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# Transforming gender relations in an ageing world

*A policy discussion paper*

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**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

This discussion paper is a product of collaboration between the University of Warwick and HelpAge International. It builds on research undertaken by Professor Ann Stewart, Warwick Law School, and supported by Dr Jennifer Lander, Lecturer at De Montfort University, Leicester (formerly Early Career Fellow at the Institute of Advanced Study, Warwick Law School) in 2016-17. HelpAge and the University of Warwick funded the development of the paper, with support from the EU, Irish Aid, the Economic and Research Council ESRC (grant reference ES/M500434/1).

The researchers consulted with a wide range of key stakeholders with interests in gender and ageing, including staff members and network partners of HelpAge International. Regional workshops were held in Jordan, London and Nairobi to develop the ideas and consult with key informants and drew on the knowledge of key informants in India, Tanzania and South East Asia. A global advisory group consisting of key informants, including a range of development policy advisors, provided guidance in its development.



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## **Transforming gender relations in an ageing world**

### ***A policy discussion paper***

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# 1. Introduction: gender equality across the life course

## Purpose and audiences

Gender equality throughout the life course is essential if we are all to flourish in older age. Ageing is becoming a key issue for international policy makers and decision takers. Barriers to leading dignified, healthy and secure lives in older age achieving a good older age for all include poor understanding of the issues we face as we age, lack of wider research on the intersection between ageing and gender (despite the 'feminisation of ageing'<sup>1</sup>), as well as the predominant focus of development practitioners and policies on younger age groups.

While policy makers and advocacy groups recognise that we must address intersecting inequalities, including those related to gender, inequalities associated with older age are often ignored or marginalised. This policy discussion paper starts from the perspective of those experiencing older age (older people have a right to better lives now) and reaches back into earlier life stages to ensure that future generations can flourish in older age. Gender relations must be transformed over the whole life course.

We address a cross-sectoral constituency of policy makers, decision takers and change advocates, including but not limited to those focusing on older age or gender issues. This discussion paper addresses issues of gender relations in older age, and highlights the importance of a gendered understanding of ageing for development and humanitarian policy and advocacy.

The paper starts with our key messages. We then introduce our supporting framework to understand the way in which intersecting inequalities affect life courses and gender relations in older age and argue for a gendered life-course perspective within the Sustainable Development Goals (SDGs) framework. We make 17 recommendations in key areas of concern to older people relating to income and poverty; care and social reproduction; health and well-being; and violence, abuse and neglect. We finish by focusing on humanitarian action.<sup>2</sup>

## Key messages

- Flourishing in older age depends on transforming gender relations over a lifetime.
- Older people are rights holders; they have a right to be heard and their voices are valuable.<sup>3</sup>
- Ageing intensifies the disadvantages faced by many women and can disempower men.
- Gender relations in older age can be transformed by addressing the accumulation of economic inequalities and culturally devalued identities relating to race, class, ethnicity, gender identity, sexuality and disability.
- Gender informs all the United Nations Sustainable Development Goals. Overcoming ageism is central to the implementation of the 2030 gender outcomes.
- Research focused on the interaction between gender and ageing is needed to address the inadequate understanding of intersecting inequalities in older age.

## Supporting framework

Our key messages are based upon global evidence combined with HelpAge International's knowledge and practice, generated by working with, through and for its network members. In this section, we introduce an analytical framework for policy and advocacy which adapts an *intersecting inequalities* approach to development policy<sup>4</sup> by adding a *life-course* perspective.<sup>5</sup> Capabilities in older age are determined by myriad intersecting inequalities: the result of economic processes, and those associated with political, social and cultural practices, including those produced through gender processes; and the effects of accumulating assets and liabilities over a life course. We use the lens of older age to *reflect back* on the effects of the earlier life stages, which largely determine the status of older people. We also highlight the effects of processes such as ageism<sup>6</sup> that are particularly prevalent in older age and which fail to mitigate the impact of any impairments that increase or occur in later life.

Throughout our lives we make decisions about how we want to live, but some of us have more

choice than others. Despite our efforts, over a lifetime some of us arrive at older age with very few economic, social and cultural assets to call upon. This may be because we were born into a poor family or into a community which is not treated well by others (for instance because of caste, religion or ethnicity); we were born with, or acquired, an impairment; or because we experienced war, conflict or natural disasters.

Gender-based inequalities can start from before we are born and continue over a lifetime. Our lives do not necessarily proceed in neat stages but rather in a fluid and dynamic manner. For example, impairments can interact with social, cultural and economic determinants and environmental aspects across the life course, resulting in differing outcomes for men and women.<sup>7</sup> The commonly held assumption that older people are genderless or asexual often prevents gender being considered as an issue in older age. To combat this ageist notion, it is vital to remember that the effects of gendered processes do not stop when we get older. The economic, social and cultural assets and liabilities of every older person are accumulated over time, from pre-birth through what are regarded as reproductive and productive ages.<sup>8</sup>

**Gender sensitisation** seeks to enable older women and men equally to “be and do what they have reason to value.”<sup>9</sup> It is a lens primarily applied to projects and interventions focused on older people themselves. It seeks to make up for or *mitigate* the accumulated adverse effects on women and men of a gendered life course. **Being sensitive to gender issues in older age does not address the gender-based power relations which operate throughout the life course.**

A **gender sensitive lens** must be complemented by a **gender-transformative** approach to *all stages of the life course*. Without diluting the primary remit of age-focused organisations to advocate with older people, such advocacy must also influence international and national policy development and global frameworks by adding a gendered-ageing lens to interventions that focus on earlier life-course stages.<sup>10</sup> **Gender-sensitive** and **gender-transformative** approaches overlap and intersect. A gender-transformative life-course approach exposes the wider and enduring economic and social impact of such practices and adds an age-inclusive perspective to gender-based advocacy.

## Footnotes to section 1 - introduction

<sup>1</sup> Nearly a quarter of the world’s women are over the age of 50. Women are living longer than men. There are approximately 80 men aged 60 and over to each 100 women. By 2025, both the proportion and number of older women are expected to soar from 107 to 373 million in Asia, and from 13 to 46 million in Africa. See “[Challenges Facing Older Women](#)” Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and Executive Director, UN Women February 28 2017.

<sup>2</sup> We chose these but there are others: political representation and the right to education, for instance.

<sup>3</sup> HelpAge International (2017) [Entitled to the Same Rights](#). London: HelpAge International.

<sup>4</sup> Arauco, V. P. et al (2014) [Strengthening Social Justice to Address Intersecting Inequalities Post-2015](#). London: Overseas Development Institute. Kabeer, N. (2010) [Can the MDGs Provide a Pathway to Social Justice? The Challenge of Intersecting Inequalities](#). Brighton: Institute of Development Studies. Kabeer, N. and Santos, R. (2017) [‘Intersecting Inequalities and the Sustainable Development Goals: Insights from Brazil’](#) LSE International Inequalities Institute Working Paper 14 August 2017.

<sup>5</sup> WHO and International Longevity Centre (2000) [A Life Course Approach to Health](#). Geneva: WHO. See also *Special Edition of Journal of Population Ageing* Volume 9, Issue 1-2, June 2016 ‘Life Course Influences on Inequalities in Later Life: Comparative Perspectives’; HelpAge International, [“What is a Life course Approach to Ageing?”](#)

<sup>6</sup> “Ageism” is stereotyping and discrimination against individuals or groups on the basis of their age; it can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs (WHO (2015) *World Report on Ageing and Health*. Geneva: WHO); See also WHO (2016) [Voices of Older Adults on Ageism](#).

<sup>7</sup> We recognise that gendered processes are far more complex beyond the binary of men and women, often differentially affecting the LGBTQI communities. As noted in this discussion paper, gender identities and sexualities can be culturally devalued and discriminated against, contributing to the production of intersecting inequalities. There is an insufficient research base at present on ageing, gender identities and sexualities, which was confirmed in our own research and discussions with key informants for this policy discussion paper. More research in this area is urgently needed to inform advocacy and programming.

<sup>8</sup> Production relates to undertaking paid work. Reproduction here is understood as biological rather than ‘social reproduction’, which includes the provision of the sexual, emotional and affective services that are required to maintain family/intimate relationships, unpaid production in the home and reproduction of culture which stabilises social relations. See Hoskyns, C. and Rai, S. M. (2007) ‘Recasting the International Political Economy: Counting Women’s Unpaid Work’, *New Political Economy* 12 (3): 297–317).

<sup>9</sup> World Health Organisation (2015) *World Health Report on Ageing and Health*. Geneva: WHO.

<sup>10</sup> For example, advocacy for changing gender norms and redistributing caring responsibilities between men and women in younger generations will positively impact the health and wealth of women as they age, because they will have more opportunities to acquire economic assets over their lifetime on a more equal basis with their male peers. Men will also benefit as they age from having been more involved in social reproduction and the social assets and bonds that such engagement produces.

**Figure 1. Accumulating assets/liabilities over the life course**

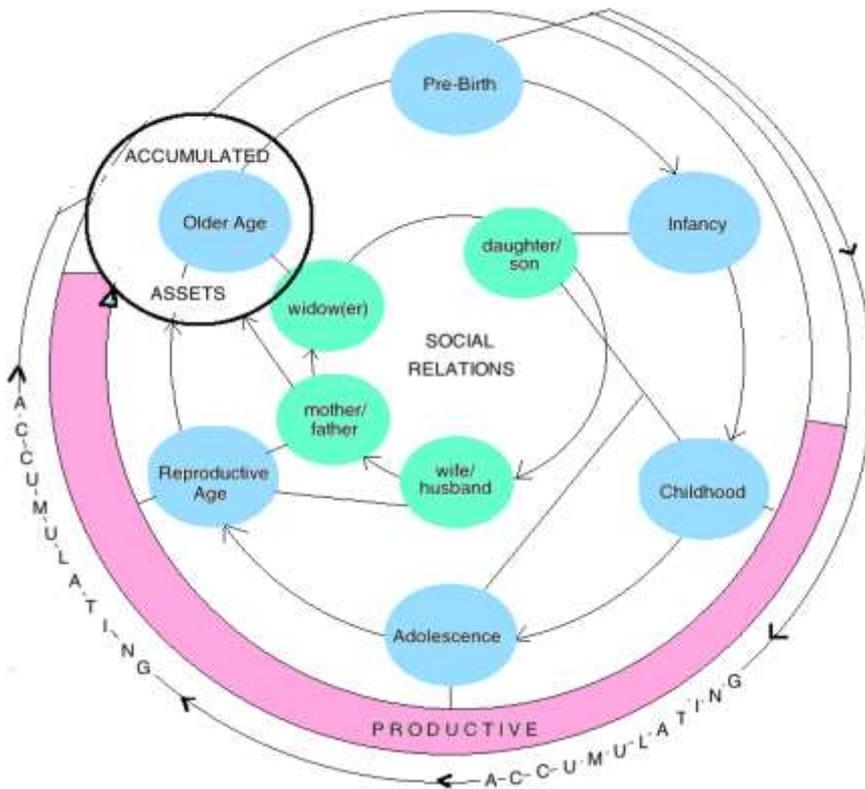


Figure 1 is a dynamic representation of older age as the accumulation of events and processes over a life span. Five life stages in the life-cycle are highlighted in blue before older age is secured. All involve social relations (highlighted in green) which influence the accumulation of social assets shaping older lives. The outer, productive cycle (highlighted in purple) includes social reproduction in addition to orthodox economic productivity. Both forms may extend into childhood and shape liabilities in older age.

**Figure 2: A gendered, life-course approach to SDG implementation**

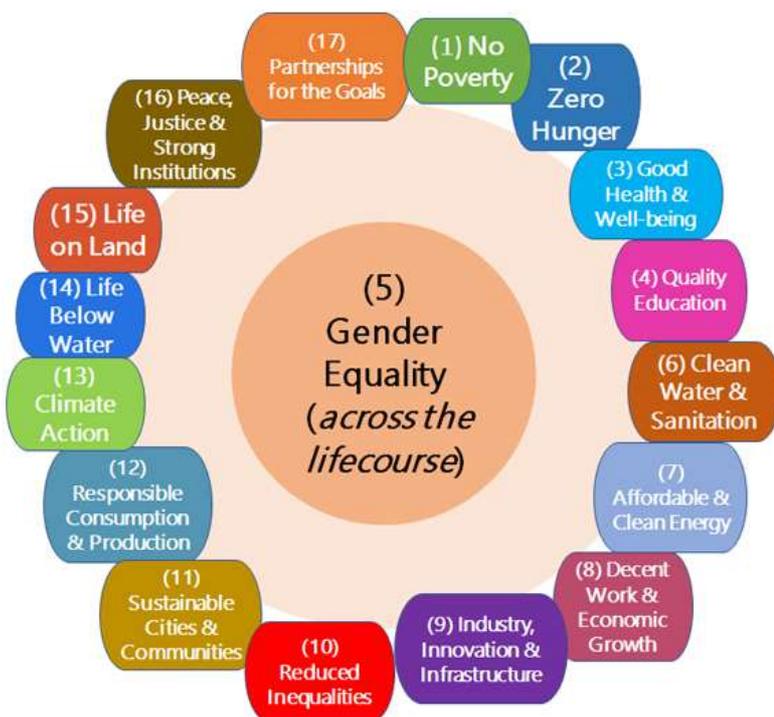


Figure 2: to be gender transformative across the entire life course, the Equality Goal must address the intersection between ageing and gender within and across all goals

## 2. Sustainable Development Goals

### Using Goal 5 to produce a gender-transformative agenda for ageing

The global phenomenon of longevity is a triumph of humanity. But it is also a global challenge for the UN's Sustainable Development Goals (SDGs). These goals connect directly to a vision of a world in which all older people can lead dignified, healthy and secure lives. While gender equality is an explicit goal, ageing is addressed within individual goals. Age-focused organisations are now recognising the intersection between gender and ageing but the wider policy community less so.

The SDGs reflect a growing understanding of the need to tackle intersecting inequalities. The processes that create or reinforce gender inequalities are increasingly recognised. Many of the individual goals are also expressed explicitly or implicitly in age-inclusive terminology,<sup>11</sup> for example:

**5.1 Target** End all forms of discrimination against *all* women and girls everywhere

**5.C Target** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of *all* women and girls at all levels

While the framing of these targets and indicators emphasises "all" women and girls, implicitly including older women, a coherent life-course perspective is generally lacking in reality. The focus of interventions is overwhelmingly on the early and biologically reproductive stages for girls and women, and on economically productive stages for men, and increasingly women.

The impact of the accumulated effects of, and interaction between, socially reproductive responsibilities and productive activities on older people are not as well recognised. The later stages of the life course are not addressed, despite the introduction of age-specific impairments and conditions as well as discrimination (ageism) at that stage.

Gender advocacy, rooted in SDG Goal 5 but applied to all goals, needs to develop a life-course perspective to ensure that human development discourse and practice is age-inclusive and gender-transformative. *The SDGs will only be effective if data is collected and disaggregated across the life course and by*

*ideally 5 (but minimally 10) year age cohorts to provide the basis for gender-transformative age-inclusive research and project design. More research and policy interventions are needed both to understand and tackle the accumulated effects of gendered processes in later life and to inform policy development, project design and advocacy strategies which focus on the earlier life course.*<sup>12</sup>

Legal frameworks must ensure at a minimum that the rights of older women in particular are fully addressed in gender equality provisions, but also that such frameworks recognise the accumulated and continuing effects of discrimination and *the additional impact of ageism*. Examples include:

- discriminatory pension laws and policies (not valuing/accounting for women's life time unpaid/informal care work)
- particular and discriminatory age limits on access to services (health screening programmes, credit)
- compulsory and discriminatory retirement ages<sup>13</sup>
- denial of rights to service provision (e.g. to sexual and reproductive services<sup>14</sup>).

#### Footnotes to section 2 – Sustainable Development Goals

<sup>11</sup> HelpAge International (2017) *Agenda 2030: The Sustainable Development Goals and Global Ageing*. Discussion Paper. London: HelpAge International.

<sup>12</sup> In March 2018, the United Nations Statistical Commission agreed to establish the Titchfield City Group on ageing-related statistics and disaggregated data. The purpose of the group, founded by HelpAge International with DFID, multilaterals and statistical offices, is to systematically address data gaps on ageing and older people in national and international data systems. This represents a great step forward for measuring what matters and ensuring older women and men are included in future datasets.

<sup>13</sup> Older men and women can be discriminated against through unjustified compulsory retirement policies or being forced to retire early. For example, in Kenya, forced early retirement has been recently contested in the courts in *Kenya University Staff Union & another v Masinde Muliro University of Science and Technology* (2018), when Masinde Muliro University attempted to retire ten members of staff early at the age of 60, rather than the statutory retirement age of 65.

<sup>14</sup> SDG 5.6.1 Indicator: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

### 3. Income and poverty

**Figure 3: Deriving income from assets accumulated over a lifetime**

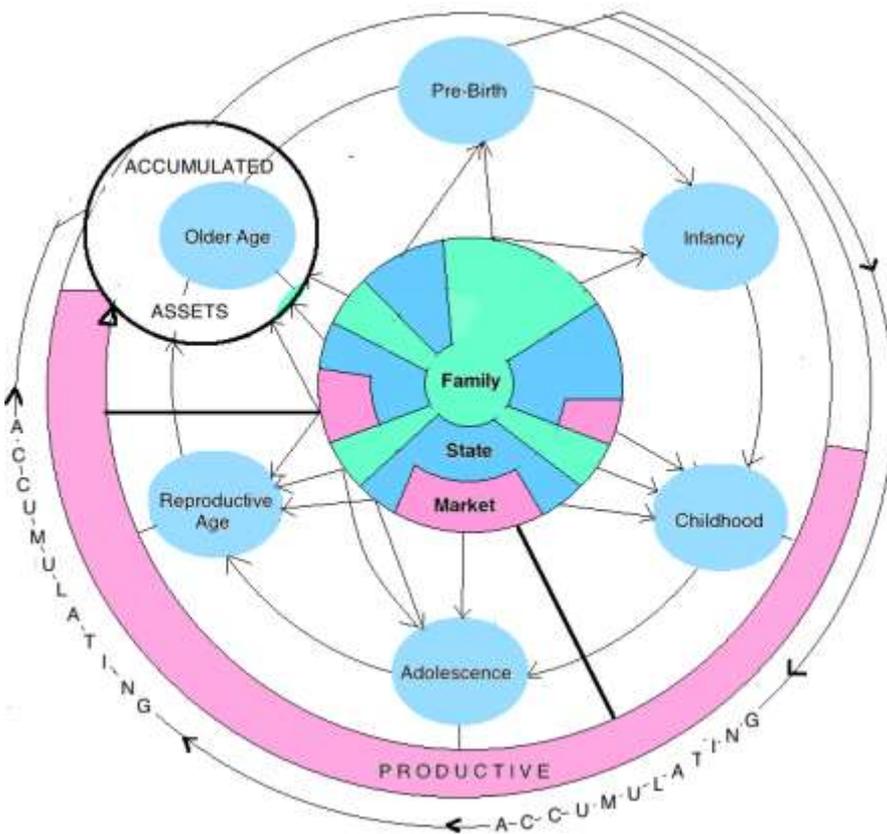


Figure 3 is a dynamic representation of how income in older age derived from the accumulation of events and processes over the life span. Income flows in older age are derived from assets accumulated, or eroded, over a lifetime. Family (highlighted in green) has a key role in earlier life, contributing to social capital and health which determine economic productivity and assets in later life. The market (highlighted in pink) has a primary role from adolescence through to retirement, generating income which may be invested for older age. The state operates (more or less depending on location) at all stages of life, often providing education, healthcare (which shapes productivity) and income support in older age.

**Overview:** The processes that produce intersecting inequalities, including those associated with gender affect our ability to secure the income we need to flourish in older age. These processes affect the extent to which we are able to accumulate economic, cultural and social assets rather than liabilities over our lifetimes. Most older people rely on a combination of sources of support: families, states and from continuing to work or, for a few, a work-related pension.<sup>15</sup> Family, state and market will contribute differentially depending on each person's earlier life-stage, their country and their local context.

**Recommendation 1: Address the structural causes of income insecurity in older age by creating opportunities for older men and women to participate in income-generating activities, as well as universal access to social pension schemes**

Many older women are poor because the processes which create intersecting inequalities over the life course, and which contribute to the

risk of economic deprivation, include those associated with gender.<sup>16</sup> They enter older age having *accumulated few material assets* after a life time of paid and unpaid labour. They have less resilience against the vicissitudes of ageing.

To *mitigate* the accumulated gendered impact of these intersecting inequalities, and to address the impact of ageist assumptions, older women and men must be included in appropriate income-generating activities to maintain or gain access to decent work for as long as they wish/are able to pursue these activities. They must be at the forefront of advocacy for the provision of adequate, universal and sustainable pensions as part of the wider provision of a lifelong social protection floor for all. Access to social protection at critical points during the lifecycle (when having an impairment, raising a family, becoming unemployed and so on) prevent people falling into poverty in older age. More broadly, to *transform* gender relations in older age all women and men need to be able to build up a sustainable flow of income upon which to rely.

**Recommendation 2: Ensure that women can own and inherit land and property, and can use these assets to access credit across all stages of the life course. Address ways of increasing ownership for women across the life course and address the gender implications of changing land use and ownership on older women**

Ongoing barriers to owning and inheriting land and property throughout the life course must be systematically dismantled to prevent poverty in older age for women.<sup>17</sup> Not only is land vital for food production in many parts of the world, but access to property assets is fundamentally linked with access to credit. Legislation plays an important role in this, as well as mechanisms for rights enforcement through legal support in rural communities. For policy-makers and advocates, the gender implications of changing land use and ownership on older women must also be integrated into programming. Establish through appropriate legislation that deprivation of land rights is a form of economic violence, recognising the particular vulnerability associated with widowhood.

**Recommendation 3: Work with bodies that address labour rights and protections (both in the formal and informal sectors) to ensure:**

- Protection of the rights of women workers of all ages. The International Labour Office (ILO) has a key role to play in providing evidence for and promoting policies of inclusion, including through its decent work programmes.
- Abolition of discriminatory practices that reduce wages earned or pensions accrued over a lifetime, such as unequal pay for equal work or differential retirement ages.
- Advocacy with ILO and through the United Nations CEDAW rights framework to tackle discrimination against women<sup>18</sup>

Women and men in low- and middle-income countries are usually obliged to work into older age. They need supportive, rather than hostile,

environments. Continuing forms of ageist discrimination associated with maintaining existing livelihoods need to be combated. For older women, discrimination is often exacerbated by attitudes towards their capabilities and roles in older age, especially when they are widowed. Tackling discrimination requires an understanding of what can be done to support older people through learning from gender-sensitive programmes, which are inclusive of or focus on women's livelihood strategies as well as men's in older age. Gender-differentiated insights add important knowledge to broader *gender-transformative advocacy* in relation to work and income generation, which at present focuses on younger women and girls.

**Footnotes to section 3 – Income and poverty**

<sup>15</sup> The majority (80%) of the world's older people do not have access to any form of pension. *Global AgeWatch Index 2014, Insight Report*, HelpAge International, 2014.

<sup>16</sup> Data from nearly 50 national Demographic and Health Surveys shows that on average a woman is head of one in five households and that these households are particularly vulnerable to poverty. WHO (2009) *Women and Health: Today's Evidence, Tomorrow's Agenda*. Geneva: WHO.

<sup>17</sup> A majority of older women who are economically active cite agriculture as their primary source of income (62% in Asia and 59% in sub-Saharan Africa). See World Bank (2016) *Brief on Violence Against Older Women*. Washington D.C.: World Bank Group/Global Women's Institute/IDB/ICRW: pp 9.

<sup>18</sup> See Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (2010) [General recommendation No. 27 on older women and protection of their human rights](#), 47<sup>th</sup> Session of the Committee on the Elimination of Discrimination Against Women. See also HelpAge International (2010) "[CEDAW Adopts General Recommendation on the Rights of Older Women](#)".

## 4. Care and social reproduction

**Overview:** One of the key contributing factors to gender inequality in old age, particularly in terms of income, is the disproportionate amount of unpaid care and domestic work that women provide in their families and communities over the life course.<sup>19</sup> Sustainable Development Goal Target 5: 4 explicitly addresses the need to “recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”<sup>20</sup> While the productive assets of women are vulnerable to depletion as a result of heavy care responsibilities, men may be vulnerable too. Their lack of involvement in family life during their productive years means that younger generations may feel a stronger degree of obligation to care for older women.<sup>21</sup>

The gender-based distribution of caring over the life course continues to affect women’s health and wellbeing in older age, but the effects of ageism adds new dimensions to relationships of men and women in older age. A *gender-transformative approach* advocates for recognition, reduction and *redistribution* of caring responsibilities *over the life course* to address the adverse accumulated effects on older women *while emphasising the particular caring responsibilities of older women*. It advocates for *gender-transformative, long-term care policies* to ensure that all women and men are supported in the care they give and are relieved of excessive responsibilities.<sup>22</sup>

Such policies must provide person-centred care for those who receive it and be responsive to gender issues – particularly as women constitute the large group of the “oldest old.”<sup>23</sup> *Gender sensitive programmes can seek to mitigate the accumulated effects of caring on older women, provide support for older women carers and ensure that the rights of older women to receive care are fully realised, alongside men.*

### **Recommendation 4: Address the unequal distribution of caring responsibilities occurring across the life course through measures that encourage more equitable distribution within the family and community**

Caring is not a burden, but excessive amounts and unequal distribution between women and men and/or across generations can make it so.

It can jeopardise survival<sup>24</sup> and undermine women’s ability to join labour markets.<sup>25</sup>

Men’s role as fathers can also be adversely impacted by social norms which prevent them from taking on care roles.<sup>26</sup> *Women enter older age bearing the accumulated costs of such care while being expected to continue or take on new responsibilities*. By 2050, the world will have almost 400 million people who are 80 years or older, making it the first time in history that the majority of middle-aged adults will have living parents. Older women, while often continuing to provide care, need to receive care as their intrinsic capacity declines.

### **Recommendation 5: Address the limitations that ongoing and new caring responsibilities place on older women in securing an income through productive work, in conjunction with tackling discriminatory practices which nudge or force older woman out of employment**

It is vital that the accumulated effects of caring over the life course on older women are recognised and addressed. In particular, the limited ability of many older women to accumulate assets associated with productive work (i.e. property, savings, and entitlement to pensions) must be integrated into social policy and advocacy strategies. International and national policy-makers and programme designers should work with bodies that address labour rights and protections (both in the formal and informal sectors). See Recommendation 3 under *Income and poverty*.

## **Recommendation 6: Recognise and mitigate the lack of social capital men may have accumulated over the life course, potentially impacting their chances of being cared for by their families**

A women's lifetime of care can be a non-monetary asset, giving rise to greater loyalty – emotional and tangible – from adult children than afforded to men. Older caring women may be more valued as members of multigenerational households than non-working older men.

When families have limited resources to care for older generations, the social bonds between older women and their children or relatives may prevail at the expense of older men, who may have spent considerable time away from home working (e.g. migration for work) or behaved aggressively and irresponsibly during their younger years (e.g. domestic violence, spending family income on alcohol). Consequently, in older age, some older men may be vulnerable to neglect. One way to boost men's positive involvement in family life is to encourage – in a culturally sensitive manner – their involvement in reproductive health and childcare, such as attending pre- and post-natal appointments with their partners (see endnote 27).

## **Recommendation 7: Design more sensitive research methods to ascertain how care responsibilities are distributed**

The issue of research methods in this area is pressing, as current approaches do not effectively capture the distribution of care over the life course. Time-use surveys and other methods used to calculate time spent must be designed to include older women and men disaggregated through older age cohorts (ideally 5 years, minimally 10). As life expectancy continues to rise, women in their later years will be caring for contemporaries and an older and younger generation.

## **Footnotes to section 4 – Care and social reproduction**

<sup>19</sup> An estimated 66 percent of caregivers are female, and they spend 50 percent more time providing care than do male caregivers. In addition, caregiving needs have become multigenerational, meaning that it is not just children but parents who need care later in life. By 2050, the world will have almost 400 million people who are 80 years or older, making it the first time in history that the majority of middle-aged adults will have living parents, according to the World Health Organisation. See "Challenges Facing Older Women" Phumzile Mlambo-Ngcuka.

<sup>20</sup> SDG Target 5: 4 Indicator: 'proportion of time spent on unpaid domestic and care work, by sex, age and location'

<sup>21</sup> This observation was made with regularity by research participants and stakeholders in Kenya during Ann Stewart's Leverhulme Trust Research Fellowship (2016-2017), as well as by HelpAge staff in the African region during the fieldtrips for this research advisory project.

<sup>22</sup> A good example of a gender transformative approach to law and policy is Uruguay's Right to Care Act. Under the new law, all children, persons with disabilities and elderly persons, have the right to receive care. The state not only provides care services, but also guarantees their quality by providing training and regulations. It also recognises the right of caregivers to perform their work in dignified conditions and aims to change the prevalent gendered division of labour. There are other good examples from East/South-East Asia, where many states provide adult day care and counselling services to help family caregivers. For example, Singapore provides home help, nursing care at home, and priority in housing assignments to family members who were willing to live next door to their older relatives.

<sup>23</sup> WHO (2007) *Women, Ageing and Health: A Framework for Action*. Geneva: WHO.

<sup>24</sup> UN General Assembly (2013) *Report of the Special Rapporteur on Extreme Poverty and Human Rights*.

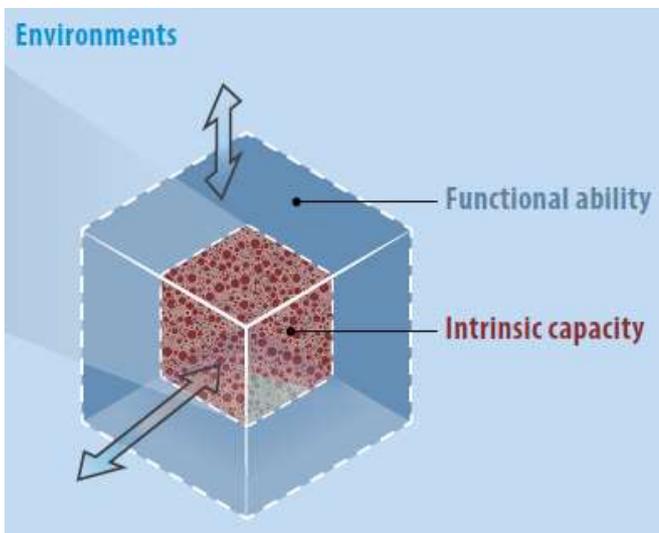
<sup>25</sup> UNRISD (2010) "Care and Well-Being in a Development Context" in *Combating Poverty and Inequality: Structural Change, Social Policy and Politics*. Geneva: UNRISD, pp 185-204; Ferrant, G., Pesando, L. M. & Nowacka, K. (2014) *Unpaid Care Work: The Missing Link in The Analysis of Gender Gaps in Labour Outcomes*. Bolognue: OECD Development Centre; Klugman, J. & Melnikova, T. (2016) *Unpaid Work and Care: a Policy Brief*, Report for UN Secretary-General's High-Level Panel on Women's Economic Empowerment.

<sup>26</sup> A recent REDMAS project in Nicaragua, where health care professionals were encouraged to actively include fathers in pre and post-natal visits, as well as in labour and delivery, resulted in health care providers having a better understanding and a more positive attitude towards engaging men in MNCH and caregiving. Men participating in workshops reported greater participation and sharing of household duties, dedicating more time to their children and wives, and teaching their children values of respect and equality. See MenCare (2015) *MenCare in the Public Health Sector in Central America: Engaging Health Providers to Reach Men for Gender Equality in Maternal, Sexual and Reproductive Health*, pp 5-6.

## 5. Health and wellbeing

**Overview:** All older people share the right to the best attainable health, nutrition and care services, enabling them to enjoy the best possible health and care to support wellbeing right through to the end of life. The Sustainable Development Goal 3 to ensure health and wellbeing *for all at all ages* and the growing commitment to universal health coverage provide important opportunities for governments to step up their response to the health and care needs of ageing populations.

**Figure 4: Visualising wellbeing in older age**



*Intrinsic capacity: health and wellbeing in older age is shaped by what has happened to men and women over the life course. For example, Table 1 highlights different-gendered factors of intrinsic capacity depletion by the time older women and men reach older age. WHO also identifies different health challenges for men and women<sup>27</sup> which interact with differential health service provision and accessibility.*

**Table 1: Differentiated sources of intrinsic capacity depletion<sup>28</sup>**

José 	Annellen 
<ul style="list-style-type: none"> <li>➤ adequate nutrition as a child</li> <li>➤ primary and secondary education</li> <li>➤ urban migration for work</li> <li>➤ office job with pension</li> <li>➤ sedentary lifestyle, processed food</li> <li>➤ prostate cancer</li> <li>➤ retirement → loneliness, depression (far from relatives)</li> <li>➤ unwilling to access health services even though he can afford it</li> </ul>	<ul style="list-style-type: none"> <li>➤ nutrition neglected</li> <li>➤ primary education</li> <li>➤ FGM, early marriage</li> <li>➤ Multiple pregnancies, leading to hypertension and diabetes</li> <li>➤ care of young children/older relatives</li> <li>➤ informal work alongside care duties</li> <li>➤ dependent on relatives for support in old age</li> <li>➤ willing to access health services but located far from services, financial barriers</li> </ul>

**Recommendation 8: Use a *gender-transformative approach* to address the *whole life course* in order to ensure maximum functional ability, independence and wellbeing, irrespective of health status, in older age**

Although on average, women live longer than men, this “mortality advantage”<sup>29</sup> is not experienced by all women and not necessarily reflected in healthy life expectancy and wellbeing.<sup>30</sup> Because it is now recognised that it is difficult to improve health in older age, the World Health Organisation (WHO) focuses more on functioning, independence and wellbeing, irrespective of health status, to the greatest extent possible to enable older people “to be and do what they have reason to value.” Functional ability in older age depends on intrinsic health, supportive systems and social, physical and economic environments. The highest burden of older people’s morbidity and mortality more generally is concentrated in the poorest and often the institutionally weakest countries, particularly those facing humanitarian crises,<sup>31</sup> making these fundamental features of health and wellbeing difficult to attain where they are most urgently needed.

### **Recommendation 9: Recognise and resource the vital role that environments play in supporting healthy ageing**

The role of supportive environments is critical to healthy ageing. The processes which produce intersecting inequalities, including those associated with gender, shape environments and result in differential attainment of health-related rights and wellbeing in older age. The effects of ageism adds a powerful additional source of inequality exacerbating those associated with economically disadvantaged and culturally devalued identities, such as those related to caste, ethnicity, religion, impairment, gender identity and sexuality. It is thus important to identify the intersection of ageing and gender when it comes to health.<sup>32</sup> The environments structured by intersecting inequalities (e.g. a woman's caste or the working conditions of a man with an impairment) can have a profound effect on health. The best attainable health in older age is *accumulated over the life course* as set out in Figure 5,<sup>33</sup> and enhanced at every stage of life by supportive environments.<sup>34</sup>

### **Recommendation 10: Advocate for gender-supportive environments which remain important in older age to complement gender-sensitive programme delivery on health and care for older women and men**

Gendered norms have differential impacts on

older men and women when it comes to health. For instance, women are usually more willing to seek healthcare services than men, although they may lack the means to access them. Gendered norms about masculinity may prevent men from seeking healthcare, even though they are more likely than women to have the resources to secure it. Awareness of these differentiated barriers to health and wellbeing should underpin *gender-transformative advocacy strategies*. It is vital that organisations and institutions collaborate, using the SDGs wherever appropriate, to produce gender-supportive environments *throughout the life course*. This requires gender inclusive healthcare services, gender-supportive environments and gender-transformative long-term care policies.

### **Recommendation 11: Invest in health data collection and analysis**

While we know more about men's health than women's health over the life course, we don't

know enough about either in older age. Data systems are not fit for purpose in today's ageing world.<sup>35</sup> Implementation of the SDGs requires a data revolution: 'The foundations need to be strengthened, starting with civil registration systems that generate vital statistics – including cause of death by age and by sex – and collection and use of age- and sex-disaggregated data on common problems.'<sup>36</sup>

#### **Footnotes to section 5 – Health and wellbeing**

<sup>27</sup> WHO (2001) *Men, Ageing and Health: Achieving Health across the Life Span*. Geneva: WHO; WHO (2009) *Women and Health*. WHO (2007) *Women, Ageing and Health*.

<sup>28</sup> These examples are modified extracts from two of the life course trajectories found in the '*Leave No One Behind*' clip produced by HelpAge International and the United Nations Development Programme. They reflect particular country contexts.

<sup>29</sup> World Health Organisation (2015) *Beyond the Mortality Advantage: Investigating Women's Health in Europe*. Copenhagen: WHO Regional Office for Europe.

<sup>30</sup> 15 to 50 million women per year injured or seriously disabled during childbirth, suffering from conditions such as severe anaemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility; these conditions can worsen in later life, leading to greater dependence, lower quality of life, and increased marginalisation and vulnerability, and overall depletion of intrinsic capacity. See World Bank (2016) *Brief on Violence Against Older Women*. Washington D.C. World Bank Group/Global Women's Institute/IDB/ICRW, pp 3.

<sup>31</sup> WHO (2009) *Women and Health: Today's Evidence, Tomorrow's Agenda*. Geneva: WHO.

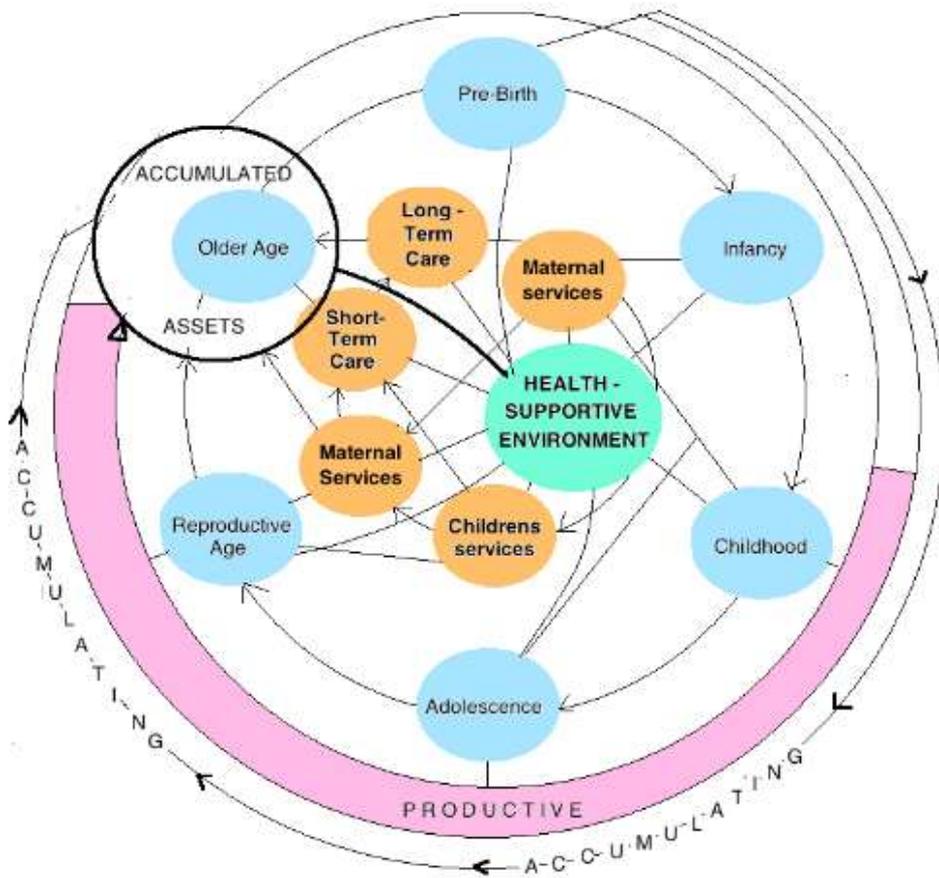
<sup>32</sup> For example, women prepare most of the family food. Solid fuels expose women *throughout the life course* to indoor air pollution; estimated to be responsible for 641, 000 of the 1.3 million deaths worldwide due to chronic obstructive pulmonary disorder (COPD) among women each year. COPD is a leading cause of death in older women; mortality rates are over five times higher in low and middle-income countries than in high-income countries. The burden of COPD caused by exposure to indoor smoke is over 50% higher among women than among men. See WHO (2009) *Women and Health*, pp 10.

<sup>33</sup> World Health Organisation (2015) *World Health Report on Ageing and Health*. Geneva: WHO.

<sup>34</sup> Commission on the Social Determinants of Health (2008) *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: WHO.

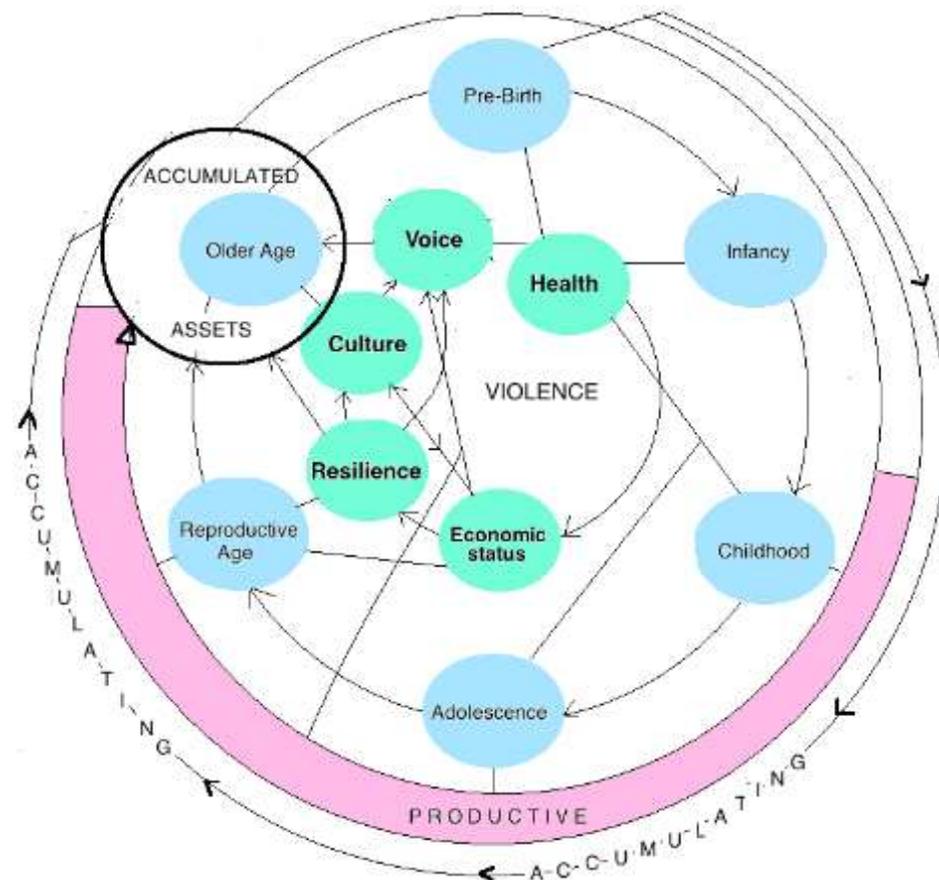
<sup>35</sup> For example, the indicators for SDG 3 are not sufficiently age or gender sensitive: the indicator for malnutrition is restricted to girls and younger women; for HIV it relates to new infections and is not inclusive of large numbers of older women with HIV. While there are two indicators for universal health coverage, one excludes women aged 50 and over (men 55 or 60 and over), and the other excludes all over 69. Across the total 22 targets potentially inclusive of older people only 8 indicators are disaggregated by age and probably by gender. See HelpAge International (2017) *Agenda 2030: The Sustainable Development Goals and Global Ageing*.

<sup>36</sup> WHO (2009) *Women and Health: Today's Evidence, Tomorrow's Agenda*, pp xvi.



**Figure 5: Accumulating health and wellbeing over the life course**

Figure 5 is a dynamic representation of how health in older age is determined by a combination of health services and health-supportive environments. Formal health and care services in earlier life (highlighted in orange) are provided by the state or market and have a cumulative effect. Short and long-term care in older age will enhance functional ability. Equally, and often more important (according to WHO) are health-promoting environments - social, physical, and economic - which have a legacy impact in older age.



**Figure 6: Accumulative effects of Violence, abuse and neglect (VAN) across the life course**

Figure 6 is a dynamic representation of how the level and type of violence experienced in older age is partly determined by key factors operating on earlier life stages. Violence is often a product of context (cultural and economic highlighted in green) and may continue into older age. Resilience and voice (also highlighted in green) are built up in earlier life stages and have a protective effect in older age.

## 6. Violence, abuse and neglect

**Overview:** Figure 6 shows how violence, abuse and neglect (VAN) perpetrated at each and every stage of the life course (a “hostile environment”)<sup>37</sup> affects older men’s and women’s wellbeing in older age. The economic, cultural and social processes that create intersecting inequalities also involve the exercise of power which can lead to a range of forms of VAN. Gender-based violence (GBV) can happen at any and all times across the life course. The *accumulated effects* of GBV throughout the life course affects the ability of a woman to accumulate assets, depletes her health and reduces her voice.<sup>38</sup> The same can apply to men or other individuals who may be vulnerable to GBV on the basis of their sexual orientation or gender identity. A *gender-transformative approach* addresses the accumulated and ongoing effects of GBV on older people, particularly on older women and the additional gendered forms of VAN in older age. The drivers of violence become more complex as power relationships change in older age and the inequalities of power associated with ageism are added. But we know very little about these because the focus of concern is on the reproductive stages of life.

**Recommendation 12: Commission more action research to pilot new interventions and services on VAN, particularly on how negative social attitudes towards older age (ageism) produce violence and how these interact with other harmful processes and norms that sustain GBV and gender-based discrimination, driving specific types of violence.**

Collective (social, political and economic) violence such as hate crimes, conflicts and attacks for economic gain affects both women and men, possibly in different ways, across the life course. For example, having a disability, including aged-related forms hugely increases the chances of GBV. Families can also create dangerous, as well as nurturing, environments.

In many societies, families are key economic, social and cultural institutions, relied upon by states as well as family members. Kinship provides economic and social status. As a result, gendered status and power relationships change over the life course affecting older men and women differently. Widowhood exposes all women to VAN but affects older women disproportionately. They may be exposed to accusations of witchcraft or responsibility for a

husband’s death, justifying deprivation of assets and acts of violence.<sup>39</sup> The chance of being a victim of VAN, becoming a widow or being left with a disability, increases in insecure and unstable contexts created by natural disaster, displacement or conflict.

**Recommendation 13: Campaign for the SDGs’ reporting process to include women and men over 49, and for the extension of age brackets in global violence surveys, in humanitarian data collection tools and analysis, as well as for stand-alone surveys on VAN of older women and men**

Most data systems stop at age 49. The limited research on VAN against older women remains predominantly concentrated in high-income countries. Interpersonal and sexual violence do not stop at 50 or 60 when data collection often ends.

**Recommendation 14: Advocate for both national and local levels to establish norms, policies and laws which seek to create a social environment that is conducive to non-violent relationships, including a formal mechanism for developing and implementing national plans of action.**

Sharing a life with an abusive partner can have a profound impact on a woman’s health, with immediate and long-term health outcomes. Furthermore, violence against women reduces employee productivity, the ability of survivors to maintain stable jobs, and in severe cases, forces survivors to miss work. Older women’s voices are silenced as a result of a lifetime of experiencing violence, so it is important to uplift their voice in the formation of national and local strategies. Local, age-inclusive women’s groups can play a key role. Formal institutional initiatives must be supported by community monitoring and intervention.

**Footnotes to section 6 – Violence, abuse and neglect**

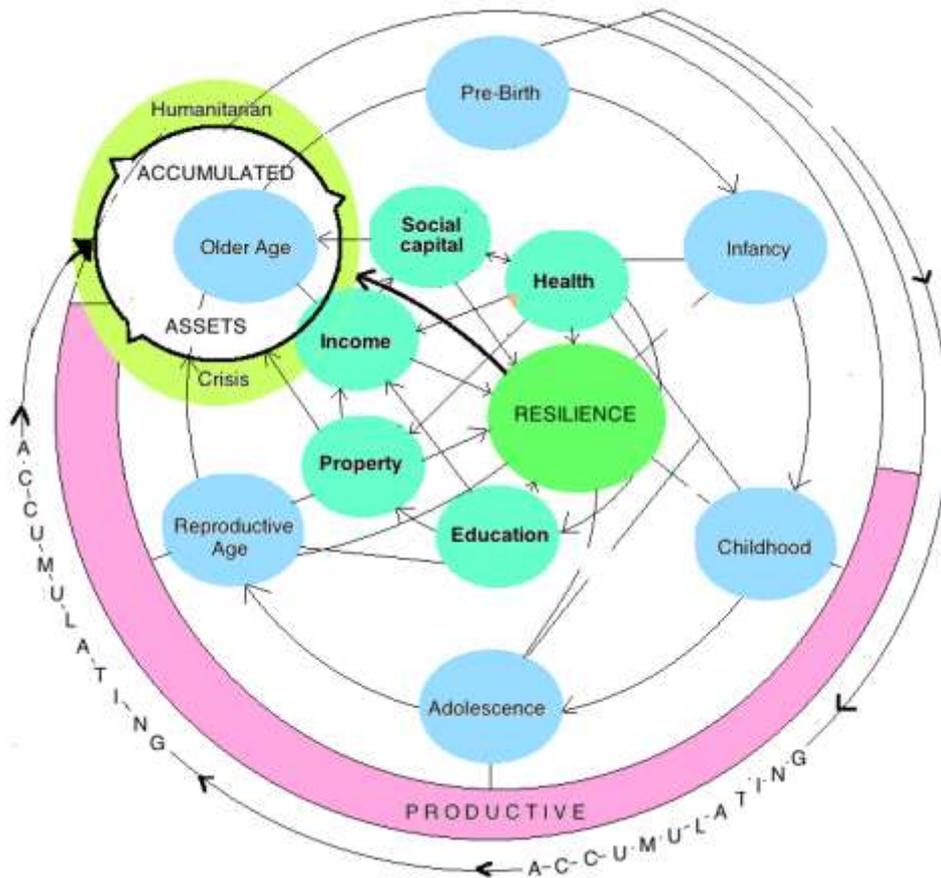
<sup>37</sup> WHO (2015) *World Report on Ageing and Health*.

<sup>38</sup> 15 to 50 million women per year are injured or seriously disabled during childbirth, suffering from conditions such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility. These conditions can worsen in later life, leading to greater dependence, lower quality of life, and increased marginalisation and vulnerability. See World Bank (2016) *Brief on Violence Against Older Woman*.

<sup>39</sup> Agrawal, A. and Mehra, M. (2014) *Contemporary Practices of Witch Hunting: A Report on Social Trends and the Interface with Law*. New Delhi: Partners for Law in Development. HelpAge Tanzania (2017) *Strengthening Civil Society Voice and State Responsiveness and Accountability to Protect Older Women and Men from All Forms of Violence*. Dar es Salaam: HelpAge Tanzania; National Gender and Equality Commission of Kenya (2014) *Whipping Wisdom: Rapid Assessment on Violence Against Older Persons in Kenya*. Nairobi: NGEC.

**Figure 7: Building resilience over the life course**

*Resilience is important in humanitarian crises. Figure 7 is a dynamic representation of how it is accumulated over the life course and has a protective effect in older age. Education, property, income, social capital and health (highlighted in green) all help build resilience early in life to deploy as a legacy in later life.*



## 7. Humanitarian action

**Overview:** A humanitarian emergency results in a new, and often catastrophic environment for individuals at whatever their stage of life. The primary focus for humanitarian action in relation to older women and men is meeting immediate and continuing needs through gender-sensitive responses. We argue that a gender-transformative life-course perspective should underpin preparedness and wider humanitarian advocacy strategies.

By 2050, more than 80% of the world's older people will live in low-income, climate change- and conflict-affected countries, where disasters are more likely to occur, and their effects felt more severely. This situation will create unprecedented challenges for humanitarian responses. The intersecting inequalities that are a result of the economic, social and cultural processes over the life course mean that many older women are particularly adversely affected in these emergencies.<sup>40</sup> Ageism in older age adds to accumulated disadvantage by affecting older people's abilities to survive in an additionally hostile environment. It also impacts on the actions and priorities of humanitarian actors who respond. The design and implementation of adaptive, sustainable and resilience-based strategies for disaster risk reduction (DRR) must reflect the rapid demographic transition to an ageing world<sup>41</sup> and build upon the accumulated social, health and educational assets as well as recognise the vulnerabilities of older women and men.<sup>42</sup>

Building a *gender-transformative life course perspective* into disaster risk reduction planning and implementation ensures that these measures *mitigate* the accumulated effects of a gendered life course to the fullest extent possible. Creating a *gender-transformative* approach starts within humanitarian organisations. The priority is to challenge wider cultural and social attitudes to ensure gender-sensitive programming and to move towards gender-transformative preparedness planning and advocacy.

### **Recommendation 15: Commission research to underpin gender-sensitive humanitarian programming and gender-transformative planning and advocacy**

More knowledge is essential to:

- deliver effective programmes which meet needs and mitigate the ongoing effects of

accumulated intersecting inequalities over the life course;

- strengthen the knowledge base for gender transformative solution-based advocacy in relation to preparedness planning and delivery to contribute more substantially to improvements in older women's and men's lives in challenging environments;
- ensure that new forms of power relations resulting from the emergency environment do not reinforce or worsen existing gender-based inequalities, violence or exclusions for older people.

Crucially, research should involve gender and age (ideally in 5-year cohorts, but minimally 10-year) disaggregated data collection, with rapid-needs assessments followed up with more in-depth gender-sensitive qualitative information gathering to determine the effects of the life course, to ensure that older women and men's voices are valued and to challenge harmful forms of power relations created by emergencies. Any research should be focused on practice, as research alone will not change things for older women and men in emergencies. Where possible, research should be carried out with partners and other stakeholders, e.g. gender specialist agencies.

### **Recommendation 16: Listen to and amplify the voices of older men and women in humanitarian contexts**

Although older people command some respect, they can be seen as dependent; not contributing much due to their health problems; and as offering poor 'value for money,' as the cost per beneficiary is higher.<sup>43</sup> Older women and men are often not seen as active partners worth listening to and with a valuable contribution to make to more effective as well as inclusive programming.<sup>44</sup>

In particular, the denial or muffling of women's voices throughout the life course means that often no one wants to listen to them and they themselves feel unable to speak. Listening actively to older women, including through the use of appropriate qualitative survey methods, can shift attitudes and understanding within humanitarian organisations. This understanding then informs an assessment of what would be needed by older women and men to make their claims in relation to health provision, livelihood regeneration and security. Trust and knowledge are built in this way.<sup>45</sup>

Placing older women at the heart of humanitarian response planning, delivery and monitoring (if they wish to participate) is the best way to fully ensure responses are inclusive and gender-sensitive.

**Recommendation 17: Recognise gender-differentiated vulnerabilities for men and women to inform humanitarian programming**

Older women may be more willing and socially able to flee with their families because of their caring roles. Families value older women's past and expected future contributions as carers, whereas older men who traditionally own property or who have a role as protectors of family assets may be unwilling to leave, but more needs to be understood.<sup>46</sup>

Knowledge is needed to support interventions with more transformative potential: greater inclusion of older women in health provision; increased access to livelihoods; provision of spaces or opportunities for women's voices to be heard, but ensuring that the needs of older men are also addressed.<sup>47</sup> For example, some men may become demoralised and lose self-esteem as a result of displacement from the traditional status positions they held during peacetime. Insecurity, instability and conflict change power relations and can unleash a range of gender or sex-based violence. This requires *contextually sensitive strategies* which 'do no harm' but also identify activities that will promote communities' capacity and peace, without further dividing them.

**Footnotes to section 7 – Humanitarian action**

<sup>40</sup> Studies of several recent disasters in South-East Asia found that more women than men died as a result of the disaster. In situations of conflict and crisis, women of all ages are also at greater risk of sexual coercion and rape. World Bank (2016) *Brief on Violence Against Older Woman*.

<sup>41</sup> HelpAge International (2017) *Agenda 2030*

<sup>42</sup> For example, humanitarian crises increase an older woman's risk of violence, as ordinary social controls are eroded. In emergencies, all women can face violence and abuse (such as rape and sexual assault) regardless of their age or be subjected to particular acts of violence based on their being older. See HelpAge International (2016) *Older Voices in Humanitarian Crises: Calling for Change*. London; HelpAge International; Mazurana, D., Benelli, P., Gupta, H., and Walker, P. (2011) *Sex and Age Matter: Improving Humanitarian response in Emergencies*. Boston: Feinstein International Centre, Tufts University.

<sup>43</sup> Akerkar, S. and Bhardwaj, R. (2018) *Good Practice Guide: Embedding Inclusion of Older People and People with Disabilities in Humanitarian Policy and Practice*. Oxford: Oxford Brookes University.

<sup>44</sup> ADCAP's work demonstrates that older people and people with impairments are valuable resources in designing and implementing humanitarian programming.

<sup>45</sup> Ibid.

<sup>46</sup> UNHCR and HelpAge Ukraine (2016) *Humanitarian Needs of Older Women and Men in Government Controlled Luhansk Oblast: Baseline Report*. Kiev: HelpAge Ukraine

<sup>47</sup> Barbelet, Veronique, 2018 *Older people in displacement Falling through the cracks of emergency responses* Humanitarian Policy Group commissioned report

## 8. Conclusion

This policy discussion paper concludes as it began with this key message: **gender equality throughout the life course is essential if we are all to flourish in older age.**

It starts from the perspective of those experiencing older age (older people have a right to better lives now) and reaches back into earlier life stages to ensure that future generations can flourish in older age.

We recommend that our framework and supporting evidence be disseminated to provide a better understanding of the intersection of gender and ageing for international NGOs,

national and local governments and for older people themselves.

At a **strategic level** we recommend that **governments** adopt legal and policy frameworks to ensure gender equality throughout the life course, and that **funding bodies** prioritise research on older age from a gender perspective. At an **operational level** we recommend that **practitioners** and **researchers** (a) **disaggregate data collection** at all levels to inform research and policy development and (b) **pursue gender-sensitive and age-inclusive programming** in all their activities, to inform **gender-transformative advocacy for the whole life course.**

## Annex: International policy frameworks

Madrid International Plan of Action on Ageing and Political Declaration (MIPAA) (2002)  
<https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

World Report on Ageing and Health and 2016 Global strategy and action plan on ageing and health (2016-2020) (2015)  
<http://www.who.int/ageing/global-strategy/en/>

Convention on the Elimination of All Forms of Discrimination Against Women 1979/  
Committee on the Elimination of Discrimination Against Women's General Recommendation No. 27 on older women and protection of their human rights (2010)

<http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

<http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW-C-2010-47-GC1.pdf>

Convention of the Rights of Persons with Disabilities (2006)  
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

Inter-American Convention on Protecting the Human Rights of Older Persons (2015)  
[http://www.oas.org/en/sla/dil/inter\\_american\\_treaties\\_a-70\\_human\\_rights\\_older\\_persons.asp](http://www.oas.org/en/sla/dil/inter_american_treaties_a-70_human_rights_older_persons.asp)

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa (2016)  
<https://au.int/en/treaties/protocol-african-charter-human-and-peoples%E2%80%99-rights-rights-older-persons>

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women (2003) (Article 22b).  
<http://www.achpr.org/instruments/women-protocol/>

European Union Gender Action Plan 11  
[https://www.entwicklung.at/fileadmin/user\\_upload/Dokumente/Publikationen/Downloads\\_Themen\\_DivBerichte/Gender/ADC\\_Guidance\\_for\\_Gender\\_Analysis\\_at\\_sector\\_level.pdf](https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Downloads_Themen_DivBerichte/Gender/ADC_Guidance_for_Gender_Analysis_at_sector_level.pdf)

Council of Europe's Recommendation CM/Rec (2014) on the promotion of the human rights of older persons.  
<https://www.coe.int/en/web/human-rights-intergovernmental-cooperation/promotion-of-human-rights-of-older-persons>

*Leave No One Behind: A Call to Action for Gender Equality and Women's Economic Empowerment* Report of UN Secretary-General's High-Level Panel on Women's Economic Empowerment (2016)  
[www.WomensEconomicEmpowerment.org](http://www.WomensEconomicEmpowerment.org)

United Nations 2030 Agenda for Sustainable Development – the Sustainable Development Goals – UN High-Level Panel on Women's Economic Empowerment toolkit on SDG 5  
<http://www2.unwomen.org/-/media/hlp%20wee/attachments/reports-toolkits/hlp-wee-working-group-paper-driver-3-en.pdf?la=en&vs=5706>



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