission on the Status of Women • 12 areas of concern: 1) Women and poverty, 2) Education and training of women, 3) Women and health, 4) Violence against women, 5) Women and armed conflict, 6) Women and the economy, 7) Women in power and decision-making, 8) Institutional mechanisms for the advancement of women, 9) Human rights of women, 10) Women and the media, 11) Women and the environment, 12) The girl child 	<ul style="list-style-type: none"> • Recognises older women's increased risk of poverty, obstacles to labour market re-entry and discrimination against older women workers, as well as health concerns and distinct reproductive and sexual health issues of older women • An analysis of the implementation of the Beijing Declaration after 20 years shows that only about a fifth of reports addressed older women and ageing (HelpAge International, 2015a)
Committee on Economic, Social and Cultural Rights general comment No. 6 on the economic, social and cultural rights of older persons, 1995 (United Nations, 1995)	<ul style="list-style-type: none"> • Analyses the position of older people in relation to the Covenant on Economic, Social and Cultural Rights • Stresses that states need to adapt their social and economic policies to respond to the needs of ageing populations 	<ul style="list-style-type: none"> • Notes that particular attention should be paid to older women who are less likely to benefit from pensions
Millennium Development Goals, 2000 (United Nations, 2000a)	<ul style="list-style-type: none"> • Followed the adoption of the United Nations Millennium Declaration at the Millennium Summit • Agreed by 189 states • Eight goals: 1) Eradicate extreme poverty and hunger, 2) Achieve universal primary education, 3) Promote gender equality and empower women, 4) Reduce child mortality, 5) Improve maternal health, 6) Combat HIV/AIDS, malaria and other diseases, 7) Ensure environmental sustainability, 8) Develop a global partnership for development 	<ul style="list-style-type: none"> • Does not specifically address issues of ageing populations • Calls to promote gender equality and empower women, but no mention of older women • Older women were also missing in the debates about the achievements of the MDS (HelpAge International, 2015a)

	General	Older women
Madrid International Plan of Action on Ageing, 2002 (United Nations, 2002b)	<ul style="list-style-type: none"> • Adopted at the Second World Assembly on Ageing • Agreed by 159 states • Three priority areas: 1) Older persons and development, 2) Advancing health and well-being into old age, 3) Ensuring enabling and supportive environments • Key international policy that aims to mainstream older people in development agendas • Promotes 'a society for all ages'; recognise human rights of older people • Aims to recognise older people's contributions to society 	<ul style="list-style-type: none"> • No separate section on older women • But refers to older women's special needs throughout the document (e.g. older women's involvement in decision-making, special needs of rural women, older women's access to education and knowledge, risks in emergency situations and risks of abuse and discrimination) • Recognises needs of older women as policy priority because the majority of older people are women • Recommends integrating gender perspective into all policies, programmes and legislation • Mentions older women's contributions through care work and their disadvantage in the labour market and in social protection systems • Calls for studies on gender inequality in old age
Report of the Secretary-General to the Economic and Social Council, Abuse of Older Persons: Recognizing and Responding to Abuse of Older Persons in a Global Context, 2002 (United Nations, 2002b)	<ul style="list-style-type: none"> • Frames abuse of older people as a human rights issue • Presents interventions and prevention responses from different countries • Outlines costs of abuse of older people 	<ul style="list-style-type: none"> • No separate section on older women • But notes older women's vulnerabilities in case of rape, banishment of widows, scapegoating and imposed burden of care responsibilities in the context of HIV
General Recommendation no. 27 on older women and protection of their human rights of the Committee for the Elimination of all Forms of Discrimination Against Women (CEDAW), 2010 (United Nations, 2010a)	<ul style="list-style-type: none"> • Specifically addresses the needs of older women and how they can be addressed by policies • Lists challenges that older women face • Discusses how gender stereotyping and discrimination affect older women's participation in different spheres of life, incl. politics and decision-making, employment, healthcare and participation in savings groups 	
Report on non-contributory pensions for older people by Special Rapporteur on extreme Poverty and Human Rights, 2010 (United Nations, 2010b)	<ul style="list-style-type: none"> • Calls on governments to provide non-contributory pensions as a critical element for realising the right to social security of older people • Provides recommendations on how to ensure that non-contributory pensions comply with core human rights standards • Addresses the role of international assistance and cooperation in social security 	<ul style="list-style-type: none"> • Urges efforts to ensure equal rights for men and women • Acknowledges that non-contributory pensions are particularly important for older women, as they live longer and are less likely to benefit from contributory systems • Notes special vulnerabilities of single women • Includes separate paragraphs on poverty among older women and assuring gender equality in social security systems • Calls on governments to pay particular attention to older women when designing non-contributory pension systems

	General	Older women
Open-ended Working Group on Ageing (OEWG), 2011 – present (United Nations, 2011a, 2011b, 2012, 2013, 2014a, 2015, 2016, 2017a)	<ul style="list-style-type: none"> Established by the General Assembly by Resolution 65/182 in 2010 First dedicated international body to address the human rights situation of older men and women Purpose is to 'consider the existing international framework, its gaps and ways to address these including, as appropriate, the consideration of further instruments and measures' (United Nations, 2017c) Eight sessions so far 	<ul style="list-style-type: none"> Generally, there has not been an extensive discussion of older women in the eight sessions of the working group First session: no specific mention of older women Second session: notes human rights abuses of older women and calls for a gender perspective: 'older women are more at risk of violence, neglect and poverty and of living with lower pensions or no pension at all, as many women primarily work in the informal sector all their lives' (United Nations, 2011b: 16) Third session: recognises discrimination and abuse against older women and their limited access to social pensions Fourth session: no particular focus on older women, but women are singled out as a 'subgroup' that needs special attention together with indigenous people, prisoners, disabled older persons, older migrants (United Nations, 2013: 17) Fifth, sixth, seventh sessions: no specific mention of older women Eighth session: mentions violence against older women
Report of the Secretary General to the General Assembly on the follow-up to the Second World Assembly on Ageing 2014 (United Nations, 2014a)	<ul style="list-style-type: none"> Highlights two human rights challenges for older people: 1) Age-based discrimination; 2) Neglect, abuse and violence against older women Provides overview of regional policy, civil society initiatives and publications Calls for a harmonised and universal approach to abuse prevention and protection of older women 	<ul style="list-style-type: none"> Key section on neglect, abuse and violence against older women Findings based on Report on Expert Group Meeting on Neglect, Abuse and Violence of Older Women, 2013 Recognises older women's financial vulnerability i.e. lacking assets and income Points out that abuse of older women is critical not just because women live longer, but in the context of 'a life course of discrimination, oppression and abuse' (p. 8)
Sustainable Development Goals, 2015 (UN General Assembly, 2015)	<ul style="list-style-type: none"> Plan of action for people, planet and prosperity Adopted by UN General Assembly 17 goals with specific targets 	<ul style="list-style-type: none"> No specific mention of older women Goal 5 'Achieve gender equality and empower all women and girls' includes, but does not specifically mention, older women Target 5.4 on women's care and domestic work Older persons are listed among other minority groups in goal 2, target 2.2, goal 11, target 11.2 and 11.7 Some but not all goals/targets refer to people at 'at all ages' (goal 3) or 'all irrespective of age' (10, target 10.2) Goal 7, target 7.18 calls for improved data disaggregated by gender and age Discussions on gender equality for the post-2015 agenda has largely excluded older women (HelpAge International, 2015a)

	General	Older women
Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016–2020 (European Commission, 2015)	<ul style="list-style-type: none"> • Provides the framework for gender equality policies and results-oriented measures in the European Union • Builds on the Gender Action Plan 2010–2015 	<ul style="list-style-type: none"> • Refers to 'women of all ages' across the document • Age recognised as an intersecting discrimination dimension • Recognises the need for sex- and age-disaggregated data • Does not include older women in violence against women target (only aged 15 to 49)
European Consensus on Development 'our world, our dignity, our future' (European Commission, 2017)	<ul style="list-style-type: none"> • Frames the implementation of the SDG Agenda • Aims to provide a framework for a common approach to development for EU member states 	<ul style="list-style-type: none"> • Promotes equality between women and men of all ages • Commitment to empowering women, incl. access to productive employment, decent work, equal pay and financial services • Calls for disaggregated data by gender and age • Acknowledges special needs of older persons as a vulnerable group • But main focus is on younger women; no specific mention of older women
Women's Economic Empowerment in the Changing World of Work: 2017 Commission on the Status of Women Agreed Conclusions (UN Women, 2017)	<ul style="list-style-type: none"> • The Agreed Conclusions were adopted by the Commission at its sixty-first session (E/2017/27) • They set out steps and measures to overcome persistent inequalities, discrimination and barriers that women face • Recommendations revolve around the following areas: normative and legal frameworks; education, training and skills development; economic empowerment; work; technological change; leadership and decision-making; private sector involvement 	<ul style="list-style-type: none"> • Refers to women 'throughout the life cycle' • Age discrimination in the world of work is recognised • Older women are referenced explicitly in relation to challenges in labour market access • Recognises gender gaps in pensions • Calls to invest in care infrastructure

In addition to the listed documents, the right to social security – sometimes with specific reference to old age protection – is recognised in the Universal Declaration of Human Rights (articles 22 and 25), the International Covenant on Economic, Social and Cultural Rights (articles 9, 10 and 11), the International Convention on the Elimination of Racial Discrimination (article 5e, iv), the Convention on the Rights of the Child (article 26), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (article 27) and the Convention on the Rights of Persons with Disabilities (article 28) (United Nations, 2010b).

6.2 Regional and national policies

Some regional human rights instruments make references to older people, such as the Additional Protocol to the American Convention on Human Rights, the Arab Charter on Human Rights and the Charter of Fundamental Rights of the European Union (UNFPA and HelpAge International, 2012).

Linked to regional frameworks, a growing number of countries have adopted national policies on ageing and some countries are implementing social protection schemes for older people (Aboderin, 2015). A review of recent policies on ageing finds that in the last decade, 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. However, the review points out that there is limited evidence on resource allocation for the implementation of policies on ageing (UNFPA and HelpAge International, 2012).

6.2.1 Africa

The *African Charter on Human and People's Rights* (African Union, 1981: 6) recognises the rights of older people under article 18.4: 'The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs'.

The 2002 *African Union Policy Framework and Plan of Action on Ageing* developed together with HelpAge International (African Union and HelpAge International, 2012) provides guidelines for governments to develop national policies and programmes on ageing. It calls for recognition of the rights of older people and their contributions to society. It identifies 12 key areas of concern for older people: 1) Information and coordination, 2) Poverty, 3) Health, 4) Food and nutrition, 5) Housing and living environments, 6) Family, 7) Social welfare, 8) Employment and income security, 9) Crises, emergencies and epidemics, 10) Ageing and migration, 11) Education and training and 12) Gender. The Plan makes several general and specific recommendations on how member states can address these issues (UNFPA and HelpAge International, 2012).

The 2003 *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* (African Union, 2003) recognises special protection for older women under article 22, calling on states parties to protect older women from violence and meet their physical, economic and social needs, including access to employment and training.

The *Kigali Declaration on Human Rights* (2003) and the *African Union Social Policy Framework* (2009) also call on African states to develop policies to meet older people's needs (African Union, 2016).

In 2016, the African Union assembly adopted the *Protocol to the African Charter on Human and Peoples' Rights on the rights of older people in Africa* (African Union, 2016). The Protocol calls on African states to improve the situation

of older people in different areas, including anti-discrimination in employment, access to justice, decision-making, social protection, protection from abuse (especially older women), family-based care, residential care, health care, recreational activities, accessibility of buildings and transport and awareness-raising on ageing. It also recognises that specific support is needed for older people who are taking care of vulnerable children, who have a disability or who are affected by conflict and disaster situations. The Protocol also includes an article specifically dedicated to the protection of older women, calling on states to protect older women from violence and abuse, including the areas of property, land and inheritance rights.

Linked to these regional frameworks, some African countries have adopted national policies to protect older people, such as Ghana, Kenya, Mozambique, South Africa, Tanzania, Tunisia and Uganda. For example, in Tanzania, older people and older women in particular are included in the 2005 National Strategy for Growth and Reduction of Poverty (better known by its Swahili acronym, MKUKUTA). Other countries have established specialised bodies or included ageing-related issues within a ministry, including Cameroon, Ethiopia, Malawi, Mozambique, Senegal, South Africa, Tunisia and Uganda (UNFPA and HelpAge International, 2012).

6.2.2 Ethiopia

In Ethiopia, the vulnerabilities of older people are referred to in the *Growth and Transformation Plan* 2010 to 2015 (HelpAge International, 2013b), in the *Growth and Transformation Plan* 2015/16 to 2019/20 (Federal Democratic Republic of Ethiopia, 2016) and in the *Constitution of the Federal Republic of Ethiopia* (HelpAge International, 2013b). The 1996 *Developmental Social Welfare Policy* aims to help adjust older people to changing situation in the country, to strengthen the role of the family to help the elderly, to promote social security services and to encourage efforts by non-governmental organisations to assist older people (HelpAge International, 2013b).

The *National Plan of Action on older persons 1998–2007* (Ministry of Labour and Social Affairs, 2006) aims to improve services for older people based on community participation,

to encourage the elderly to contribute to development, to include rights of old people in development plans, to identify and address issues of older people, to improve cooperation between government and non-governmental organisations and to solicit support from abroad. The plan is structured around 13 issues: 1) Health and wellbeing, 2) Family and community care, 3) Rights, 4) Housing and living environment, 5) Social security, 6) Education and training, 7) Employment and income generation, 8) Poverty reduction, 9) HIV and AIDS, 10) Gender and older persons, 11) Food and nutrition, 12) Emergencies, 13) Protection of life and property. For each issue, the plan lists detailed objectives, often with specific references to the needs of older women. The section on gender and older persons includes the following objectives (69–70):

- ‘Fight wrong perceptions about older women; do away with traditional harmful practices and give recognition and respect to the contribution of older women and men’
- ‘To enhance the social, economic and political role of older women’
- ‘Cater for the problems of oldest and frail women through care and support programs’

The Plan also recognises that older women provide services that are not measured in monetary terms and can negatively affect their well-being: ‘They take care of and look after children, patients and older persons. They do all these without any payment or support and this has made their life much more difficult and cumbersome’ (12).

Ethiopia does not have a universal old age pension (Erb, 2011b). There is a pension for public servants and government employees (Federal Democratic Republic of Ethiopia, 2015). A new scheme to include the private sector in social security was introduced in 2011 (Federal Democratic Republic of Ethiopia, 2011), but a HelpAge International study found that the government pension was too low to cover more than minimal household needs (Erb, 2011b).

In 2012, the *National Social Protection Policy of Ethiopia* was released (Ministry of

Labour and Social Affairs, 2012). It identifies the following four focus areas: 1) Social safety net, 2) Livelihood and employment schemes, 3) Social insurance, 4) Addressing inequalities of access to basic services. The policy aims to protect vulnerable groups, including ‘the elderly, labour constrained individuals and households, people with disabilities, pregnant and lactating women, persons living with or directly affected by HIV and AIDS and other chronic debilitating diseases, vulnerable children, the unemployed, people affected by natural and manmade calamities and victims of social problems (such as drug use, beggars, victims of trafficking and commercial sex workers) and people having difficulties in accessing basic social services’ (p. 16). The policy does not specifically address the needs of older women.

The 2005 Productive Safety Net Programme (PSNP) developed by the Ethiopian government and multiple international donors aims to reduce food insecurity of the poor. It is the largest social transfer programme in Africa outside South Africa and reached about 11% of the national population in 2006 (Sabates-Wheeler and Devereux, 2010). The PSNP provides cash and food to participants in chronically food-insecure households. Transfers are delivered through direct unconditional transfers and public works programmes (PWP) that provide temporary employment to participants, especially on rural infrastructure projects. Older people recognised as a ‘vulnerable group’ are more likely to be eligible for the unconditional cash transfer component of the programme (Ministry of Agriculture, 2014).

6.3 Policy approaches and interventions

This section divides approaches to address the needs of older women into five main themes: 1) Social protection, 2) Public services and infrastructure, 3) Workplace policies, 4) Capacity-building, education and training, 5) Social networks and activities. A comprehensive approach, covering older women’s diverse and multi-layered needs in different fields of life and throughout the life-course, is likely to be most effective.

6.3.1 Social protection

Social protection broadly encompasses policies that mitigate risks of poverty for people who cannot work. The main entity providing social protection is usually the government, but civil society and the private sector also sometimes contribute. Often a distinction is made between ‘social insurance’, referring to support in the event of contingencies, and ‘social assistance’, which means support for those living in poverty (United Nations, 2010a). Social protection schemes can include financial support in a variety of forms, such as pensions, child benefits, foster allowances, disability benefits, household transfers or healthcare benefits. Globally, only one-third of countries have comprehensive social protection schemes (Knox-Vydmanov, 2016). In Africa, social protection programmes have recently been developed in Ghana, Malawi,

Uganda, Zambia, Lesotho and Mozambique (UNFPA and HelpAge International, 2012).

Social pensions

Social pensions are an important component of social protection. An increasing number of countries have introduced social pensions in the last decade (Knox-Vydmanov, 2016). According to HelpAge International’s Social Pensions database, more than 100 countries have social pensions in place (HelpAge International, 2017b). But globally, only one in five older people has a pension and only one in ten in most sub-Saharan African countries (Knox-Vydmanov, 2016). The Age International Pension Watch social pension database includes data from 112 countries, but only has data from 14 countries in sub-Saharan Africa (HelpAge International, 2018, see Table 2).

Table 3 Social pensions in sub-Saharan Africa

Country	Name of scheme	Year introduced	US \$	% of GDP per capita	Age of eligibility	Targeting
Botswana	State old-age pension	1996	32	5.1	65	Universal
Cape Verde	Pensao Social Minima (Minimum Social Pension)	2006	51	19.0	60	Means-tested
Kenya	Older Persons Cash Transfer (OPCT)	2006/2007	19	17.4	65	Means-tested
Lesotho	Old Age Pension	2004	37	45.1	70	Pensions-tested
Mauritius	Basic Retirement Pension	1950	140	18.2	60	Universal
Mozambique	Programa de Subsido Social Basico (PSSB)	1992	7	15.5	55 women 60 men	Means-tested
Namibia	Old Age Pension (OAP)	1949	75	16.7	60	Universal
Nigeria	Ekiti State Social Security Scheme	2011	25	11.1	65 (residents of Ekiti State only)	Regional and Pensions-tested
Seychelles	Old-age pension (social security fund)	1979	2086	18.2	63	Universal
South Africa	Older Persons Grant	1927/8	107	22.9	60	Means-tested
Swaziland	Old Age Grant	2005	14	5.2	60	Pensions-tested
Tanzania, United Republic of	Zanzibar Universal Pension Scheme (ZUPS)	2016	9	11.6	70	Universal
Uganda	Senior Citizens Grant	2011	7	14.8	65 (60 in Karamoja Region)	Regional, Universal and Pension-tested
Zambia	Social Cash Transfer Programme, Katete (Pilot)	2007	11	7.8	60	Regional and Universal

Contributory versus non-contributory schemes

There are two main types of social pensions: schemes that require workers' contributions (contributory schemes) and those that do not (non-contributory schemes). Contributory pensions are more common, but many older people, especially those who work or have worked in the informal sector, do not benefit from such schemes. Globally, only 25% of the labour force is contributing or accruing pension rights. While in developed countries about 85% of people are covered by contributory pensions, in several countries in sub-Saharan Africa coverage is lower than 5% of the workforce (United Nations, 2010b).

Men are more likely to benefit from contributory systems than women. In many countries, older men are twice as likely than older women to receive a contributory pension, which is often higher than that of women (United Nations, 2010b). For example, women in the EU on average receive lower pensions than men (EU-OSHA et al., 2017). The pay gap is linked to women's working patterns throughout a lifetime. Women are less likely to have been in formal employment and often women's working life is more interrupted linked to their involvement in caring for children and other dependents, which means that they have fewer pension contributions (Esplen, 2009). Based on gender inequalities in contributory systems, the independent expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona, concludes in her report on social security: 'Non-contributory pensions are the only means by which ... gender imbalances [can be] redressed' (United Nations, 2010b).

Universal versus targeted schemes

There are two main types of non-contributory pensions: universal schemes, providing assistance to every individual above a given age, and targeted schemes, only for beneficiaries deemed most in need. The main advantage of targeted pensions is that they can be cheaper, as well-off older people are not included. However, research suggests that universal non-contributory pensions are more effective in reaching the poor and marginalised. Women

are less likely to benefit from targeted pensions linked to gender discrimination and women's limited involvement in decision-making (United Nations, 2010b). A study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016) finds that in some countries half of the intended beneficiaries were incorrectly excluded by poverty-targeted schemes. Especially in developing countries, universal pensions are often the only means for women to have a secure income in old age. Since universal pensions are provided to everyone, they have lower administration costs and reduce opportunities for corruption. They do not discourage low-income earners from saving for when they are older. Universal schemes also avoid stigmatising pension receivers and reduce tensions between receivers and non-receivers (United Nations, 2010b). Universal social pensions exist in some developing countries, such as Bolivia, Botswana, Brunei Darussalam, Namibia, Nepal, Samoa (United Nations, 2010b), Mauritius, Seychelles, Tanzania and Zambia (HelpAge International, 2017b).

Benefits of social pensions

Experts have argued that social pensions are essential to assure the human rights of older people, in particular the right to social security and the right to an adequate standard of living (United Nations, 2010b). Social pensions can ensure a secure income and lift older people out of poverty. Non-contributory pensions in particular can help overcome poverty and gender inequality in old age (United Nations, 2010b). Pensions can also help older people access healthcare (United Nations, 2010b). Kwa Wazee pensions in Tanzania improved the financial situation of pensioners (see Box 3). A study in Bangladesh finds that transfers from the Old Age Allowance and Widow's Pension were used for household needs and investments in asset purchase and businesses (Erb, 2011a).

Social pensions can also be beneficial for family members of the pension receiver. Especially in times of crisis, pensions are often the main source of household income (UNFPA and HelpAge International, 2012). In contexts where grandparents are their grandchildren's primary caregivers, pensions are especially

important. In South Africa and Brazil, pensioners were found to share all or almost all of their income with the household and especially in Brazil households with pensioners were better-off than households without pensioners (Lloyd-Sherlock et al., 2012). (Duflo, 2000) finds that girls living with recipients of South Africa's women's pension had improved rates for weight for height and height for age. A study in Namibia also shows that food for the family was the main use of pension income, followed by school expenses (Devereux, 2001).

Social pensions can also be beneficial for other community members and local economies. Some studies show that pensions have helped to protect poor rural communities by encouraging local economic activity (United Nations, 2010b). Recipients of the Kwa Wazee pension in Tanzania (see Box 3) reported that neighbours, traders, shop keepers and day labourers all benefitted from the extra influx of capital. Pensioners were more likely to hire paid help which increased employment opportunities for non-pensioners (HelpAge Deutschland and Kwa Wazee, 2014).

Box 3 Kwa Wazee Pensions in Tanzania

The NGO Kwa Wazee has been running a pension targeted at older people with little family support or with care responsibilities for children in the remote Muleba district, Tanzania, since 2003. Beneficiaries receive a monthly pension of TZS12,000 (US\$7.50) and an additional supplement of TZS7,000 (US\$4.40) for each child in their care. The scheme reaches about 1,100 older people and 600 children.

The cash transfers increased the income of recipient households by almost 80%. In 10% of the households, the pension was the only source of income. Income was used for buying food, but also for investments, household items and healthcare. Many older women reported that the pension allowed them to hire people to carry out strenuous work to improve their farms and that they were less likely to have to engage in strenuous, poorly paid day labour themselves. Pensioners also seemed to receive more rather than less family and community support in form of loans and gifts. This might be linked to their strengthened position in the reciprocity process. The evaluation finds that targeting was perceived as unfair by pensioners and non-pensioners; recipients said that they felt uneasy receiving the benefits while others who were equally in need did not.

(HelpAge Deutschland and Kwa Wazee, 2014)

Box 4 Uganda's pension pilot

The Expanding Social Protection programme funded by the Department for International Development (DFID), Irish Aid and the Ugandan Ministry of Finance was piloted in 2010 in 15 districts. It is a cash transfer pension scheme for people over 65 years old. The pilot was largely successful and had far-reaching impacts not just on pension recipients but on their whole families. For example, a study found that even though only 150,000 pensioners received the pension, about 600,000–700,000 people (mainly children) benefited from it. In 2016, the scheme was expanded to 40 districts. The Ugandan government has agreed to take over the programme by 2021 and expand it to more districts, but the future of the programme is threatened by budget constraints.

(Anders, 2018)

Recommendations for social pension schemes

Non-contributory universal pensions are most effective in reaching older women. To make sure social pensions are permanent, it is important to incorporate non-contributory pensions in legal instruments. Legislation should elaborate on eligibility requirements, mechanisms for transparency, access to information about programmes, responsibilities of those implementing the programme, complaints mechanisms and participation channels for beneficiaries. Complaint mechanisms and participation channels can ensure accountability and give beneficiaries a feeling of ownership (United Nations, 2010b).

Even though small pensions can help the poorest old people, it is important to ensure that pensions are sufficient to ‘enable older people to enjoy an adequate standard of living and afford the goods and services they require to realize at least the minimum core content of their economic, social and cultural rights’ (United Nations, 2010b: 17). For example, a study in Bangladesh, Nepal, the Philippines, Thailand and Vietnam (Knox-Vydmanov, 2016) finds that pensions were largely insufficient to provide income security. Adequacy of pensions needs to be maintained over time, requiring adjustments to inflation (Staab, 2015).

Another important aspect to take into account when designing social pension schemes is to guarantee equal access. As mentioned above universal pensions are most effective in ensuring equal access. Potential barriers to accessing pensions might be:

1. Identification documents: Requiring identification documents can be difficult for rural remote older people, especially older women (United Nations, 2010b). For example, the Kwa Wazee project in Tanzania finds that about 10% of participants did not have an identification document to confirm their age (HelpAge Deutschland and Kwa Wazee, 2014).

- 2. Collection point:** It is recommended that benefits are distributed at a convenient geographic location that is easy and cheap to reach for old people (United Nations, 2010b). A study in Bangladesh shows that older people found it challenging to collect pensions from banks, especially when they were housebound. Transport costs for collection were as high as 10% of the monthly pension (Erb, 2011a). Kwa Wazee pension recipients in Tanzania also found walking to collect the pensions difficult (HelpAge Deutschland and Kwa Wazee, 2014).
- 3. Lack of technological knowledge:** If electronic payment mechanisms are used, it is important to keep in mind that not all old people are familiar with such technology (United Nations, 2010b). But research on Kenya’s Hunger Safety Net Programme finds that older people did not consider using a smartcard for money withdrawal a barrier (UNFPA and HelpAge International, 2012).
- 4. Specific challenges for women:** Potential challenges older women might face when accessing pension schemes are difficulties in approaching administrations or a lack of gender-sensitive social services (United Nations, 2010b). Pension schemes should recognise women’s care responsibilities. If contributory systems are used, schemes that include credits compensating for time spent on unpaid care can improve women’s pensions (Staab, 2015). Some countries in Latin America (e.g. Argentina, Ecuador and Venezuela) have implemented housewife pension programmes to ensure that women involved in care have a secure income in old age (Esplen, 2009).

Special attention should be paid to reaching remote populations and excluded segments of society (United Nations, 2010b). This can be achieved through other types of social protection, accompanying pension schemes. For example, in South Africa grandparents caring for children can not only get a pension but also benefit from Child Support Grants and Foster Child Grants (see Box 5).

Box 5 Social protection in South Africa

Social protection frameworks are embedded in the South African constitution (Samman et al., 2016). Several policies recognise the needs of older persons, such as the Older Persons Act 2006, the South African Charter on the Rights of Older Persons 2011 or the South Africa Social Housing Act 2008 (UNFPA and HelpAge International, 2012).

South Africa provides a non-contributory pension for people aged 60 or older. Entitlements are based on age, as well as socio-economic status of older people and their spouse (Age International, 2015). Often, pensioners are the only household member with a steady income (Du Toit, 1994). Pensions do not only benefit older people but also the families of the pension receivers (Ardington et al., 2010; Case and Menendez, 2007; Duflo, 2003; May, 2003 – all cited in Schatz and Gilbert, 2012). Children living in households with pensioners have been found to have better health status and to be more likely to go to school (Age International, 2015).

In addition to pension benefits, grandparents caring for children are also supported by Child Support Grants and Foster Child Grants (Samman et al., 2016).

Public works programmes

PWPs have the potential to provide work, cash and food to older women. They usually include public labour-intensive infrastructure initiatives which provide food and cash to participants (Holmes and Jones, 2011). A review of PWPs in sub-Saharan Africa shows that most programmes are donor-funded (83%) and food-for-work based (60%) (McCord and Slater, 2009). Women's participation in PWPs is usually low and they are less likely to be involved in the design and decision-making related to the programmes. PWPs often target household heads which can exclude women. The work is also usually construction-related and does not remunerate women for care-related work and social services (Holmes and Jones, 2011). Often PWPs address the needs of working-age poor

rather than those of older people (McCord and Slater, 2009).

The above-mentioned Ethiopian Productive Safety Net Program is an often-cited example of a Public Work Programme. The PSNP focuses on women, recognising women's contributions, encouraging their participation in public works activities and promoting the creation of community assets to reduce women's workloads, such as community water and fuel-wood sourcing (Holmes and Jones, 2011).

India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) passed in 2005 aims to improve livelihoods by providing 100 days of employment to poor rural households. The programme is self-selective, meaning that rather than being selected, interested people can apply to participate (Desai et al., 2015). The Act promotes women's participation, for example through providing childcare facilities and encouraging women's participation in local level committees (Holmes and Jones, 2011). 43% of MGNREGA workers were women in 2015 (Desai et al., 2015). MGNREGA has also been found to have benefitted older people. Research suggests that older individuals are more likely to drop out of other wage work than from MGNREGA work. This might be linked to non-MGNREGA employers preferring younger workers for physically strenuous labour, while MGNREGA emphasises that older workers should be included in the programme. This means that MGNREGA work is often the only work available to elderly persons, especially for elderly women (Desai et al., 2015). A HelpAge International study in Tamil Nadu, India, finds that older people (aged 60 and over) had participated in the PWP with 100 days of labour at 80 rupees (US\$1.82) a day (Erb, 2011c).

Cash transfers

Cash transfer schemes are emerging as a successful approach to help poor people, children and older caregivers. South Africa's Foster Care Grants and Child Support Grants are one example (see Box 5).

Kenya's Hunger Safety Net Programme (HSNP) is a famous example of a cash transfer programme with special focus on older people. Launched in 2008 with British funding, the aim

is to provide long-term cash transfers to the poorest and most vulnerable. Beneficiaries are targeted under three targeting mechanisms:

- 1. Community-based targeting:** community members select households they think are most in need.
- 2. Dependency ratio:** households with the highest number of household members under 18 and over 55 are selected.
- 3. Social pension:** any individual aged 55 or older is entitled to cash transfers.

This targeting process means that older persons can benefit directly through social pensions and indirectly through community-based and dependency-ratio targeting. An evaluation report from 2012 finds that the programme improved women's economic and social empowerment, but it does not find a significant impact on health and work of older people. Qualitative research adds that the HSNP did not change the status of older people; most participants said that older people were treated with respect and that the programme had made little or no difference to this (Merttens et al., 2013).

Microcredit initiatives

Older women often face difficulties accessing loans to invest in livelihoods or to help them cope with shocks. Access to formal banking systems is limited for older people (Erb, 2011b) and credit schemes usually have age restrictions that prevent older women from participating (United Nations, 2010a). A study in Bangladesh finds that many older persons were excluded from microfinance institutions on the basis of age (Erb, 2011a). In Ethiopia, women especially lack access to formal or informal savings and loans associations, with the exception of some civil society support (Erb, 2011b).

One of the key recommendations of a HelpAge study of older people's livelihoods in Ethiopia (Erb, 2011b) is to introduce revolving funds to enable older people to save and build up their assets. A study of older women carers in Cambodia, Thailand and Vietnam (Orbach, 2007) also suggests to provide start-up grants or microcredit loans, accompanied by training and technical support, to improve older women's

income. The CEDAW recommendation on older women calls on states parties to provide collateral-free microcredit and to encourage micro entrepreneurship for older women (United Nations, 2010a).

An example of a microcredit initiative comes from Tanzania. HelpAge and Cordaid together with a local partner organisation offered lending schemes targeted at older people and members of their households. Part of the initiative was providing four goats to the identified household with the agreement that the first kid will be given to another household with an older person. The initiative also included a revolving fund that offered 12-month loans with small interest rates. Participants reported that the scheme helped them to meet their need of flexible loans, to accumulate assets and to diversify livelihoods (Erb, 2011d).

However, evidence suggests that microfinance initiatives are not necessarily empowering for women. For example, a review of interventions on women's economic empowerment (Taylor and Perezniето, 2014) finds that, even though microfinance can increase women's assets and profits, microfinance as a single intervention does not usually increase women's bargaining power in the household, expenditure on 'female goods' or children, or women's health outcomes. Some evidence suggests that microfinance programmes are more effective if combined with other interventions, such as business development training (Taylor and Perezniето, 2014).

6.3.2 Public services and infrastructure

In addition to financial assistance, public services and infrastructure can help support women's unpaid and paid work.

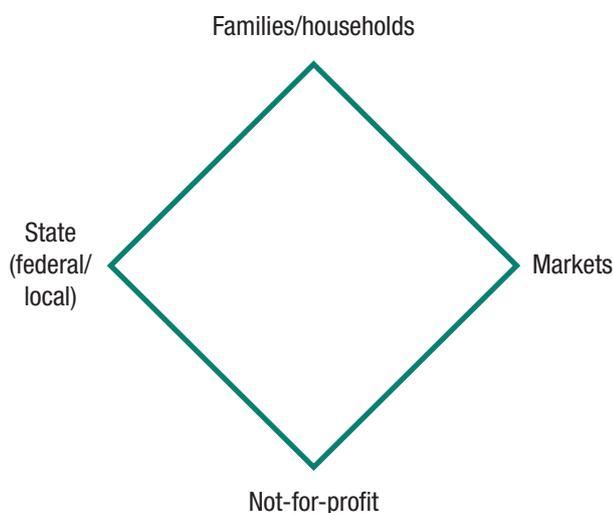
Care policies

Eyben (2012, 2013) analyses why care work has until recently been excluded from development agendas. Personal bias is partly responsible, with middle-class development practitioners working in low-income countries and employing domestic workers being reluctant to acknowledge care as a policy issue. System bias is a second reason, whereby the 'institutional rules of the game' determine what can be discussed. Policy-makers have ignored care based on the circular logic that evidence on care work must be flawed or it

would have been acted upon. Thirdly, strategic ignorance of care work exists because including care would mean that development agencies would have to radically revise their development priorities and budgets. All these biases together lead to silence about care, allowing governments to pass on the costs of care to families and communities. In order to get care onto the policy agenda, Eyben suggests a four-step approach: (1) Naming – making care visible in policy discussion; (2) Framing – promoting care as an integral part of human wellbeing; (3) Claiming – demanding government action; and (4) Programming – supporting a more equitable distribution of care responsibilities.

Elson's (2008) three Rs approach is often used to address unpaid care work. She urges that care work should be recognised, reduced and redistributed. ActionAid, Oxfam and the Institute for Development Studies (IDS) have added a fourth 'R': 'Improve Representation of carers in decision making, so they can be involved in policies that shape their lives, and policies reflect the needs and interests of carers' (Karimli et al., 2016: 7). Razavi's (2007) care diamond (Figure 3) illustrates that care work should be provided, 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 that

Figure 3 Care diamond



Source: Razavi (2007)

address women's unpaid care work at the different levels of the diamond have been implemented around the world, but mostly they are focused on middle-aged women or do not specifically address the needs of older women.

Family/household. Several NGOs have implemented programmes to trigger household-level change in patterns of care work. For example, Oxfam's WE-Care project in communities in Colombia, Ethiopia, the Philippines, Malawi, Uganda and Zimbabwe aims to change perceptions about care work so that the value of care work is recognised and care responsibilities are shifted from women to men. The programme found that in some contexts, awareness-raising campaigns, 'change agents', role-model families approaches and dialogue meetings have helped to change perceptions of care work and increase male involvement in it (Oxfam GB, 2017).

ActionAid implemented the project 'Making Care Visible' in Nepal, Nigeria, Kenya and Uganda. They used Reflect circles with about 25 women to facilitate people's reflection on power inequalities and possible solutions. In Nigeria and Uganda, women used the community discussions as a space to change men's and women's attitudes towards a more equal division of unpaid care. There were two specific cases where women from the Reflect circles built solidarity with men and local authorities to support their demands for change (Budlender and Moussie, 2013).

Market. Companies can contribute to care services and social protection through paying tax. It is important to make sure that companies pay tax in all the countries they operate and do not engage in tax avoidance schemes (Donald and Moussie, 2016). The private sector can also contribute to addressing women's care work in more direct ways. An initiative between Body Shop International and the sesame co-operative *Cooperativa Juan Francisco Paz de Silva* in Nicaragua incorporated women's unpaid labour into price structures. Buyers of sesame, including the Body Shop, are paying a premium to recognise the unpaid work women contribute to supply chains, including direct unpaid

contributions to sesame production and indirect contribution through their care and domestic work, such as cooking, laundry and looking after children. The initiative has increased the income of participant women and their households. For some women it has changed decision-making in the household and has increased men's involvement in housework. But even though more women joined the cooperative, men remained the cooperative leaders and women still cited limited access to capital support and markets as challenges (Butler, 2014).

Not-for profit. Several not-for profit organisations have implemented projects to raise awareness about women's unpaid care work, but usually without a specific focus on older women (e.g. ActionAid, IDS, Oxfam). For example, IDS implemented a project that aimed to recognise, redistribute and reduce women's unpaid care work in Nigeria, Nepal and Uganda. Interventions included learning/influencing events and advocacy work with the government to address unpaid care work (Nesbitt-Ahmed and Chopra, 2013; Nesbitt-Ahmed and Malinga Apila, 2015). In Uganda, the programme used the media – in particular radio talk shows and spot adverts – to convey messages about recognising women's unpaid care work and the need to frame unpaid care work as a collective responsibility. The programme also included 'spouses' forum meetings' to provide a platform for couples to discuss how to distribute care work. In Nigeria, the programme experienced an initial backlash at community and national level, as people considered women's role as carers as 'natural' and were reluctant to change it. Resistance was reduced, however, by working with key players such as the media who were able to raise awareness of the issue (Nesbitt-Ahmed and Chopra, 2013).

State level. States have a key role to play in addressing inequalities in care work. Accessible and affordable care services promote the capabilities of those in need of care and relieve the time constraints on those who provide care (UN Women, 2015). Care policies allocate money or time to people in need of care; they often combine policies in the field of public services, infrastructure, social protection and labour

(Esquivel, 2016). For example, the UN Women (2015) *Report on the Progress of the World's Women 2015–2016* recommends that care policies include basic social infrastructure, social services and social transfers.

The Republic of Korea is an example of a country that introduced state policies to reduce the reliance on the family to provide elder care. Elder Care Insurance (ECI) includes several policies to address the care needs of older people and reduce women's unpaid care work responsibilities. All citizens over 65 are entitled to public care services, such as help with domestic work, delivery of meals or institutional care in nursing homes. The scheme provides care services rather than cash to ensure that funds are used for care and not for other purposes. The ECI was developed in response to feminist advocacy, aiming to free up women to participate in the labour market. The policy is innovative in the sense that it recognises care as a policy issue in need of public investment. However, some studies suggest that care work for women in Korea has not reduced. Other research also found that the majority of care workers in the ECI are women in their 40s or 50s who receive very low wages (Esplen, 2009).

Policy-makers should be aware of the fact that children, older people and other relatives do not live in isolation from each other. Rather than implementing programmes for children and older people separately, an integrated approach acknowledging the interconnectedness of the lives of old and young people could benefit the whole family (Age International, 2015). Support for older women looking after HIV and AIDS patients, orphans and other vulnerable children can take some of the pressure off older people and reduce their paid and unpaid work. A report on older carers of orphans (EveryChild and HelpAge International, 2012) emphasises the importance of developing a full package of support for carers and the children they care for. This support should be tailored to the local context and can include social protection, housing assistance, support with schooling, healthcare, psychosocial support and parenting support. The report also recommends training social workers, community groups, teachers and healthcare professionals to offer better support to children and their carers.

Box 6 The importance of macroeconomic policies

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 policies. They determine women's burdens 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, e.g. through taxation.

However, macroeconomic policies rarely take into account gender equality. Many macroeconomic policies have insufficient focus on employment creation and social policies that support gender equality. Macroeconomic policies also often contribute to the undervaluation of women's work by not accounting for the disproportionate costs of women's unpaid work.

The UN Women progress report proposes a human rights-based approach to macroeconomic policy. It claims that macroeconomic policy needs to comply with human rights obligations, ensuring that economic and social rights are met. Macroeconomic policies should be designed to support women through employment policies, social protections and social services. Macroeconomic policies should also aim to redistribute the burden of unpaid work. They should ensure that sufficient resources for social policies are available, for example through more efficient tax collection. The report also emphasises the need for macroeconomic policies to be transparent and participatory and to incorporate distributive impact analyses, i.e. evaluate impacts on women's socio-economic disadvantage.

Macroeconomic policies are part of the UN Women report's 'virtuous cycle model', proposing that social protection, labour market policy and macroeconomic environment together can achieve substantive equality.

(UN Women, 2015)

It has also increasingly been recognised that governments should reform their tax policies in order to finance care policies. An IDS report on taxation and care work recommends focusing on raising tax from wealthy elites (via corporate and income taxation, wealth and property taxes, higher rates of VAT on luxury goods) in order to fund public services, including childcare and social protection.

Healthcare

The need for healthcare increases with age. Poverty exacerbates healthcare needs, since poor people are less likely to meet nutritional needs and more likely to engage in physically demanding work. But poor people especially often do not have the financial means to access healthcare facilities. Sometimes healthcare costs take up large proportions of their limited income, leading to increased urgency to engage in paid work. Research shows that in many countries the specific health needs of older people are not considered (United Nations, 2010b) and older

people struggle to access healthcare services (e.g. HelpAge Deutschland and Kwa Wazee 2014, Tanzania). Older women often face particular health challenges. For example, the Ethiopian National Plan of Action on older persons (Ministry of Labour and Social Affairs, 2006: 26) notes that older women's health, especially of those living in rural areas, is affected by 'negative cultural attitudes started from earlier years'.

To ensure that older women's human rights are met and to facilitate their unpaid and paid work, healthcare access for older women is essential. The CEDAW recommendation on older women calls on states to introduce comprehensive healthcare policies to meet older women's health needs. This can be achieved through removal of user fees, training health workers in geriatric illnesses, provision of medicine for age-related diseases, long-term health and social care and special programmes to address the physical, mental, emotional and health needs of older women, especially those from minority groups and those caring for grandchildren (United Nations, 2010a).

Some countries have specific healthcare provisions for older people. For example, in Kenya, the National Reproductive Health Strategy (2009–15), the National Health Sector Strategic Plan (2005–2012) and the AIDS Strategic Plan (2009/10–2012/13) show evidence of mainstreaming older people’s needs (UNFPA and HelpAge International, 2012). In the Kenyan Budget Statement for 2017/2018 (Rotich, 2017), it was proposed that, from January 2018, all persons above 70 will receive a monthly stipend and free coverage from the National Health Insurance Fund irrespective of their income. In Mozambique, older people are included in the National Strategic Plan for HIV/AIDS 2005–09 and the National Health Policy of 2007 recognises older people as a vulnerable group that may be eligible for free healthcare (UNFPA and HelpAge International, 2012). In South Africa, the National Health Charter 2005 and the National Health Act 2003 also include older people as a vulnerable group potentially entitled to free healthcare. The Older Persons Policy 2006 contains measures to make cataract surgery affordable and to offer free transport to health facilities for older people. The South African Government has also introduced programmes to support active ageing and the prevention and management of chronic diseases related to age (UNFPA and HelpAge International, 2012).

Public infrastructure

Provision of public infrastructure, such as access to water, sanitation, electricity, roads and transportation, can help to reduce older women’s workloads. Especially in poor rural settings, women of all ages often spend much of their time collecting water 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). Improved water access is linked to better health outcomes, which can further reduce older women’s care work hours (Esquivel, 2016). Good transportation and roads can also save older women’s time, for example through improving access to care services (Esquivel, 2016).

Housing

The CEDAW recommendation on older women emphasises the need to ensure that older women

have adequate housing. Housing should meet the specific needs of older people and barriers to their mobility should be removed. It is also recommended that states protect older women against forced evictions and homelessness and provide social services that enable older women to remain in their homes for as long as possible (United Nations, 2010a).

6.3.3 Workplace policies

To facilitate older women’s paid work, policies can improve job opportunities and working conditions and ensure that women are not discriminated against in the workplace. Although most literature on work-related policies to support older people is on formal employment, interventions to support older women’s informal work are essential. States can help reduce older women’s precarious work in the informal economy, for instance by creating more formal jobs, regulating informal jobs and extending state protection to the informal workforce (Chen, 2012).

Job opportunities

It is important to reduce barriers that older women face when looking for work. Some countries have introduced policies that support hiring older workers. In Japan, subsidies are paid for hiring people aged 45–64 with a lack of experience. The Japan Finance Corporation for Small and Medium Enterprises also offers loan programmes to older people to encourage their self-employment. Similarly, the Belize Rural Development Plan 2005 includes self-employment loans for older people in rural areas. In Hungary, employers who hire long-term unemployed people aged 50 years and older are exempt from paying a lump sum in healthcare contributions. A similar scheme exists in Serbia. In Singapore, the Advantage and Flexi-Works Policy offers financial assistance to employers who recruit, retrain or re-employ older workers (UNFPA and HelpAge International, 2012).

A study of older people in Ethiopia suggests that diversified livelihood schemes are essential to help older people get a secure income. Even though pensions were found to be a vital contribution, they were not enough for those older people who wanted to work. The author recommends introducing a variety of interventions rather than just focusing on

one livelihood, which could put older people at risk in case of emergencies. One suggestion is to provide revolving funds to enable active older persons to work and save (Erb, 2011b). The Ethiopian National Plan of Action (Ministry of Labour and Social Affairs, 2006) also calls for change in negative attitudes about employment and income-generating jobs for older people, including awareness-raising about older women's domestic work.

Working conditions

Policies that improve working conditions for older women in formal and informal work can support older women to juggle paid and unpaid work; they may also encourage older people to stay in the workforce for longer (EU-OSHA et al., 2017). Policies should recognise the care responsibilities of workers and provide support to carers. For example, a report by Age UK and Carers UK (2016) recommends introducing measures to create signs of a 'carer friendly work environment', such as named contact persons that are there to support carers in the workplace, carers' support groups at work and rewards for carers' champions. The report also urges the provision of social support and opportunities for short-term leave to carers, especially during transitions.

Flexible working times and part-time work arrangements can help older women to reconcile paid and unpaid work responsibilities (EU-OSHA et al., 2017). A report by Age UK and Carers UK (2016) finds that in the UK a lack of flexible working arrangements encouraged older carers to stop paid work. Gradual retirement schemes have been introduced in some countries to support the diverse needs of older workers, e.g. in terms of caring responsibilities and health (EU-OSHA et al., 2017). For example, in Norway and Sweden, pensions can be withdrawn partially or fully, combined with part-time or full-time work. In Hungary, the Premium Years Programme promotes gradual retirement (UNFPA and HelpAge International, 2012).

Anti-discrimination initiatives

As shown in section 4.1.3, older people often suffer from abuse and discrimination in the workplace. Initiatives that fight negative stereotypes of older people can be successful in improving their working conditions and mental

well-being. An important step to overcoming age-based discrimination in the workplace is anti-discrimination legislation, including protective mechanisms and legal intervention (United Nations, 2002a). The African Union (2016) also calls on member states to take measures to eliminate workplace discrimination against older people. Some governments have promoted older people's employment through age-specific anti-discrimination legislation, such as Australia, Bolivia, Japan and Serbia (UNFPA and HelpAge International, 2012).

Information campaigns and awareness-raising can help fight negative stereotypes of older people. Some countries, including Australia, Finland, Netherlands, Norway and the United Kingdom, have carried out information campaigns to overcome employer reluctance to employ older workers (UNFPA and HelpAge International, 2012). A key recommendation of a HelpAge study with older people in Ethiopia is to introduce an active ageing focal point in local governments in order to make sure that older people's issues are addressed (Erb, 2011b).

While older women can benefit from interventions to overcome negative stereotypes of older people in general, it is important to address discrimination of older women in particular. The CEDAW recommendation on older women notes that states parties are obliged to assure that older women can participate in paid work without gender- or age-based discrimination. Governments should ensure that problems older women might face at their workplace are addressed and that the impact of gender pay gaps on older women are monitored. The recommendation also calls on states parties to provide older women with information on their rights and accessing legal services, as well as to train the public authorities, police, judiciary and legal aid services on the rights of older women (United Nations, 2010a). One example where special efforts have been made to protect older women is Tanzania. The 2003 National Policy on Ageing includes the aim to challenge practices that can harm older women, and the 2005 National Strategy for Growth and Reduction of Poverty includes a target to eradicate abuse and discrimination against women (UNFPA and HelpAge International, 2012).

6.3.4 Capacity-building, education and training

Training for older women can help them with employment opportunities and with managing their unpaid work responsibilities. Education can also improve older women's confidence and quality of life. For example, Altschuler (2001) in her study of older US women finds that returning to school later in life created a clear sense of identity and self-worth and increased women's ability to say no to others' requests. If older people care for children, they can also pass on their knowledge to younger generations (UNFPA and HelpAge International, 2012).

Several studies and policies have recognised the need to improve training opportunities for older people. In a study of subsidised grandparent carers in the US, Anderson et al. (2013) find that most grandparents expressed an interest in training on child development. Age UK and Carers UK (2016) recommend specific programmes to help former UK carers return to paid work. Research in Bangladesh (Erb, 2011a), Tanzania (Erb, 2011b) and Ethiopia (Erb, 2011b) identified the need for training programmes to build older people's knowledge of and skills in budgeting, the use of loans and entrepreneurial skills. The 2016 Protocol to the African Charter on Human and Peoples' Rights on the rights of older people in Africa (African Union, 2016) calls on states to provide opportunities for older people to access education, learn Information and Communications Technology (ICT) skills and to prepare for challenges in old age. The Ethiopian National Plan of Action (Ministry of Labour and Social Affairs, 2006) also calls for long-term training opportunities for older people.

Some countries offer training programmes for older employed or unemployed workers. In Mexico, the National Institute for Older People provides training programmes to older adults who want to reintegrate in the workforce. The Targeted Initiative for Older Workers in Canada provides employment assistance to unemployed older workers. In Denmark and Sweden, there are lifelong learning programmes, especially for poorly qualified workers. In Hungary and Russia, the government provides ICT training for older people (UNFPA and HelpAge International, 2012).

There are also more general training programmes that can be, but are not necessarily, related to paid work. In Cambodia, HelpAge International set up free six-month adult literacy courses for illiterate women over 60. They trained retired schoolteachers and monks as volunteer teachers. The idea for the courses emerged during discussions with members of Older People's Associations (OPA), where older women said that they wanted to be able to read signs at bus stations and health centres, posters, government information and instructions about growing vegetables (Pugh, 2010). The Vietnam Women's Union and HelpAge International introduced capacity-building of self-help groups for older people, mostly women, infected and affected by HIV. Activities of the groups include training on HIV prevention, livelihood and microcredit training, promoting self-care, raising awareness about HIV/AIDS and older people and about older people's important contributions. The groups also built the capacity of members to lobby the government for increased resources and services. Outcomes have been reduced HIV- and AIDS-related discrimination, improved awareness of older people's contributions to caring for people affected by HIV and AIDS, and better livelihood options for older women carers linked to better access to credit (Esplen, 2009). In many countries, Third Age Universities have been established 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. They are set up by governments, as well as enterprises, armies, colleges and research institutions. The government has also introduced television shows, radio programmes and classroom teaching to educate older people (UNFPA and HelpAge International, 2012).

6.3.5 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 housebound 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). The CEDAW recommendation on older women recommends to

providing recreational facilities for older women and outreach services for older housebound women, as well as affordable transport for those older women living in remote areas so that they can participate in economic, social and community activities (United Nations, 2010a).

OPAs are community-based organisations of older people that aim to improve living conditions for older people and provide social support. In China, HelpAge International and the China National Committee on Ageing implemented a project to reduce poverty among older people through forming OPAs. They carried out health activities, such as teaching on self-care, use of health services and nutrition. They also involved livelihood activities, including seed money distribution, training on livelihoods and a revolving loan fund to be used for livelihood projects. Participants reported increased well-being and health and reduced poverty. Training of older people improved their social status and the overall development of the village. The report recommends that women should be involved in the management committees of the groups (HelpAge International, 2007).

In Ethiopia, OPAs are rare (Erb, 2011b). In a HelpAge study in Ethiopia, older people said that they felt lonely and isolated and that this negatively affected their livelihoods and quality of life. As a result, participants in the study expressed an interest in forming groups for old people. One of the key recommendations of the study was to introduce OPAs throughout the country to provide older people with a platform for action and information, as well as a meeting point to engage in social and economic activities (Erb, 2011b)

6.3.6 Life-course approach

To address older women's needs holistically, a life-course approach is essential. A life-course approach to gender and ageing recognises the linkages between gender differences in early and late life and investigates how life-course changes differently affect men and women (Knodel and Ofstedal, 2003). Vera-Sanso (2012) argues that older women's circumstances are the outcome of (1) their social and class positions;

(2) institutionalised discrimination that women experience throughout their life; and (3) age discrimination. The Cumulative Advantage/Disadvantage approach focuses on inequality both within and between age cohorts and holds that inequalities (e.g. in terms of money, health or status) tend to be maintained over a lifetime (Dannefer, 2003).

Women face discrimination throughout their lives that affect their work and general position in old age. For example, if women were excluded from high-paying jobs earlier in their lives they are more likely to experience poverty in old age (Mudege and Ezech, 2009). Women's disproportionate involvement in care work at a younger age also affects their position later in life as it can limit women's labour force participation and related pension entitlements (Neysmith and Reitsma-Street, 2009).

A life-course approach means that policies that address women's and girls' disadvantages throughout their lives are essential to address older women's needs. Gender policies taking a life-course approach include 'women of all ages' or 'women throughout the life cycle' in their aims and targets. Even though policies often address the needs of females in different phases of their lives, they do not always explicitly take a life-course approach and acknowledge the specific needs of older women. For example, the 2011 DFID Strategic Vision for girls and women (DFID, 2011) addresses four key areas that affect females throughout the life-course: (1) Delaying pregnancy and supporting safe childbirth; (2) Get economic assets directly to girls and women; (3) Get girls through secondary school; (4) Prevent violence against girls and women. The policy acknowledges that for reaching these goals it is important to create a 'positive enabling environment that seeks to improve a girl's or woman's relations with the men and boys around her and her status within her family and wider society' (p. 1). All these goals ultimately affect women's circumstances later in life, but older women are not explicitly referred to in the policy. The policy has been criticised for a weak focus on intersectionality, recognising that women are not homogenous but diverse according to age and other characteristics (GADN, 2017).

7 Research gaps

The need for more and better data on older people has increasingly been recognised. Goal 17, target 17.18 of the Sustainable Development Goals calls for improved data disaggregated by gender, age and other characteristics relevant in national contexts (UN General Assembly, 2015). Similarly, the 2017 United Nations World Population Ageing report calls for ‘accurate, timely demographic data, disaggregated by age, sex and other relevant characteristics’ (United Nations, 2017d). A UK report submitted to the UN Statistical Commission to consider at the session in March 2018² (United Nations, 2017b) highlights that there is a lack of consistent data across all ages relating to specific topics of interest in the context of the SDG indicators. The 2016 Protocol to the African Charter on Human and Peoples’ Rights on the rights of older people in Africa (African Union, 2016) and the Ethiopian National Plan of Action (Ministry of Labour and Social Affairs, 2006) also call for research on older people.

There is a particular need to improve data on older women (HelpAge International, 2015b). The CEDAW recommendation on older women (United Nations, 2010a: 6) urges states parties ‘to collect, analyse and disseminate data disaggregated by age and sex, so as to have information on the situation of older women’. This literature review has found that there is a lack of research specifically focused on older women’s work. Much of the literature for this review was taken from studies on older people or women more generally. Research on older women in developing countries is particularly important, as there remains limited evidence on ageing in the developing world, especially Africa (UNFPA and HelpAge International, 2012). The literature review has identified specific needs for

data collection and analysis and research topics, as discussed below.

7.1 Data collection and analysis

There is a scarcity of data on older women’s work. Ways to increase data on older women are listed below.

Focusing analysis of existing data on older women

There is potential to get more information on older women by focusing analysis of existing data sets on older women. Gender and age are variables that are usually included in surveys. This means that existing data can be analysed through the lens of age and gender. For example, to look at income in old age, one can explore different sources of income of older people in existing data sets rather than only looking at household poverty data (Knox-Vydmanov, 2016). A challenge with this approach is that unless older people are over-sampled, existing surveys might not be sufficiently representative of older people, especially of the ‘oldest old’.

Segregating data by gender and age

This literature review has found that much research on older people’s livelihood does not systematically distinguish between genders (e.g. Erb 2011a; HelpAge International, 2010; HelpAge International, 2011). This includes presentation of quantitative findings that are often grouped under ‘older people’ or ‘women/men of all ages’. Qualitative findings are also often presented in a way that leaves it unclear whether a statement or quote comes from a woman or a man and how old the respondent is. Studies that are specifically on older women are usually from Western countries (Butler

2 The report provides an overview of challenges with respect to data on older populations and includes a proposal to form a new city group, called the Titchfield group, on ageing and age-disaggregated data in order to address issues of conceptualisation, methodology and instruments in the domains of ageing and age-disaggregated statistics (United Nations, 2017b).

et al., 2012; Muller and Volkov, 2009). The UK report to the UN Statistical Commission recognises that much of the available survey data excludes various age groups and does not disaggregate by age in higher age groups (United Nations, 2017b). A HelpAge International review of available data on households affected by HIV and AIDS also finds that there is limited disaggregated data by age and sex (Miller, 2006).

Improving existing data collection and instruments

Standard household surveys often do not ask relevant questions to understand the circumstances of older people. In addition to asking already-included questions to older people, tools could be adjusted to collect more in-depth information about specific issues that may affect older women in particular (Melamed et al., 2015). For example, the above-mentioned HelpAge International review of available data suggests including measures of care and use, access and satisfaction with public sector services in surveys (Miller, 2006).

Older people are often not represented in sufficient numbers in standard household surveys to draw robust conclusions about their circumstances. To improve representativeness it may be necessary to collect data on a greater number of people or to over-sample older people, especially the oldest old (Melamed et al., 2015). To improve coverage of older people complementary data collection with individuals who do not live in traditional household units, such as older people living in residential homes, could be helpful. More questions could also be put to older women and men members of the household (Melamed et al., 2015).

7.2 Research topics

As research on older women is scarce, there are many aspects of older women's lives that need further exploration. The UK report to the UN on ageing-related statistics (United Nations, 2017b) calls for more data highlighting the contributions of older people to the economy and society and for data to enable sustainable development strategies which empower older persons. The CEDAW recommendation on older women (United Nations, 2010a) recommends

that data collection on older women should focus on poverty, illiteracy, violence, unpaid work, migration, access to healthcare, housing, social and economic benefits and employment.

Generally, it is important that research on older women's work is placed in specific cultural, political, and socio-economic contexts that determine both gender relations and old-age-related roles (Knodel and Ofstedal, 2003). The literature review has identified research gaps related to older women's work listed below.

Time poverty and juggling paid and unpaid work

Even though the literature on time poverty tends to have a strong focus on gender, it rarely segregates findings by age. This means that there is a lack of knowledge on women's time poverty throughout the life-cycle and on how time constraints affect older women in particular. The literature review has shown that many older women juggle paid and unpaid work, often in the context of poverty and diminishing health. It would be interesting to investigate in more depth how older women cope with the competing claims on their time of paid and unpaid responsibilities. How do they divide their time between paid and unpaid work on a daily basis? Is some work carried out simultaneously? Who do they turn to for help? What support and coping mechanisms do they use or would like to use? What tasks would they like to engage more or less in and for what reasons? It is essential to improve understanding about what older women want themselves. Understanding older women's working conditions, motivations for work and support needs can be useful to design policies for the economic empowerment of older women.

In-depth analysis of older women's work

Older women's unpaid work and the financial and emotional cost of this work needs further investigation (United Nations, 2010a). Most of the literature on older women's unpaid work has focused on caring for grandchildren, while less is known about responsibilities caring for other older people and community members. Other areas of older women's work that have not gained much attention include women's in-kind work and older women's involvement in subsistence farming.

Work-related identity dimensions

The section on older women's motivations for work has shown that most of the literature focuses on the necessity to work, linked to poverty and crises. Less has been written about women's personal preferences/motivations to work. There seems to be a lack of research on identity dimensions of older women related to their work, especially to care work. Paid and unpaid work can provide women with a sense of identity which can be an essential motivation for their work. In particular, care responsibilities can provide an opportunity for older women to define their identities (Neysmith and Reitsma-Street, 2009). It would also be interesting to explore how work-related identities relate to social norms about gender- and age-specific roles in particular communities.

Living arrangements and work

Living conditions of older women can affect their work in different ways. Who women live with and whether family lives close by is essential to understanding care responsibilities and familial support. Older women's linkages with community members are important in determining their care and community work, and can generate opportunities for paid work. There are also important differences between older women's work in rural and urban areas. Older women's type of housing/dwelling can also influence their well-being and health and thus their ability to engage in work. The literature review could not find much on these linkages between older women's work and living arrangements, especially in terms of type of dwelling.

Older women's work and social change

Another interesting aspect for further exploration would be older women's work in the context of social change. Relationships between generations are changing worldwide, often reflected in changes in family support structures and changing perceptions of older people. In Africa, family support of older people is reducing while HIV and AIDS and other challenges impose new responsibilities on older people (Mudege and Ezeh, 2009). Urbanisation and socio-economic change influence older people's work patterns and situations. Social change and economic hardship

were also observed as factors changing systems of family responsibility in Ethiopia (Erb, 2011b). A review of qualitative studies of seven ethnic groups in different regions of Africa suggests that, for older people, the interplay of social change and cultural persistence has created cultural ambiguity, which means both powerlessness and new opportunities (Udvardy and Cattell, 1992). In their second session, the Open Working Group on ageing (United Nations, 2011b) recognised the need for research on the relationship between socio-economic development and behaviour towards older people.

Older women and migration

Some literature has looked at the effect of migration of family members on older people's responsibilities, especially with regard to care work. But relatively little research has been conducted on migration of older people themselves (HelpAge International, 2015b). An increasing number of older people migrate to urban areas to earn a living, as in Ethiopia (Ministry of Labour and Social Affairs, 2006). Some older women in South Africa were found to move between urban and rural centres to manage their paid and care work responsibilities (e.g. Chazan, 2008). It would be interesting to explore how migration affects older women's livelihood, well-being and relationships with family members.

Older women's experience of violence

Several studies have pointed to a lack of research on violence against older women. Data systems that record sexual and physical violence against women often stop at 49, thus leaving out older women's experience of violence (HelpAge International, 2015b). Often, violence and abuse of older women is underreported (United Nations, 2014a) and there is especially little data from developing countries (United Nations, 2002a). A report of the UN Secretary General calls to collect national and international data on older women's experiences of neglect, violence and abuse. The 2013 UN Expert Group Meeting on Neglect, Abuse and Violence of Older Women recommends investigating risk factors of older women's abuse and to clarifying what constitutes violence and abuse of older women (United Nations, 2002a). In the context of older women's work, it would be interesting to

investigate the relationship between violence and work. What violence and abuse do older women experience when engaging in paid or unpaid work? How does violence against older women affect their work choices and work patterns?

Intersectionality

Age and gender intersect with other identity dimensions, such as religion, caste and class.

Even though intersectionality has increasingly been recognised in international development circles, not much has been written about older women and intersectionality. The UK report to the UN on ageing-related statistics (United Nations, 2017b) recommends improving data collection to reflect the diversity of older people and capture linkages between multiple dimensions of older people's lives.

8 Conclusion

This literature review has investigated older women's paid and unpaid work, their living arrangements, motivations for work and the impact this work has on older women and their family members. It has shown that older women across the world, but especially those living in poverty, engage in significant amounts of paid and unpaid work. For some women, work is a necessity, linked to poverty, shocks, widowhood, HIV and AIDS, migration of family members and other family obligations. Work can also be motivated by social norms and personal preferences. The literature review suggests that paid and unpaid work, and especially having to juggle both, can negatively affect older women's physical and mental health. Positive impacts of older women's work are financial independence,

support from family members and personal fulfilment. Family members also often benefit from older women's paid and unpaid work, in terms of finances, emotional support and freed-up time. Several international, regional and national policy frameworks have addressed the need to protect women and older people, but few have focused on older women. The literature review proposes five areas for interventions to support older women and their work: (1) Social protection, (2) Public services and infrastructure, (3) Workplace policies, (4) Capacity-building, education and training and (5) Social networks. A comprehensive approach covering older women's diverse and multi-layered needs in different fields of life and throughout the life-course is likely to be most effective.

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Annex 1 Search strategy

The search strategy involved using the key words listed below in the databases/search engines listed below. Key words were adjusted to the different databases. (For example, searching in the Journal of Women and Aging, only key words, such as ‘work’, ‘care’, ‘empowerment’ were used, rather than ‘older women work’).

I followed the snowballing approach, researching resources that appeared in sources and scanning through bibliographies for relevant literature.

I looked for English articles only. The review started at the global level with a special interest in Ethiopia and sub-Saharan Africa.

Databases by International Organisations/NGOs/think tanks:

- UN Official Document system: <https://documents.un.org/prod/ods.nsf/xpSearchResultsM.xsp>
- UN Working Group on Ageing: <https://social.un.org/ageing-working-group/>
- UN Women Knowledge Gateway for Empowering Women: www.empowerwomen.org/en/resources
- UNRISD: www.unrisd.org/
- E library world bank: <https://openknowledge.worldbank.org>
- OECD library: www.oecd-ilibrary.org/
- WHO Aging and life course: www.who.int/ageing/en/
- Geneva International Network on Aging: <https://sites.google.com/site/ginagenevaintlnetworkonageing/>
- Global Aging Institute: www.globalaginginstitute.org/publications/reports.html
- AGE Platform Europe: www.age-platform.eu/publication-type/other-publications
- Global Alliance for the Rights of Older People: www.rightsofolderpeople.org/resources/
- Help Age: www.helpage.org/resources/publications/
- Age International: www.ageinternational.org.uk/policy-and-research/Useful-Documents/
- ODI: www.odi.org/
- Oxfam Policy and Practice: <https://policy-practice.oxfam.org.uk/>
- Eldis: www.eldis.org/
- IDS: www.ids.ac.uk/publications
- ILO: www.ilo.org/global/publications/lang—en/index.htm
- UNFPA: www.unfpa.org/publications
- Grandparents Plus: www.grandparentsplus.org.uk/Pages/Category/reports-and-publications

Academic databases and journals

- Journal of Women and Aging
- Journal of Aging Studies
- Gender and development issue on life cycle, 2000
- Gender, Work and Organization
- Google scholar
- Solo Bodlein (University of Oxford)
- Anthropology Plus
- Econlit
- SAGE journals

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- Journal of Development Studies
 - Feminist Economics
 - Gender and Society

Key search terms:

Older/ old/aged/ elderly women, older/ old/aged/ elderly women time use, older/ old/aged/ elderly women empowerment, older/ old/aged/ elderly women economic empowerment, women and ageing, older/ old/aged/ elderly women work, older/ old/aged/ elderly women formal work, older/ old/aged/ elderly women informal work, older/ old/aged/ elderly women paid work, older/ old/aged/ elderly women productive work, older/ old/aged/ elderly women in-kind work, older/ old/aged/ elderly women unpaid work, older/ old/aged/ elderly women reproductive work

Additional key words for specific questions (added to key search terms):

Motivation, shocks, impact (or for specific impacts: self-esteem, wellbeing, status, independence, violence, migration, HIV), grandchildren, daughters, in-laws, sons, family members, grandparents care, co-residence with grandchildren, skip-generations, dwelling, living arrangement, policies (or for specific policies: pensions, financial support, social protection, care policies)

Additional key words for specific geographical locations (added to key search terms):

Africa, sub-Saharan Africa, Ethiopia, developing countries, Global South



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