

# Methodology and Tools for Supporting the Formulation of Evidence-based Policies in Response to the Challenge of Population Ageing in Malawi

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## Executive Summary

The population of older persons, i.e. persons age 60 and above, has increased over the years. Available data indicate that out of 8.9 million persons counted in the 1987 Population and Housing Census (PHC), 473,898 were older ones, representing about six percent of the total population. The 2008 PHC showed that out of the 13.1 million persons enumerated, 684,083 were older persons, representing a 5.3 percent share. These statistics suggest that, from 1987-2008 the population of older persons increased by 44 percent, representing an annual growth rate of 1.7 percent. In the same vein, UN (2015) projections indicate that, the population of older persons in Malawi will reach 3.3 million by 2050. The UN attributes this projected increase to continued fertility level, continued progress in reduction of new HIV infections, AIDS related adult mortality owing to the increased availability ART treatment services and their access, as well as successful control of other communicable and non-communicable diseases.

The increasing presence of older persons in the Malawi's population creates both opportunities and challenges for the country. On one hand, for example, older people have the knowledge and skills which they can use to help families or communities deal with various challenges which they face. Similarly, if Malawi can succeed to keep older persons healthier and longer, the country may benefit socially and economically from many years of their productive life. On the other hand, however, as the number of older persons steadily increases in the country, the social, economic and cultural challenges associated with ageing populations are likely to multiply. Ironically, however, data and statistics regarding older persons are not readily available. It is against this background that the United Nations Department of Economic and Social Affairs (UNDESA) commissioned a study to review the available data, to identify data gaps and suggested data required for evidence-based policy on older persons in Malawi. Once identified, the data and statistics can assist various relevant ministries and organisations in policy formulation and program planning aimed at addressing challenges brought by population ageing adopted from the Madrid International Plan of Action on Ageing (MIPAA).

The Report on Methodology and Tools for Supporting the Formulation of Evidence-based Policies in Response to the Challenge of Population Ageing in Malawi is an examination of the data and statistics available in Malawi that may be used for evidence-based policy formulation regarding older persons in Malawi.

### *Methodology*

The review used three methods to collect data for the assessment exercise, including document search in the University of Malawi Chancellor College library, database search and electronic/internet search. Where necessary, the consultant physically visited some organizations to collect relevant documents. An assessment of the databases was helpful in identifying available data and data gaps on older persons in the country.

### *Main Findings*

#### *Policy framework governing older persons*

There are a number of legal frameworks that make provision for the rights of older persons. The Constitution of the Republic of Malawi guarantees the right to development to all people, including older persons and it provides the statutory basis for enactment of laws and policy formulation and program planning that address the concerns of older persons in Malawi. The National Pensions Act (2011) established a national pension fund (NPF) to which employers

and employees make periodic, mandatory pension contributions. The Ministry of Gender, Children, Disability and Social Welfare (MGCDSW) has oversight on issues concerning older persons. In particular, the National Policy for Older Persons, currently awaiting Cabinet approval, domesticates the three priority areas recommended for action by the UN Madrid Plan of Action on Ageing. In 2013, the Malawi Government adopted the National Social Support Policy (NSSP), a policy that targets ultra-poor and vulnerable groups to enable them benefit from the country's economic development processes.

Other frameworks aimed at supporting the welfare of older persons include the Malawi Growth and Development Strategy (MGDS) II. The MGDS is the overarching second medium-term development strategy for achieving the country's development goals. The MGDS II addresses issues regarding older persons in thematic areas of Social Protection and Social Support and Disaster Risk Management. Under Social Protection, government seeks to address vulnerability caused by population of older persons and to improve access to nutrition supplements for older persons.

Malawi Network of Elderly Persons Organization (MANEPO) is an umbrella organization of local non-governmental organizations (NGOs) dealing with older persons-related concerns. The organisation aims at poverty reduction by advocating for the establishment of a universal non-contributory pension scheme for older persons. MANAPO addresses challenges of older persons face regarding health care access so that they can live healthier and longer. The organisations addresses rights violation through public awareness about the rights old persons, promote empowerment of older persons to report such incidents, and sensitize the police to provide protection to older persons.

#### *Identification of existing gaps and limitations on data and statistics on older persons*

The National Statistical Office (NSO) has good data and statistics from censuses that provide a good stock of data regarding older persons. Census data could be used to understand the overall, age-based and sex-based death rates among older persons, however, it is not possible to conduct an analysis of cause-specific mortality rates since such information is not collected using a census questionnaire. In terms of surveys, the National Statistical Office has conducted a number of nationally representative surveys which provide information on the demographic characteristics of older persons. The surveys include the Demographic and Health Surveys (DHS), Welfare Monitoring Surveys (WMS), Labour Force Survey (LFS) and Integrated Household Surveys (IHS). The surveys could be used to calculate the household size of older persons. The major limitation of these surveys, however, is that they focus on women aged 15-49 years in contrast to men, it is ranges from 15 to 54 years only. The IHS may be useful for calculating poverty levels of households headed by older persons.

There are other agencies that are also involved in collecting data and statistics on older persons, but for operational and administrative use only. For example, the Ministry of Health collects information, on age, sex and cause of disease using health passport books. The information is used to monitor diseases such as malaria and those diseases affecting children under the age of five years. The data usually is presented as summary of diseases occurrences which are not disaggregated by the sex and age of older persons that may permit analysis of morbidity causes specific to older persons.

The Department of Immigration and Malawi Police and Prison Services under the Ministry of Home Affairs and Internal Security collects information on older persons according to their respective mandates. For citizens of Malawi applying for a passport, the Department of Immigration uses its administrative instruments to collect information such as age, sex, district of origin, date and place of birth, place of origin, mother's place of origin, and father's place of origin. The study shows that the data captured using immigration forms is not further analysed.

Although the focus of data collection for the Malawi Police Services is on crime, the data may contain information on age, sex and district of origin of the perpetrators or victims. However, the records are in form of summaries of the crimes committed, which are not disaggregated by age and sex of individuals. Thus, data and statistics from both departments are mainly for administrative purposes and can hardly inform evidence-based policies aimed at creating an enabling environment for older persons, hence the existence of a major gap.

Although the Ministry of Health collects cause specific information about diseases from health clinics and district hospitals, the data and statistics that are sent to headquarters are presented as summaries and are not disaggregated by age. This presentation format makes it hard to identify the exact number of older persons suffering from a particular disease. This represents a major gap in providing evidence-based policies regarding the health of older persons.

The study found that the NSO and other government departments collect information, but this information is not sufficient to provide data and statistics that could be used to address the needs of older persons in Malawi. This is because the objectives of the census and surveys vary, and hardly focus on collecting information on older persons. This is undesirable situation because these data and statistics deficiencies may lead to creating policies that overlook older persons' needs and the challenges they face.

Addressing the gaps in data and statistics requires a multipronged approach, which should involve various government ministries, departments and non-governmental organisations, spearheaded by the Ministry of Gender, Children, Disability and Social Welfare in conducting a survey which could be used to assess older persons' needs. The findings from the survey could provide new data and statistics on the situation of older persons in Malawi, hence could be instrumental in designing an evidence-based legal and regulatory framework that work to providing an enabling environment for older persons.

In addition, having such data and statistics could lead to the country fully realize the benefits of ageing and new opportunities, associated with the active participation of older persons in the economy and society at large.

## Table of Contents

Executive Summary .....	ii
Table of Contents .....	v
Acknowledgements.....	viii
Abbreviations.....	ix
<b>Chapter 1: Background.....</b>	<b>11</b>
1.1 Country Profile .....	11
1.2 National Ageing Situation.....	12
1.3 The Madrid International Plan of Action on Ageing.....	13
1.3.1 Older Persons and Development.....	14
1.3.2 Advancing Health and Wellbeing in Older Age .....	14
1.3.3 Ensuring Enabling and Supportive Environments.....	15
1.4 Study Objectives .....	15
1.5 Study Methods.....	15
1.5.1 Document review .....	16
1.5.2 Database search.....	16
1.5.3 Electronic/internet literature search .....	16
1.6 Structure of the report.....	16
<b>Chapter 2: National Policy and Institutional Frameworks and Older Persons ..</b>	<b>17</b>
2.1 Introduction .....	17
2.2 The Constitution of the Republic of Malawi .....	17
2.3 National Pensions Act.....	17
2.4 National Policy for Older Persons.....	18
2.5 National Social Support Policy.....	18
2.6 Malawi Growth and Development Strategy (II).....	19
2.7 Malawi Network of Elderly Persons Organisations .....	19
2.8 Data Collection Regulatory Framework.....	20
2.9 Producers, Users and Accessibility of Data on Older Persons.....	21
2.9.1 Producers of data on older persons .....	21
2.9.2 Users of Data on Older Persons.....	25
2.9.3 Data Accessibility .....	25

2.10 Data for Policy and Programme Action.....	25
2.11 Summary .....	26
<b>Chapter 3: Demographic and Socio-economic Characteristics of Older Persons</b>	<b>27</b>
3.1 Introduction .....	27
3.2 Demographic characteristics .....	27
3.2.1 Population census data .....	27
3.2.2 Survey data .....	29
3.2.3 Other Data Sources .....	29
3.3 Social characteristics.....	29
3.3.1 Population census data .....	29
3.3.2 Survey data .....	30
3.3.3 Other data sources .....	30
3.4 Economic Characteristics .....	31
3.4.1 Population Census Data .....	31
3.4.2 Survey Data .....	31
3.5 Summary .....	33
<b>Chapter 4: Older Persons and Development .....</b>	<b>35</b>
4.1 Introduction .....	35
4.1.1 Census Data.....	35
4.1.2 Surveys .....	35
4.2 Older Persons and Economic Contribution.....	36
4.3 Older Persons and Caregiving.....	37
4.4 Older Persons and Socio-cultural Roles.....	38
4.5 Summary .....	38
<b>Chapter 5: Health, Morbidity and Wellbeing of the Older Persons .....</b>	<b>41</b>
5.1 Introduction .....	41
5.2 Healthcare Promotion and Provision .....	41
5.2.1 Nutrition Pattern of Older persons .....	41
5.3 Access to Health Services and Challenges the Older Persons Face.....	42

5.4	Morbidity and Mortality among Older Persons .....	43
5.4.1	Older Persons and HIV and AIDS .....	43
5.5	Disability among the aged-population .....	44
5.6	Summary .....	44
<b>Chapter 6:</b>	<b>Supportive and Enabling Environment .....</b>	<b>46</b>
6.1	Introduction .....	46
6.2	Care and Support Available to Older Persons .....	46
6.3	Access to Water .....	46
6.4	Nutritional Status of Older Persons.....	47
6.5	Housing Conditions .....	47
6.6	Access (Distance) to Institutions Providing Basic Services for Older Persons.....	47
6.7	Abuse and Rights of Older Persons Violation.....	48
6.8	Witchcraft.....	48
6.9	Summary .....	49
<b>Chapter 7:</b>	<b>Summary of Findings, Conclusions and Recommendations .....</b>	<b>50</b>
7.1	Introduction .....	50
7.2	Summary of Findings .....	50
7.2.1	Identification of Existing Gaps and Limitations on Data and Statistics on Older Persons .....	50
7.3	Recommendations.....	51
<b>References</b>	<b>.....</b>	<b>52</b>

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UNDESA's project aims at developing a standard methodology to produce, analyze and deliver a database of harmonized indicators on the situation of older persons in Africa, including Malawi would not have been possible without the readily information and statistics from the website of the National Statistical Office.

## Abbreviations

AIDS	Acquired –Immuno-deficiency Syndrome
DAHSP	Decent and Affordable Housing Programme
HIV	Human Immunodeficiency Virus
MDHS	Malawi Demographic and Health Surveys
LFS	Labour Force Survey
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MSPA	Malawi Service Provision Assessment
MGDS	Malawi Growth and Development Strategy
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MPRS	Malawi Poverty Reduction Strategy
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NSO	National Statistical Office
NSSS	National Social Security System
PHC	Population and Housing Census
SCT	Social Cash Transfer
SDGs	Sustainable Development Goals
WHO	World Health Organization



UN (2015) projections indicate that the population of older persons in Malawi will reach 3.3 million in 2050 if fertility level continues to decline and there is continued progress in reduction of HIV infections, AIDS related adult mortality owing to increased availability of ART treatment services and their access, as well as successful control of other communicable and non-communicable diseases.

The increasing presence of older persons in the country's population brings both opportunities and challenges for the country. On one hand, for example, older people have the knowledge and skills which they can use to help families or communities deal with various challenges which they face. Similarly, if Malawi can succeed to keep older persons healthier and longer, the country may benefit socially and economically from many years of their productive life. On the other hand, however, as the number of older persons steadily increases in the country, the social, economic and cultural challenges associated with ageing populations are likely to multiply. The demand for healthcare services, especially for the treatment of non-communicable chronic diseases that accompany the ageing process, for example, is likely to increase. Such a development would be undesirable because the country's health system is not sufficiently prepared to deal with old age ailments. Currently, there is only one geriatric clinic in the country. Similarly, as Malawi experiences socio-economic and demographic changes, the extended family structure on which older persons have relied on for support for many years in the country is slowly disappearing, paving way for living arrangements where living alone or with a spouse is becoming common among older persons. Many older persons are likely to spend many years in old age without old age security because the majority of older persons in the country have not worked in formal employment due to lack or insufficient education or lack of opportunities, or both. Furthermore, retirement benefits for those who have had formal employment are often inadequate for a living. This suggests that older persons are likely to continue working as long as they can in order to support themselves in the old age. It is, therefore, critical that the country creates an environment that ensures that older persons live healthier lives. There is need for a comprehensive, up-to-date and quality database for a better understanding of issues affecting older persons to inform evidence-based policy and programming.

### **1.3 The Madrid International Plan of Action on Ageing**

At the end of the Second World Assembly on Ageing held in 2002, government representatives from across the globe adopted the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA serves as an international framework that guides UN member states in policy formulation and program planning aimed at addressing the challenges brought

by population ageing. The Plan of Action identifies three broad priority areas for action, namely: Older Persons and Development; Advancing Health and Wellbeing in Older Age; and Ensuring Enabling and Supportive Environment. Each priority direction stipulates several specific issues to be addressed as outlined in the following sections:

#### **1.3.1 Older Persons and Development**

This priority area of older persons and development emphasises that older persons should be an integral part of a nation's development agenda and they should fully benefit from its fruits. Governments should make efforts to ensure that older persons are not marginalized as a result of the socio-economic and demographic changes taking place in respective countries. The specific issues under this priority area are:

- Active participation in society and development;
- Work and ageing labour force;
- Rural development, migration and urbanization;
- Access to knowledge, education and training;
- Intergenerational solidarity;
- Eradication of poverty;
- Income, social protection/ social security and poverty prevention; and
- Emergency situation.

#### **1.3.2 Advancing Health and Wellbeing in Older Age**

The predominant causes of morbidity and mortality in aged populations are chronic and degenerative diseases. As population ageing takes place in developing countries, a shift is going to occur in the health and disease pattern from communicable diseases to degenerative diseases as causes of morbidity and mortality. Thus, in the interim, developing countries will have to provide health care services that prevent and treat both existing and emerging communicable diseases as well as emerging non-communicable diseases. This may pose a double health-cost burden: the developing countries may still have a high prevalence of communicable diseases among important parts of the population, while population ageing is already putting increased pressure on scarce health-care resources. In the absence of clearly defined policy direction, the health needs of older persons could be overlooked. The MIPAA priority Advancing Health and Wellbeing in Older Age recommends the following issues for addressing:

- Health promotion and wellbeing throughout life;
- Universal and equal access to healthcare services;

- Older persons and HIV/AIDS;
- Training of care providers and health professionals;
- Mental health needs of older persons; and
- Older persons and disability

### **1.3.3 Ensuring Enabling and Supportive Environments**

The implementation of the MIPAA priority on Ensuring Enabling and Supportive Environments requires national governments to formulate policies that focus on health promotion and strengthen capabilities of older persons to become independent. Governments should create an enabling environment for inclusion of older persons in the development agenda and support their contribution to society. All stakeholders, including civil society and older persons themselves, should be engaged in policy formulation and implementation. There are four key issues under this priority:

- Housing and living environment;
- Care and support for care givers;
- Neglect, abuse and violence; and
- Images of Ageing

## **1.4 Study Objectives**

The overall objective of the study is to assess the status of empirical data on older persons for supporting the formulation of evidence-based policies in response to the challenge of population ageing in Malawi. Specifically, the study's main tasks are to present evidence of available data on older persons, identify existing data gaps and to make recommendations on improving the empirical evidence-base on older persons in the country.

## **1.5 Study Methods**

Three methods were used to collect data for the assessment exercise. They included document searches in the University of Malawi Chancellor College library, database search and electronic/internet search. Where necessary, the consultant physically visited relevant organizations and institutions to collect necessary documents. A document review was conducted to better understand the policy and institutional framework for older persons. An assessment of statistical databases was helpful in identifying available data and data gaps on the situation of older persons in the country.

### **1.5.1 Document review**

The main documents reviewed are the Constitution of the Republic of Malawi, National Pensions Act, National Policy for Older Persons, National Social Support Policy, and Malawi Growth and Development Strategy (MGDS) II. The review of the Madrid International Plan of Action on Ageing (MIPAA) helped to understand the global perspective on how national governments could respond to challenges brought by population ageing.

The National Statistical Act, which establishes the National Statistical Office, a government agency responsible for official statistics, was reviewed to understand rules and regulations guiding data collection, dissemination and sharing. In addition, a review was made of the research and ethics guidelines prepared by the National Commission on Science and Technology (NCST). NCST is the national agency that regulates health-related research in Malawi.

### **1.5.2 Database search**

Databases compiled by different data producers were searched, collected and analysed in order to understand the status of data on older persons. Much of the database used came from censuses and surveys conducted by the NSO. The data collection instruments were closely studied to obtain an idea of the type of data collected by the data producers in the country.

### **1.5.3 Electronic/internet literature search**

A Google search was conducted to identify publications on older persons which could not be sourced using the above two study methods. This approach assisted to obtain published works on older persons.

## **1.6 Structure of the report**

This report on the status of data on older persons in Malawi consists of seven chapters. Chapter one is a background to the study. Chapter two offers an overview of the institutional and regulatory frameworks on issues affecting older persons. Chapter three presents the status of data on the background characteristics of older persons. Chapters four, five and six concern themselves with the status of data relating to the three MIPAA priority areas, namely: Older persons and development, Advancing health and wellbeing into old age, and Ensuring enabling and supportive environments, respectively. Chapter Seven presents conclusions and suggestions on the way forward.

## Chapter 2: National Policy and Institutional Frameworks and Older Persons

### 2.1 Introduction

The purpose of this chapter is to review the policy and institutional frameworks concerning older persons in Malawi in order to understand the environment for addressing concerns of older persons in the country. The documents reviewed are the Constitution of the Republic of Malawi constitution, the National Pensions Act (2011), the National Policy for Older Persons, the National Social Support Policy, and the Malawi Growth and Development Strategy (II). The exercise also covered a review of frameworks that govern the collection, analysis and sharing of data among data producers and users.

### 2.2 The Constitution of the Republic of Malawi

The Constitution of the Republic of Malawi was adopted in 1995 following the country's political transition from a single party to a multiparty system of government. Chapter two of the Malawi Constitution provides for several human rights to the citizenry, including older persons. One of the rights provided is the right to development which states:

- (1) *All persons and people have a right to development and therefore to the enjoyment of economic, social, cultural and political development.....*
- (2) *The State shall take all the necessary measures for the realization of the right to development. Such measures shall include, amongst other things, equality of opportunity for all in their access to basic resources, health services, food, shelter, employment and infrastructure.*
- (3) *The State shall take measures to introduce reforms aimed at eradicating social injustices and inequalities.*
- (4) *The State has the responsibility to respect the right to development and justify its policies in accordance with this responsibility.*

Thus, the Constitution recognizes the right to development of all people including older persons and provides the statutory basis for enactment of laws and policy formulation and program planning that address the concerns of older persons in Malawi.

### 2.3 National Pensions Act

The National Pensions Act (2011) establishes a National Pension Fund (NPF) to which employers and employees will make periodic, mandatory pension contributions. The NPF requires employers to make pension contributions for individuals who they have employed for at least 12 months (Malawi Parliament 2011). Besides contributing to their employees' pension

funds, employers are required to purchase a life insurance policy for every employee. The mandatory life insurance policy will have a pay-out value equivalent to the employee's annual pensionable income. On their part, employees who qualify to participate under the NPF provisions are required to make periodic contributions to the pension scheme from their pensionable salaries.

### 2.4 National Policy for Older Persons

The Ministry of Gender, Children, Disability and Social Welfare (MGCDSW) have oversight on issues concerning older persons. The MGCDSW, in consultation with other stakeholders on older persons, is in the process of finalizing the National Policy for Older Persons. Among other national and international frameworks, the National Policy for Older Persons has domesticated the three priority areas recommended for action by the UN Madrid Plan of Action on Ageing. It is envisaged that, once adopted, the policy will be a central reference document to guide public and private sector organizations dealing with population ageing in Malawi to address the social and economic needs and rights of older persons in the country.

### 2.5 National Social Support Policy

The Malawi Government adopted the National Social Support Policy (NSSP) in 2013. The policy supports the ultra-poor and vulnerable groups of all ages to benefit from the country's economic development. The NSSP provides reference guidelines to all stakeholders for the design, implementation and monitoring of social support programmes and processes.

The NSSP covers five programmes: social cash transfers (SCT), public works programme (PWP), school meals, village savings and loans, and microfinance. A key programme that benefits older persons is the SCT being implemented by the Ministry of Gender, Children, Disability and Social Welfare in selected districts in the country. The SCT was initiated in 2006, with financial support from development partners. The programme provides cash transfers to extreme poor and labour-constrained households irrespective of the age of household members. The sustainability of the programme is uncertain as currently funding of the programme is provided by international donors. In addition, the amount of financial resources that will be required to implement the programme is likely to increase as the population of older persons continues to grow in the coming years.

In addition to the NSSP, older persons are also beneficiaries of other programmes implemented by various government agencies that target people in extreme poverty. Such

programmes include Public Works Programme (PWP), Farm Input Subsidy Programme (FISP), and Decent Housing Subsidy Programme.

## 2.6 Malawi Growth and Development Strategy (II)

The Malawi Growth and Development Strategy (MGDS) II is the overarching second medium-term development strategy for achieving the country's development goals. The strategy covers a period of five years from 2011 to 2016. Through the MGDS II, Malawi aims to reduce poverty through sustainable economic growth and infrastructure development. The MGDS II identifies six broad thematic areas of sustainable economic growth; social development; social support and disaster risk Management; Infrastructure development; governance; and gender and capacity development.

The MGDS II has addressed issues of older persons in thematic areas of social protection and social support and disaster risk management (Malawi Government 2011). Under social protection, government seeks to address vulnerability of older persons by creating cushions against environmental and natural disasters. This is because this category of people is vulnerable, and thus may become chronically sick and lack resilience during environmental disasters. One of the strategies concerns improving access to nutrition supplements for the older and physically challenged persons. Under Social Support and Disaster Risk Management, support for older persons concerns:

- Enhancing and promoting predictable transfers to the most vulnerable and the ultra-poor households;
- Promoting longer term skills-oriented and asset enhancing interventions;
- Improving and scaling up the Social Cash Transfer Programmes.

## 2.7 Malawi Network of Elderly Persons Organisations

Malawi Network of Elderly Persons Organization (MANEPO) is an umbrella organization of domestic non-governmental organizations (NGOs) dealing with older person-related concerns. MANAPO has four strategic areas:

### *a) Poverty reduction*

Under this strategic area, MANAPO seeks to advocate for the establishment of a universal non-contributory pension scheme for older persons. If the pension scheme is established, older persons will have a reliable and predictable source of income necessary for their livelihood.

### *b) Access to health care*

At times, morbidity and mortality among older persons is aggravated by limited access to health care services. The main challenges regarding access to health care faced by older persons are: distance to health facilities; non-availability of medication for old age diseases; non-availability of palliative care services in the country; exclusion of the needs of older person in the national HIV/AIDS programmes; inadequate and insufficient coverage by health insurance and lack of financial resources to cover health care expenses. These challenges need to be addressed in order to facilitate access to health care for older persons in order for them to live healthier and longer lives.

### *c) Abuse and discrimination of older persons*

In many communities, the rights of older persons are often violated because they are accused of being responsible for almost every misfortune that occurs in the community including death, floods and drought. Their property is often stolen or destroyed, and they are banished from communities or are even killed. MANAPO plans to address such rights violation through public awareness on the old persons' rights, promote empowerment of older persons to report such incidence and sensitize the police to provide protection to older persons.

### *d) Disaster preparedness*

When disasters strike the situation of older persons is compounded further. To reduce vulnerability of older persons and ensure that their needs are addressed during disasters, MANAPO advocates for inclusion of older persons' specific needs in the national disaster preparedness and mitigation plans. Similarly, it advocates for staff that are involved in providing relief services to be sensitive to the needs that are peculiar to older persons.

## 2.8 Data Collection Regulatory Framework

Data collection is regulated by national laws. The National Statistical Act (2013) provides for the establishment of the National Statistical Office (NSO) and the National Statistical System (NSS). The NSO is responsible for the collection, compilation, analysis, abstraction, publication and timely dissemination of official statistical data and information. It is also responsible for maintaining the NSS. Statistics produced by the NSO are collected through population censuses, demographic and health surveys, economic surveys, and agriculture surveys. The NSO also houses administrative data, which mainly comes from Malawi Revenue Authority, which is the agency of the Government of Malawi responsible for assessment, collection and accounting for tax revenues.

The National Commission on Science and Technology (NCST) is a Malawi government central organization established by the National Commission for Science Technology Act No.16 of 2003. It regulates health research in Malawi through the National Health Sciences Committee and the College of Medicine Research and Ethics Committee (COMREC). NCST has produced guidelines that are intended to guide individual researchers and research institutions to conduct health related research in a scientific and ethical manner. Proposals for independent research are supposed to be submitted to the COMREC for approval. The guidelines and requirement for approval by the Ethics Committee ensure that research conducted in Malawi is of high quality and that it respects the rights and welfare of researched participants.

## **2.9 Producers, Users and Accessibility of Data on Older Persons**

### **2.9.1 Producers of data on older persons**

Data on issues concerning older persons are scanty in Malawi compared to data on other subpopulation groups such as children under five years old and women of reproductive age (15-49). However, census, surveys and administrative data collected by a variety of institutions can be employed to understand the situation of older persons.

#### *National Statistical Office*

The National Statistical Office periodically conducts population and housing censuses, covering the entire population of the country. In addition, the NSO also carries out a number of surveys which provide some statistics on older persons. However, the available statistics on older persons have some gaps because either available data are not age-disaggregated (particularly not for higher age-groups) or data collection does not cover older age-groups.

#### *Malawi Electoral Commission*

The Malawi Electoral Commission (MEC) was established to supervise the conduct of multiparty elections which are held every five years. As part of preparations for the elections, MEC registers people aged 18 years and over who are eligible to vote. MEC collects information on age, sex and district of origin of eligible voters. Electoral registers could be an important source of data on the population of older persons, which could be used to understand older persons' participation in political development.

#### *National Registration Bureau*

The National Registration Bureau (NRB) is a government department under the Ministry of Home Affairs and Internal Security. Its mandate is to implement, coordinate, manage and maintain the National Registration and Identification System (NRIS) in Malawi. As of August 2015, the NRB has commenced the universal and compulsory registration and issuance of birth and death certificates in the country. Currently, this effort is mainly being supported by the United States Centres for Disease Control and Prevention (CDC), UNICEF, Plan Malawi, World Vision, and the Democratic Governance of the European Union. Once the registration system is rolled out to all districts and becomes fully operational, it is expected to become a vital source of administrative data on Malawi's population, including older persons.

#### *Ministry of Gender, Children, Disability and Social Welfare*

Ministry of Gender, Children, Disability and Social Welfare is responsible for implementing social protection programmes including SCT targeting extreme poor and labour constrained households including older persons. There are a number of food security and poverty reduction interventions implemented by the government, non-governmental organizations and other local and international agencies, which take the form of programmes or projects under MGWDSW. As part of the implementation of these means tested interventions, there are criteria in place to guide selection of beneficiaries. Although these criteria might differ from one intervention to another, most of the interventions consider vulnerability as the basis. Vulnerable groups are identified as female-headed households, child-headed households, households with a chronically ill member(s), households that are chronically food insecure, and households caring for orphans. Beneficiaries are selected by communities led by community leaders. The data collected from such a programme could be used to analyse the economic wellbeing of the beneficiaries. Data on these programmes might provide evidence regarding how means testing is actually done and if indeed the neediest persons, (including older persons), are benefitting from these interventions.

#### *Ministry of Finance and Economic Planning and Development*

The Office of the Accountant General under the Ministry of Finance and Economic Planning and Development is responsible for disbursement of retirement benefits to people who worked in the public service and were covered by the Public Service Pension Scheme (PSPS). Data on beneficiaries of the PSPS, though mainly collected for administrative purposes, could be used to understand the profile and financial situation of older persons who have ever

worked in the public service. The data is mainly for administrative purposes, and is likely to represent only older persons who are employed by or retired from public service. Such data is in the form of total number of older persons accessing pension funds, and the population or employees of state-run companies who make contributions to pension funds.

It has to be mentioned, however, that access to such information is very limited; and disclosure is subject to the discretion of pension fund managers (IMF & World Bank 2008). And as a general rule, however, it is very difficult to produce any analysis of the sector with so limited access to information for evidence-based policy.

#### *Ministry of Health*

The Ministry of Health is another source of data and statistics in Malawi. The Ministry of Health (MoH) is responsible for the collection, analysis and dissemination of health information for designing, implementation, monitoring and evaluation of health interventions in Malawi. Health data are collected from health centres and district hospitals from the community level to national level and forms the basis of the Management Health Information System (MHIS). The MHIS captures data on epidemic diseases, infectious and non-communicable diseases as well as human data on place of residence, age, tribe and sex. This data can be used to understand the health situation older persons.

Data on older persons is collected using a health passport, a booklet the MoH uses to collect health information. **(Appendix A)**. Printed by the ministry, a health passport is used as an instrument for recording and collecting a patient's personal details such as age, sex and other particulars such as home of origin date of birth, and village. In addition, it records the medical history of the patient, detailing the type and the onset of diseases and surgeries a patient may have undergone. This information, is collected by hospitals and health posts from the first day a patient consults them. At the district level, this information is captured at the district hospital through the HIMIS database and is then entered into a central online database, the Health Information Systems Programme Malawi (HISP Malawi), which is part and parcel of the Central Monitoring and Evaluation Division (CMED) in the Ministry of Health (MoH).

In turn, the CMED reviews the data. However, the data usually are presented as summary of diseases occurrences which are not disaggregated by the sex and age. The focus of the database is for monitoring diseases such as malaria. The information is printed in semi-annual health bulletins, however it is not available through the website of the MoH.

The MoH does not have clear guidelines for accessing health information, however, one needs to write them to request the data. The data may be shared under data confidentiality guidelines.

#### *Ministry of Home Affairs and Internal Security*

##### *a) Department of Immigration*

The Department of Immigration in Malawi is mandated to collect information on particulars of nationals and non-nationals. There are two ways in which the Department of Immigration collects data and statistics from people. When applying for a passport, citizens of Malawi supply with the department information such as age, sex, district of origin, date and place of birth, place of origin, mother's place of origin, father's place of origin, ethnicity, village, traditional authority, and country **(Appendix B)**.

Similarly, when a non-national is entering the country passport control officers at the entry points/borders, record age, sex, nationality, the address of the visitor, duration of stay, and purpose of visit.

The information collected above by the Department of Immigration is for administrative purposes. However, records of nationals are used to verify the identity of an applicant with the District Commission (DC) especially their district of origin.

##### *b) Department of Police*

The Research Planning and Reforms Department in the Department of Police and Services has a central office housed at its headquarters in Lilongwe which is responsible for data collection, maintaining a database and dissemination of data and statistics. Data and statistics is collected nationally from all police units or stations, which is in the form of incidences or crimes reported, and is recorded using the administration forms. The information collected include particulars such as age, education, and ethnicity of the victims or perpetrators. The information is summarised and sent to the headquarters. The data is usually in summary form such as total number of crimes occurred or reported to the police unit or station.

The database is stored in Excel format and provides the total number of cases. The nature of the information is neither disaggregated by sex nor age. Given the nature of the data and statistics, it is not possible to have information on older persons.

The data may be deficient for policy-evidence because not all the victims report to police when there has been an incidence, especially older persons. In addition, the data and statistics

are usually presented as summary statistics such as the total number of crimes occurred or reported to the police unit or stations, and are not disaggregated by age and sex.

### **2.9.2 Users of Data on Older Persons**

Data on population ageing are used by different organizations that deal with the concerns of older persons. Such organizations include the following ministries: Ministry of Gender, Children, Disability and Social Welfare, Ministry of Health, and Ministry of Agriculture, Irrigation and Water Development, Ministry of Health, and the Malawi Network of Elderly Persons Organization, a local NGO. The statistics on older persons are used for policy formulation, programme designing, implementation, monitoring and evaluation of interventions. Data on older persons such as households headed by older persons or, households of older persons living with orphans provide the basis for the distribution and allocation of targeted agriculture subsidy programmes. In addition, statistics on older persons may be used for informal social protection mechanisms, Public Works Programs (PWP). The Ministry of Lands, Housing and Urban Development also uses statistics on older persons to identify beneficiaries for the government's Decent and Affordable Housing Programme (DAHSP), locally known as Malata, Cement Subsidy Program (Malawi News Agency 2016). The programme is aimed at assisting poor people in the rural areas by providing them with subsidised cement, iron sheets and other building materials to help the people construct new houses or improve the existing ones. One of the beneficiaries of the programme are older persons. Also, local and international scholars use data on population ageing for writing research papers for publication.

### **2.9.3 Data Accessibility**

The ease by which users are able to access data varies by data producers. Some data producers make their data available through public launch of study reports, online or their websites. Such data are easily accessible to interested users. However, some data which are not available in the public domain but were collected (especially data considered confidential) require users to physically visit or submit written requests to relevant data producers. Guidelines for data sharing in Malawi are hardly available.

### **2.10 Data for Policy and Programme Action**

The data collected by various producers have been used for policy formulation and programme designing, monitoring and evaluation of interventions. The data produced by the NSO are widely used because of their national coverage. For example, data on older persons from population censuses have informed the formulation of the National Policy for Older

Persons. Administrative data produced by various Ministries/Departments have been used by the data producers themselves as well as other data users.

### **2.11 Summary**

The chapter has shown that Malawi has the policy and institutional frameworks for addressing challenges brought by population ageing in the country. Nationwide data on older persons is collected by the National Statistical Office through censuses and surveys. Administrative data on older persons are collected by different government ministries and departments. While there are clear rules and regulations that guide data collection, there seem to be no clear guidelines to regulate access to and sharing of data.

## Chapter 3: Demographic and Socio-economic Characteristics of Older

### Persons

#### 3.1 Introduction

The chapter presents the status of data that are used to analyse the demographic and socio-economic characteristics of older persons. Census and survey questionnaires were examined to understand questions that were asked to collect information on common background variables such as age, sex, place of birth/residence, literacy, marital status, educational level, economic residence, religion, ethnicity, and economic status.

#### 3.2 Demographic characteristics

##### 3.2.1 Population census data

Since political independence in 1964, Malawi has conducted censuses nearly every 10 years, i.e. 1966, 1977, 1987, 1998 and 2008. The 2008 census questionnaire included questions that generated data that could be used to understand the demographic aspects of age, sex, fertility, mortality and migration of the Malawi population including older persons (**Appendix C**).

The following question was asked to collect information on the sex of all household members

*Is (NAME) male or female?*

The questionnaire carried two questions to elicit data on the age distribution from which the population aged 60 or above could be derived.

*In what month or year was (NAME) born?*

*How old was (NAME) at his or her last birthday (age in completed years)*

Age data is subject to a high degree of errors. High illiteracy levels especially among older persons in Malawi makes it very hard for their true age to be known. In addition, many people, including older persons in the country, do not have birth certificates. Thus, in the absence of knowledge of the true age, age is estimated.

Data was collected on all women aged 12 years or older on the number of children they have ever born and their survivorship status. Two related questions were asked in the 2008 census

*How many children were born alive to (NAME)?*

*Among those children, how many are still alive?*

Using data generated from the above questions one could compute the overall and age specific mean parities of older women. The information on children still alive would be useful to understand the number of children available who could support older persons. If the

census also included questions on the number of children still alive either living in the household or away, the data could provide information on living arrangements of older persons with their children.

The 2008 census collected mortality data. The question used to collect such data was:

*Is there any member of the household who died during the last 12 months?*

If indeed the household experienced any death(s), the respondent was required to specify the age and sex particulars of the deceased. This data could be used to understand the overall, age and sex death rates among older persons. However, the census data does not permit analysis of cause mortality rates.

The 2008 census also asked questions on the parental survival status and residential status. To investigate the mother's survival and residential status, the following questions were asked:

- *Is (NAME's) natural mother alive?*
- *If alive does (NAME's) natural mother live in this household?*

A similar set of questions were asked to collect data on the survival and residential status of the biological father. The major limitation, however, is that these questions were asked only for residents less than 18 years. If the questions were extended to people 18 years and older, the data captured could be used in understanding the survival status of older persons' biological parents and living arrangements with their parents. When older persons are living with biological parents in the same households it suggests the responsibility older persons have in caring and supporting their aged parents.

With respect to migration, the 2008 questionnaire included the following questions:

*Where was (NAME) born?*

*What is (NAME's) nationality?*

*Where was (NAME) residing previously? [Code region and district, OR foreign]*

*How long has (NAME) been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?*

*Did any member of the household leave Malawi during the last 10 years (1998 and 2008)*

The data generated from these questions could be helpful in the classification of older persons by nationality, place of birth, place of previous residence, duration of residence in current place of residence and also migration to other countries.

### 3.2.2 Survey data

Malawi has conducted a number of nationally representative surveys which are important sources of data to understand the demographic characteristics of older persons. Such sample surveys are mainly conducted by the National Statistical Office and they include the Demographic and Health Surveys (DHS), Welfare Monitoring Surveys (WMS), Labour Force Survey (LFS) and Integrated Household Surveys (IHS) (**Appendices D and E**).

The 2010 DHS data collected information through household questionnaire, woman Questionnaire and man's questionnaire. Data on the demographic characteristics of older persons are collected only through the household questionnaires as the woman's questionnaire targets women age 15-49 while the man's questionnaire targets men aged 15-54. In the Household questionnaire, questions were asked that solicited data on sex and age of all household members including older persons. The 2014 WMS, 2013 LFS and the 2010/11 Integrated Household Survey (IHS) also included questions on sex and date of birth of all members of the sampled households. The data from the LFS, IHS and WMS could be used to calculate the household size of older persons.

### 3.2.3 Other Data Sources

Other sources of demographic data on older person include the information system managed by the Ministry of Health as discussed above in section 2.9.1. International agencies such as the United States Bureau of Census and the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat present data in a series of Excel files which show key demographic indicators for each development group, income group for selected periods or dates within 1950-2100. These data are population estimates and projections by age and sex. The Population Division derives the estimates using available data gathered by major surveys such as the Demographic and Health Surveys or the Multiple Indicator Cluster Surveys conducted in member countries (UNDESA, 2015). Data is presented according to age and sex (five-year age-groups) for all age groups for all countries including Malawi.

## 3.3 Social characteristics

### 3.3.1 Population census data

A number of questions were included in the 2008 census questionnaire that generated data on the social characteristics of older persons. For residents 3 years or older, the following questions were asked:

*Can (NAME) read and write in the following language? (None, English, Chichewa, Other)*

*Has (NAME) ever attended school?*

For those who have ever attended school, the follow-up questions were asked:

*What is the highest level of school (NAME) attended or is attending? And how many years of school did he/she complete at that level?*

*What is the highest qualification (NAME) attained?*

The data gathered by these questions help to measure the literacy level of older persons and classify older persons according to education attainment. In addition, the 2008 census collected data on other social aspects of older person through the following questions:

*What is (NAME's) religion?*

*What is (NAME's) tribe?*

*What is (NAME's) marital status? (For household members age 12 years or older)*

### 3.3.2 Survey data

The DHS Household questionnaire included questions on the current marital status of persons age 15 or older. For household members age 5 years or older, information was collected on school attendance and highest class completed at the highest level of school attended. These data could be used to describe the marital and educational characteristics of older persons.

Like the DHS household questionnaire, the questionnaires used to collect the 2014 WMS, 2013 LFS, and 2010/11 IHS data included questions on older persons' marital status, literacy and level of educational attainment.

### 3.3.3 Other data sources

International organizations such as HelpAge International, UNFPA, World Health Organization (WHO) and Population Division of the UN publish statistics on older persons for different countries.

Concerning data on health, WHO publishes statistics on its websites in Excel workbooks which contain summary estimates for population, births, all-cause deaths and specific causes of death as well from 2000 to 2012. These data come from either nationally representative death registration records based on country data and/or nationally representative sample death registration or surveillance.

Using these approaches, WHO presents information on older persons on years lost to disability (YLDs) for the year 2012; summary estimates of years of life lost (YLL) for the year 2012, and all-cause deaths and specific causes of death for persons aged 60 and over (Appendix G).

In 2009, the Ministry of Health in collaboration with WHO conducted a survey with the aim of providing evidence to inform policy and advocate for resource allocation for treatment and prevention of non-communicable diseases in Malawi. The report contains data and statistics on the magnitude of non-communicable diseases (NCDs) and their risk factors on older persons, albeit with an age range limited to 25 to 64 years.

### 3.4 Economic Characteristics

#### 3.4.1 Population Census Data

The 2008 Population and Housing Census collected data on the economic status of older persons, for those currently employed or unemployed, status in employment and reasons for not working. Some of the questions that were asked were the following:

*Aside from his/her own household work, did (NAME) work during the last 7 days?*

*Why did (NAME) not work during the last 7 days? (Homeworker, never worked, on leave but has job, retired, student, other)*

*Did (NAME) do one of the following activities in the last 7 days?*

*What was (NAME) main occupation during the last 7 days or the last she/he she worked?*

Among other things, the data generated by such questions could be used to determine the participation or non-participation of older persons in the country's economic activities.

#### 3.4.2 Survey Data

The 2013 Labour Force Survey provides comprehensive data to understand economic characteristics of older persons including their working status, occupation, employment status, remuneration, and sector of the economy, i.e. formal or informal sectors, in which they are involved. Data collection was done using both the household and individual questionnaires.

The 2010/11 Integrated Household Surveys and 2014 Welfare Monitoring Survey also collected data on the economic characteristics of older persons.

Welfare and Monetary Surveys (WMS) are designed to collect information that can be used to identify and classify vulnerable groups of households within a society. For such type of surveys, older persons may be recorded as members of the part of the selected households. The questionnaires for WMS are purposefully concise and are designed to collect data which can be used to measure access, utilization and satisfaction with social services. The 2014 WMS asked detailed information on employment and other welfare indicators:

*D1: Aside from housework, did [NAME] do any type of work for at least one hour for pay, profit in kind or for family based farming or other business during the last 7 days?*

*D2: [NAME] did not work the last 7 days, but was he/she temporary absent from work and has a job to go back to?*

*D3: [NAME] did not work the last 7 days, but did he/she is currently without a job, but he/she has worked before that period and is available for work?*

WMS also asked other questions on welfare indicators, the questions included:

*How many changes of cloths do you (head of household) own? (Record number of trousers for men or skirt/dresses for women)*

*How much did you pay total for the bar soap? (Include both tablets and bars)*

The 2010/11 Integrated Household Survey (IHS)

The IHS details information about time use and employment activity. The survey asks all household members aged five years and older. Module D of IHS3 had a section on time use and labour, and the questions appear in section E05 to E65. It is possible to know the economic activity of older persons; the time in hours spent in collecting water, and main job over the last 12 months. In addition, 2010/11 IHS asked a question on how much respondents usually receive allowances or gratuities, including in-kind payments such as uniform, housing, food, and transport, and other items that were not included in the salary they just reported.

Labour Force Survey (LFS)

The main objective of the 2013 Malawi Labour Force Survey (MLFS) was to generate reliable information on employment and unemployment as well as other labour force characteristics of the population aged 15-64 years. The MLFS fills the gap in data and statistics regarding estimates on the size of the labour force, the number of employed persons by occupation, industry and employment status, the population which is not working together with their demographic characteristics, youth unemployment, incomes and working hours. The information collected in LFS is more detailed than that in census data. The MLFS data may be used to formulate and implement policies for decent work, employment creation and poverty reduction, income support as well as other social programmes of older persons. The

limitation, however, is that the highest age is 64 years, meaning that information of older persons age 65 and over was not collected, rendering the data less useful to the proposed study at hand.

### **3.5 Summary**

The present chapter has presented data sources on socio-economic and demographic characteristics of older persons, available in census and surveys. The chapter has shown that data and statistics from censuses cover a much longer age range, which can provide more detailed information on older persons. Surveys have more detailed information on labour, but are limited to 64 years as the highest age. In addition, there are other sources of data on older persons which organisations such as HelpAge International, UNDESA, WHO, and UNFPA provide. However, these data are in the form of composite indicators as well as estimates and projections that are also derived from national primary data such as censuses and surveys.

## Chapter 4: Older Persons and Development

### 4.1 Introduction

This chapter presents the status of data on older persons and their contributions to various aspects of development including socio-economic and cultural contributions. The available data sources and studies were examined to establish whether they included questions on type of expenditure by individuals, economic activity status by age, social roles played by older persons at household, community and national levels, care giving roles as well as poverty of older persons.

The NSO conducts two main data collection exercises which gather information of household wealth as measured by either household assets or household income ownership, hence can be used to measure wealth status of the household and its members.

#### 4.1.1 Census Data

Through the household questionnaire the census collects from the head of household asset-based information through the following question:

*Do the household have the following? Radio, television, refrigerator/ deep freezer, cooker/ hot plate, bicycle, motorcycle, car or truck, telephone, oxcart and ITN.*

While it is possible to link ownership of these items to older persons present in the household, and assume that they may benefit from them, it may not be possible to know whether older persons actually have access to and/or use the assets of the household, since the older person may not be the head of household. Information on household's access to resources is pertinent in that it enables household members' access, such as to a car or, to medical/health services which are crucial for the maintenance of good health status.

#### 4.1.2 Surveys

Just like censuses collect information on wealth, the 2010 DHS collected information on different assets owned by a household, but the list used here is much wider than the one used in the last census. Although the household questionnaire collects information on older persons, it is not possible with the data available to link household assets to older persons/members of the household.

The NSO collects information on different aspects of wellbeing through Integrated Household Surveys (IHS). For example, it conducted welfare and socio-economic surveys in

1990, 1997/98, 2002, 2004/5, and the most recent IHS3 was conducted over the period March 2010 to March 2011. There is not a definite time in terms of periodicity and generally IHS surveys are conducted over a period of one year.

The data provide updated information on various aspects of welfare and socio-economic status of the population of Malawi and are presented at various levels such as national, urban-rural, region, and district level. These data are disaggregated by age and gender. The IHS survey collects information on the following:

- Access to credit and loans for business or farming purposes from either formal or informal sources and on the constraints faced in accessing credit during the 12 months preceding the survey
- Detailed information on production activities, type of ownership, principal sources of start-up capital, business place of operation, produce markets, sectoral distribution, financial performance and labor force participation
- Consumption and asset ownership - consumption that brings welfare to individuals rather than investment consumption that is used to generate income
- A set of measures that combine the individual welfare indicators and the poverty line into an aggregate poverty figure (**Appendix F**)

Since IHS data and statistics pick up the economic aspect of household members, the information is crucial in assessing the implementation of the priorities of MIPAA. The information may also be used to design programs that provide social security for older persons, as per Sub-Theme of the Malawi Growth Development Strategy (MGDS II) — Supporting the vulnerable.

### 4.2 Older Persons and Economic Contribution

None of the censuses and surveys conducted in Malawi has ever measured economic contributions of older persons directly, instead the census asked the head of the household to list the economic activity status of each member aged from 10 years. The information is not specific as it only seeks information on employment status. The majority of the aged population is employed in the informal sector agriculture, working as subsistence farmers, *milimi*. The rest were self-employed, public sector workers, family business workers and employers (NSO, 2008).

During 2011 and 2012 periods, the NSO conducted the Annual Economic Survey (AES), which collected detailed information on the economic activities of large-scale profit making

enterprises in the country. The information included employment, remuneration, total income, total purchases, value added, capital investment and gross profit. The AES report also presents information on residential care activity and social work and activities of older persons without accommodation, which may provide the socio-economic profile of the aged population. The information presented related to older persons was:

*8730 Residential care activities for the elderly and disabled*

*8810 Social work activities without accommodation for the elderly and disabled*

Information regarding economic activity of older persons was not presented in the report. This might be because available data on older persons was not further analysed, since the survey focuses on economic activities of large scale profit making enterprises (NSO, 2012)

### 4.3 Older Persons and Caregiving

Census data shows that the proportion of the old age population will experience a moderate increase. Data related to the care given to older persons was not collected directly. However, the available data that can be used to guide policies related to care giving needs of older persons is generated from the age distribution of the population. For instance, the old age dependency ratio (the population aged 65+ over 15-64 years population) and the ageing index (the population aged 65+ over 0-14 years population) will increase. Census data indicate that the caretaker ratio (population age 80+ over female population age 50-64) will increase (**Appendix H**). Old age dependency ratio and other indices can only be used as proxy indicators for the need of care since the need for care is dependent on a wide range of other factors.

The DHS surveys do not ask questions on the role of older persons in the provision of child-care. However, the 2010 DHS indicates that 14 percent of children below the age of 15 were not co-resident with their living mother, while 31 percent were not co-resident with their living father (National Statistical Office (NSO) and ICF Macro 2011). A longitudinal study in rural Malawi, (Grant and Yeatman 2014) found that between seven percent and 15 percent of children aged 3–14 were out-fostered, precipitated by divorce and maternal remarriage. It is likely that some of the children were being looked after by older persons.

### 4.4 Older Persons and Socio-cultural Roles

In many societies, older persons are custodians of cultural practices. Thus, sustainability of socio-cultural practices partly depends on how older persons are integrated in the society. Older persons can be integrated in a society and the younger generation may benefit from this relationship. Older persons may form part of the social networks of family and join committees in their respective areas (UNECE 2009). Censuses and DHS surveys have not asked direct questions about socio-cultural contributions that older persons make to their households, communities and the nation.

Since 2005, the NSO has conducted seven Welfare Monitoring Surveys (WMS). The WMS collects information necessary for identification and classification of vulnerable groups of households within the society. It has been developed to provide policy-makers with household and community level information for policy formulation and evaluation. The questions asked in WMS collect data and statistics on a household's characteristics, information which measures access, utilization and satisfaction with social services.

The 2008 and 2014 Welfare Monitoring Surveys (WMS) asked questions that can be used to assess contributions of older persons to society. The 2008 WMS asked the following questions, which could be used to understand older persons' activity and participation in different groups:

*Are you or anybody in your household a member of the following groups: Local farmers group, NASFAM<sup>2</sup>, any farmers group such as TAMA<sup>3</sup>, credit club, revolving fund, SACCO<sup>4</sup>, water use associations, Dance, music and culture groups.*

However, the 2014 WMS restricted the question to volunteering, and it was framed: *Did [NAME] participate in any of the following activities during the last 12 months? [1] fetching firewood, [2] fetching water, and [3] caring for the sick?*

### 4.5 Summary

In summary, the present chapter has presented the status of data and statistics on older persons' poverty situation, economic contribution, caregiving and their socio-cultural roles. Available data do not clearly show the role of older persons in caregiving. While there is data on household assets, it is hard to establish whether older persons present in the households have access to the assets. Questions on older persons' engagement in community activities

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<sup>2</sup> NASFAM National Association of Smallholder Farmers

<sup>3</sup> TAMA Tobacco Association of Malawi

<sup>4</sup> SACCO Savings And Credit Co-Operative

have not been included in the most recent survey, creating a data gap. Knowing older persons' contribution to their households and communities is one of the MIPAA priority areas, which requires action.

## Chapter 5: Health, Morbidity and Wellbeing of the Older Persons

### 5.1 Introduction

The present chapter presents the status of data for assessing the health conditions of older persons. It is concerned with the status of data on health promotion, access to healthcare, both in terms of distance to the nearest health facility and availability of health services and drugs for older persons, availability of data on non-communicable diseases, mortality and disability by age that can be used to analyse morbidity and mortality and disability rates of older persons.

### 5.2 Healthcare Promotion and Provision

In Malawi, malaria is a life-threatening disease and it generally affects children, pregnant women and the general adult population. Severe malarial anaemia is mainly associated with pregnant women and infants in areas of the highest malaria transmission. Adults in endemic areas are frequently parasitic but their parasite densities are generally much lower than those in children. For these reasons, evaluations of the use of mosquito nets against malaria have focused on the impact in children and pregnant women.

The DHS household questionnaire asked a number of questions related to malaria prevention. Questions 127 to 139 relate to possession and use of insecticide-treated mosquito net (ITN)<sup>5</sup>

*Does your household have any mosquito nets that can be used while sleeping?*

Question 135 asked *Did anyone sleep under this mosquito net last night?* And Question 136 asked

*Who slept under this mosquito net last night?*

Data generated from these questions could be used to establish health promotion among the older persons. The information is also available on STATcompiler website:

<http://www.statcompiler.com/>.

#### 5.2.1 Nutrition Pattern of Older persons

The 2014 WMS questionnaire included a number of questions that generated data to assess the nutrition pattern of older persons. The questions asked on food consumption patterns

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<sup>5</sup> An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), or (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months

were:

*G10. Over the past 7 days, did you or any member of the household consume any of the following?*

*1 Eggs. 2 Beef. 3 Goat. 4 Pork. 5 Chicken. 6 Other Poultry-fowls etc. 7 Rice. 8 Bread. 10 Cooking. 11 Sugar*

*G11. How much did you or any member of the household spend in total on cooking oil (past 7 days)?  
PROBE HOW MANY TIMES AND BE SURE TO INCLUDE ALL PURCHASES  
DURING THE LAST 7 DAYS*

*G12. How much did you or any member of the household spend in total on sugar (past 7 days)?  
PROBE HOW MANY TIMES AND BE SURE TO INCLUDE ALL PURCHASES  
DURING THE LAST 7 DAYS*

*G13. During the past 7 days, how often did your household eat the following food items?*

*1 Eggs. 2 Beef. 3 Goat. 4 Pork. 5 Chicken. 6 Other Poultry-fowls etc. 7 Rice. 8 Bread. 10 Cooking. 11 Sugar*

The limitations of asking such questions are that they are answered by the head of the household who is not necessarily the older person, and in the event that the household has consumed particular food items, it is not automatic that older persons also had consumed the said food.

### 5.3 Access to Health Services and Challenges the Older Persons Face

Although access to good quality health services is considered to be one of the main priorities of the MIPAA, in many low-income countries, distances to health facilities can be considerable, particularly in rural areas, and vehicle transport is rarely available. Many factors prevent older persons from getting medical advice or treatment for themselves when they are sick. The rural areas may also be inadequately staffed by health personnel, and because of the harsh conditions, qualified and highly skilled health service providers may be reluctant to live in the rural areas. The health facilities may cease functioning because of shortage of staff with implication that a facility will have to serve a larger population. These aspects can challenge the aging individuals who already experience numerous financial, physical and psychological barriers to access to health-care services. Information on such factors is particularly important in addressing the challenges that some aged individuals face in accessing health services.

The 2008 census questionnaire did not include a question on access to health services by older persons. However, the 2014 and 2008 WMS collected data that could be used to assess older persons' access to health care. The 2014 WMS collected data on the mode of transport to reach the nearest health clinic or hospital. In the 2008 WMS questionnaire, a question was included on what type of health provider or traditional healer older persons consulted when

they were sick. Those who did not use medical care were asked the reasons for not doing so. Data on the type of health providers consulted by older persons may help to understand health seeking behaviour among this category of the population. For example, if the majority of older persons consult traditional healers it may suggest that older persons are unable to access healthcare services. Thus, data generated from the question on non-use of medical care could be used to understand the challenges faced by older persons in accessing health care.

#### **5.4 Morbidity and Mortality among Older Persons**

Censuses and surveys do not collect data on causes of morbidity among older persons. Instead, such information is collected through Health Management Information System (HMIS) of the Ministry of Health. People seeking medical care are provided with a health passport which keeps information on age and causes of sickness of older persons. The diseases and date of onset include arthritis asthma, depression, diabetes, epilepsy, haemophilia, heart attack hysteria, hypertension, jaundice, mental illness, pneumonia, rheumatism, sickle cell disease, STI and TB. These data could be used to analyse the cause-specific morbidity rates among older persons. The main limitation of the health administrative data is that it largely captures morbidity cases which are presented at the health facilities.

The 2008 Census questionnaire included a question on death of a household member in the past 12 months preceding the census. The data collected through this question in conjunction with age is used to calculate age specific death rates and life expectancy of older persons (**Appendix I**). Considering that the census does not collect data on causes of death, it is not possible to analyse cause specific death rates of older persons.

Censuses and surveys collect data on survival of biological parents. However, such data is collected on residents less than 18 years old and, consequently, cannot be used to analyse the mortality experience of parents of older persons.

##### **5.4.1 Older Persons and HIV and AIDS**

Malawi is one of the sub-Saharan African countries severely affected by HIV/AIDS. Given this high prevalence of HIV infection, there are a number of initiatives aimed to prevent new HIV infections and to treat people already living with HIV and AIDS. HIV/AIDS remains a significant public health and socioeconomic challenge, with most research focusing on the population aged 15-49, as it is the group that contributes to Malawi's workforce. Older persons remain a neglected group.

In Malawi, there is a common belief that HIV/AIDS only affects the sexually active younger generations, assuming that older persons are sexually inactive and are not at risk of HIV infection. As a result, older persons are not given information on safe sex to prevent HIV infection and are consequently generally not offered HIV/AIDS testing services during routine check-ups. Symptoms of HIV and AIDS can be mistaken for pains associated with ageing. Further, older persons are likely not to discuss their sex lives and drug problems with their doctors. All this suggests that HIV/AIDS data and statistics regarding older persons in Malawi are incomplete and scanty.

#### **5.5 Disability among the aged-population**

The first information on disability for all persons including older persons who usually stay in the household was collected by the 2008 Population and Housing Census. Persons were asked if they have problems with the following: sight, speech, hearing, walking/climbing and/or any other problem. This information could be used to establish the prevalence of disability by place of residence, sex and age. In 2011, Centre for Social Research, one of the research centres at the University of Malawi, conducted a situational analysis of disability in Malawi. The study reviewed policy and legislative frameworks and the specific national plans of the Government of Malawi on disability (Munthali 2011). The study also examined the services available, and the level of access of facilities available to people with disabilities (PWDs). Concerning access, the study sought to document issues such as health promotion, prevention, primary and secondary care, tertiary care and rehabilitation and assistive devices for the PWDs. While the study does not provide the data and statistics for older persons, it is useful to inform policy makers to also support older persons with disabilities through existing and new policies and programmes.

#### **5.6 Summary**

The present chapter has presented the status of data on health, morbidity and mortality as well as well-being of the aged population. The present analysis demonstrates that given the fact that health interventions mainly focus on improving health and wellbeing of the younger generation, particularly children and women, data collection efforts are focused around these groups. Thus, in turn, leaves out considerable knowledge regarding data and statistics on older age groups. Thus, the findings from this chapter underscore the paucity of data on disability of older persons, which could help policy makers to design appropriate interventions targeting older persons with disabilities. Availability of data and statistics on nutrition status and consumption patterns is important to effect policies and programmes which when implemented appropriately are expected to improve the social and economic factors of older

persons. Programs such as Decent and Affordable Housing Programme (DAHSP), being implemented by the Ministry of Gender, Children, Disability and Social Welfare, which target the ageing population may result in better general well-being of older persons. Furthermore, available data on NCDs relate to the population in the age range 25 to 64 years, meaning that there are data gaps for information for older persons aged 65+.

## **Chapter 6: Supportive and Enabling Environment**

### **6.1 Introduction**

This chapter presents the status of data that can be used to assess the existence of a supportive and enabling environment for older persons in the country.

### **6.2 Care and Support Available to Older Persons**

The 2008 census asked a question on remittances sent by household members who had emigrated five years prior to the census:

*Did the household receive remittance cash or goods?*

Data captured through this question indirectly indicate the type and extent of support given to older persons. However, it may not be useful to quantify the remittances sent to the older persons as the question refers to the household in general.

### **6.3 Access to Water**

All older persons are entitled to live in an environment that enhances their capabilities. One such safe environments is one that has access to safe drinking water. The importance of adequate safe water and good sanitation to people's health and nutrition cannot be overemphasized. Water is the most basic nutrient that needs to be consumed on a daily basis and quite regularly for proper functioning of the body but also to aid the digestion of other foods consumed. Safe drinking water is a basic necessity for good health, unsafe drinking water is a significant cause of diarrhoea (Gavazzi, Herrmann et al. 2004).

The 1987 and 1998 censuses collected data on population and housing characteristics, which included access to water. Section D09 of 2008 census questionnaire collected information on the main source of water of residents of a dwelling unit used in both dry and rainy seasons. Here information is presented on the population acquiring water from a protected water source in the dry and wet seasons. Protected sources include water piped into the dwelling unit, piped outside the dwelling unit, communal standpipes, protected wells, and boreholes. Unprotected sources listed on the census questionnaire include unprotected wells, springs, streams and rivers, lakes and dams, and rainwater.

The 2000, 2004 and 2010 DHS surveys collected limited information on access to water. Questions addressing this issue are in a separate section of the household schedule, however, it is possible to link the responses to individual older persons in the household by assuming that these facilities are also accessed by the older persons within the household.

#### 6.4 Nutritional Status of Older Persons

The DHS 2010 asked how many meals did a person eat at the previous day. This question sought information regarding children aged 5-17, and about older persons. This does not only suggest that it is impossible to know the meals older person consumed, but also that there are data gaps in this area. Chilima (2001) conducted a study that examined the relationship between the nutritional status and handgrip strength of older people in rural Malawi. One of the major findings of the study was that poor nutritional status was associated with poor handgrip strength of older persons, and there was significant decline in handgrip strength with the age in both sexes.

#### 6.5 Housing Conditions

The censuses, and all major surveys (MDHS, IHS, WMS) collect information on housing and household characteristics. These characteristics include: type of household; type of dwelling structure; and tenure of the dwelling structure. The available data from these sources provide various indicators on housing conditions, amenities and access to facilities for older persons. Housing and shelter are important indicators when it comes to assessing living conditions of a population, especially aged-population and is in line with the priorities of the MIPAA.

The 2014 WMS asked information on the occupancy tenure about the arrangements under which the household resides in a dwelling unit. The arrangement include owner occupancy, renting and any other arrangement. The data and statistics available for the older persons is presented by age, and whether the dwelling unit is owned or rented.

#### 6.6 Access (Distance) to Institutions Providing Basic Services for Older Persons

Data and statistics regarding access to institutions that provide basic services for older persons are important for mainstreaming programs and policies that address the needs of the aged population. When equipped with appropriate data, mainstreaming of ageing into national and global development agendas may ensure that older persons are provided with enabling and supportive environments.

The 2014 WMS also collected information on access to various social amenities measured by the time taken to reach the nearest source of drinking water, health facility, food market, all seasons roads, public transport boarding point, primary and secondary school, and the means of transportation. The 2014 WMS also collected information on nearest source of drinking water; waiting time at a water point before drawing water; time taken to reach the nearest food market, primary and secondary schools, nearest health facility; and nearest trading centre, and

the district boma. The data on other characteristics of older persons can further be derived using the age variable. However, the survey did not ask time taken to reach the nearest police station/post, which is an important security facility.

Censuses and Demographic and Health Surveys in Malawi do not capture detailed information on access to age-friendly facilities and means to them. There are data gaps in the area of age-friendly transport facilities, urban pavements, walk-ways, stairways, recreation facilities or sanitation facilities.

#### 6.7 Abuse and Rights of Older Persons Violation

Census data do not collect information on abuse related to older persons. For the first time in Malawi, data on domestic violence representative at national level was collected through the 2004 Malawi Demographic and Health Survey (MDHS). The inclusion of the domestic violence module in the 2004 MDHS was in recognition of the increased reported cases of gender-based violence as an economic, human right, and health issue in Malawi (NSO & ICF Macro International, 2004). The MDHS surveys contain a module on domestic violence, which among other things, asks if the respondents experienced physical, sexual and other forms of violence, and the perpetrators of the violence. MDHS also asked women who were widowed if they had ever been dispossessed by the husband /spouse. However, it only asked women and men aged 15-49 and 15-54, respectively. Data on domestic violence focuses on women aged 15-49 years.

#### 6.8 Witchcraft

Censuses do not collect data on witchcraft. The 2008 WMS is the only nationally representative survey that collected data on witchcraft. A series of questions related to the practice were asked:

*Do you or anyone in your household know whether there any witches in this community?*

*Do you know anyone in your household of people who have been accused of witchcraft?*

*Have you or anyone in the household experienced bad things that could have been caused by witchcraft?*

*Have you or anyone taken any steps to protect yourself or your household?*

In addition, a recent purposive study which used both quantitative and qualitative research approaches aimed at finding out the extent of witchcraft-based violence toward women, older persons and children so that remedial measures could be prescribed, was conducted by Chilimampungwa and Thindwa (2012). The study found that most (55%) of both sampled

household heads and FGD participants reported that women practice witchcraft much more than men; the older persons (60 years and over) much more than the middle-age, the youth, and children. Another finding of the study was that those suspected of practicing witchcraft, especially older persons, were subjected to physical violence such as beating; while others faced social violence such as hate, isolation and were excommunicated from religious groups. The study was, however, limited in that it was only conducted in eight districts, namely Karonga, Mzimba, Ntchisi, Dedza, Machinga, Thyolo, Blantyre City, and Mwanza.

## 6.9 Summary

The foregoing discussion shows that the existence of data for assessing an enabling and supportive environment for older persons is limited. Nationally representative data is available for assessing housing conditions, access to institutions providing basic services, and access to water. However, there is inadequate data on witchcraft and care and support available to older persons. These findings suggest a crucial knowledge gap regarding abuses faced by older persons face exists, considering that their likelihood of being accused of practising witchcraft.

## Chapter 7: Summary of Findings, Conclusions and Recommendations

### 7.1 Introduction

The aims of this chapter are three-fold. First, it summarizes the results presented in the preceding chapters. Second, it outlines the gaps and limitations of the study and suggest the direction for future research. Third, it provides conclusions and suggests major policy recommendations based on the findings.

### 7.2 Summary of Findings

#### 7.2.1 Identification of Existing Gaps and Limitations on Data and Statistics on Older Persons

##### *Censuses and surveys*

Summarily, most of the surveys and censuses on older persons in Malawi have attempted to include older persons, by lumping respondents 60 years and older as one group. Consequently, information about specific age-groups within individuals over age 60 cannot be derived from existing data. Given that persons over age 60 are not a coherent group and that age-specific differences exist these generalised findings do not provide sufficient details to inform policy makers on issues related to ageing.

The collection and analysis of data and statistics for Malawi is conducted fairly well by the National Statistical Office. The NSO website (<http://www.nsomalawi.mw/>) contains a list of surveys and censuses conducted in the country, including the thematic reports, which attests the institution's ability to collect data. However, disaggregation levels are characterised by gaps regarding variables pertaining to older persons. Further, most surveys only cover the younger older age-groups (up to age 64 in some cases) or exclusively collect data on younger generations.

Additionally, the surveys have mainly provided the results without disaggregating data by sex, and without accompanying further detailed analysis. Lacking in most of the surveys is also consistency and continuity of questions. For example, the 2008 Welfare and Monitoring Surveys (WMS), asked detailed questions on witchcraft experiences among older persons. In the subsequent 2011 WMS survey, only one question was asked, meaning that it may be difficult to further understand the experiences of older persons regarding accusation of witchcraft practice over a longer period of time.

### *Administrative data*

The study also identified that while there are administrative data in the country, the data cannot inform policies and programming for older persons. The problem is that data and statistics are narrowly collected to address specific administrative needs. For example, the data collected by the police is usually reported in terms of total numbers of crimes, which is not disaggregated by age.

### *Other sources*

In addition, while there are several studies conducted in Malawi regarding older persons, studies are either qualitative, or they the highest age is 64 years in the case of the DHS. Another limitation is that they were conducted in a few selected districts rendering their representativeness problematic.

### **7.3 Recommendations**

Malawi's draft National Policy on Older Persons ought to be informed and strengthened by evidence drawn from data and statistics of older persons in the country. Therefore, there is urgent need to improve data and statistics on older persons to comprehensively inform policy through several efforts, such as addressing the gaps identified in this study.

The data collected by the Department of Immigration and Malawi Police and Prison Services contain data on crimes perpetrated against older persons, and that collected by the Ministry of Health on diseases. There is, therefore, need for these data to be disaggregated by age and sex when being processed at their respective departments. Similarly, the information needs to be maintained in user-friendly databases. Along the same vein, there is a need to build capacity of relevant departments, which collect data on older persons to enable them carry out analysis, research and archiving capacity especially in the light of the findings that older persons are usually categorised as one group, especially 60 years and over. If the foregoing suggestions were considered positively, it is the informed opinion of the present author that further strengthening of current efforts to improve national data collection should scale-up the databases of older persons in the country that can be used for evidence-based policies.

The key stakeholders previously identified in the study ought to be involved as critical partners to establish a national forum with the mandate to coordinate activities in affairs of older persons. For the stakeholders to fully realise the situation of older persons regarding data and statistics, there is need to develop an instrument that captures important aspects identified in this study regarding older persons. The instrument could be used to conduct a nationally

representative survey, whose results will serve the Ministry of Gender, Children, Disability and Social Welfare and other stakeholders to implement policies and programmes that can address comprehensively the needs of older persons in the country. This is important as Malawi domesticates MIPAA in its legal and regulatory frameworks.

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