

# Aging in sub-Saharan Africa: Multiple Indicator Survey on Ageing (MISA) in Malawi



Government of Malawi  
Zomba, Malawi



United Nations  
Department of Economic and Social Affairs



## **Acknowledgements**

The consultant wishes to acknowledge the funding of the project by the United Nations Department of Social Affairs (UNDESA). This support allowed Malawi to carry out an ambitious project to conduct the first ever survey to analyse the situation of older persons in four rural districts of Malawi, hence providing empirical evidence for policy planning and implementation. The consultant also wishes to acknowledge the immense contributions of other personnel for the various roles they played in implementing the 2017 Multiple Indicator Survey for Ageing for Malawi: questionnaire designing, programming of the questionnaire in Computer Assisted Personal Interviewing (CAPI) software, testing and validation, sampling, data collection, analysis and report writing. The consultant was engaged in the last two roles for which he is very grateful because the exercise allowed to build local capacity in analysis and report writing.

While the analysis was carried out primarily by the consultant, he received technical advice and guidance from DESA should also be commended for overseeing the later stages of the report including organizing workshops related to the results of the report. Related to this, the report also benefitted immensely from the suggestions of participants at the two workshops; the first one that was held at the UN Headquarters, New York from 15 to 16 May 2018, and the Regional Workshop that took place in Lilongwe, Malawi from 26th to 28th June, 2018.

The UNDESA team in New York were especially helpful in making administrative arrangements for the 2017 MISA.

Many thanks to the research team at National Statistical Office, Malawi for invaluable technical expertise and insights, and for exceptional work carried out of conducting fieldwork in the rural parts of Mzimba, Lilongwe Rural, Mangochi and Nsanje.

This survey has benefited from the help and advice of many scholars, researchers, the Ministry of Gender, Children, Disability and Social Welfare (MGCDSW) has oversight on issues concerning older persons, non-governmental organisations for inputs at the preliminary workshops that were held before the report, not all of them mentioned in the text.

Thanks most of all to the communities in the enumeration areas (EAs) that generously shared their time and interest to be interviewed for this survey.

# Executive Summary

## Background

Malawi, like many other countries, is experiencing a demographic transition with its ageing population. Much of this change has been and will continue to be driven by a decline in fertility that begun in 1980s from a total fertility rate (TFR) of 6.7 children in 1985 and to presently 4.4 children per woman. Consistent fertility declines and mortality improvements will transform the age structure of Malawi from a younger population, towards a much older population structure.

In the face of profound changes, there is a clear need to understand better the prevailing social and economic conditions of older women and men, and the ways in which demographic, economic, and social transformations affect long-standing societal and familial norms. Realizing this phenomenon, the Government of Malawi through the Ministry of Gender, Children, Disability and Social Welfare approved the National Policy for Older persons to address the problems and challenges older persons face in Malawi in an integrated and coordinated manner supported by empirical evidence on older persons.

However, an initial assessment showed that data for older persons in Malawi is lacking. The available data sources in Malawi focus around the younger generation, particularly children (under five) and women (age 15-49) as the interventions mainly focus on improving the health and wellbeing these groups. Thus, in turn, leaves out considerable knowledge regarding data and statistics on older age groups. This revelation underscores the paucity of data on older persons, which could help policy makers to design appropriate interventions targeting older persons.

In response to this call for more coherent and systematic data, the United Nations Department of Economic and Social Affairs (DESA) has engaged in a larger initiative that aims to develop a standard survey methodology to assist countries in sub-Saharan Africa in collecting and analysing data on older persons to more accurately monitor the changing situation of older persons in the region.

The project of Multiple Indicator Survey on Ageing (MISA) in sub Saharan Africa was designed to develop a methodology and provide empirical evidence on the situation of older persons in Malawi, Uganda and Kenya. Starting with a pilot project in Malawi, the MISA methodology and instruments were designed, tested and applied to provide statistical information on the role of older persons in Malawi. This pilot survey was carried out in four districts of Malawi: Mzimba, Lilongwe rural, Mangochi and Nsanje. The purpose of the report is to provide insight into socioeconomic and demographic variables, and to profile the dynamics of the living circumstances of older persons in the four districts of Malawi.

## Main findings:

### Household Headship and Characteristics of Households Headed by an Older Person:

Around 72 percent of older persons were heads of household. Women across all ages were less likely to be heads of household than men. Overall, the mean number of persons per household was 4.9. Single-person households were twice as likely to be headed by women (14 percent) than men (6 percent). The distribution of income quintiles among the heads of household showed that more women were in the lowest income quintile (27.9 percent) than men (12.6 percent). With respect to education attainment, 41 percent of household heads had

no education. The proportion of household heads with no education was higher for females than for males.

### **Living Arrangements**

Although eight percent of older persons live alone, evidence suggests that older persons are more likely to live alone as age increases; rising to 13 percent among the oldest group leading to some implications for their care options and general integration within society.

### **Source of Income among Older Persons**

The findings show that the principal source of income for older persons was from son or daughter (56.3 percent). Eleven percent of older persons reported grandchild as their source of income, while son or daughter in-law was at 4.6 percent. Older women were more likely to rely on their children as source of income than older men. Wages received for doing agricultural work was mainly in kind and considering that most older persons do not receive pension, there does exist a major problem of subsistence. When outside support is sought to secure sustainable livelihoods, older persons turn to moneylenders. This finding is further supported by the fact that overall, half (50 percent) of older persons report to have debts of less MWK25 000, 24 percent had debts amounting to MWK25 001-50 000, and 13 percent were in debts of between MWK100 001 and MWK 250 000.

### **Housing: Roofing Type, Asset Ownership, Source of Drinking Water and Sanitation**

The results indicate that traditional houses still dominate because more than half of the households reported using that's/palm leaf as roofing material. Female-headed households living in houses with this type of roofing was at 58 percent, which is greater than that for male-headed households (49 percent).

Ninety five percent of older persons lived in owned-houses. The distribution in terms of tenure among those who rented the houses, about 14 percent were paying for rent. Twenty-eight percent of households of older persons had on average three persons living in a room. The results also show that male headed households were likely to have four or more people living in one room compared to female headed households.

More households used improved water source, and season did not appear to play a role. Most households use tube well/borehole as their source of water. The findings also indicate that most of the households have toilet facilities which are located outside their houses, which may be a major daily living problem that confronts some of the older persons.

### **Employment and Work of Older Persons**

About sixty-nine (69.4) percent of older persons were engaged in agricultural related work for more than 10 days in the past 12 months preceding the survey. More older men (74.3 percent) than older women (66.1 percent) worked in agricultural work. Over two in three older persons who reported poor health were still working in agriculture work.

### **Social Protection**

Overall, 37 percent of older persons reported that they accessed and benefited from the Malawi Social Cash Transfer. About one third of older persons reported that they received social benefits in form of food, while 21 percent indicated that they received money as social benefits. Eighty six percent stated they participated in the Malawi Social Cash Transfer Program. Nearly half of older persons with poor health status were included in the SCTP for being ultra-poor and labour constrained – suggesting that they were correctly identified.

## **Food Insecurity and Hunger**

Due to food insecurity, older persons employed several mechanisms to avert the hunger situation; 93 percent of households skipped or limited the number of meals as a coping strategy in the last 12 months; 55.9 percent of older persons every month ate less food than they felt they should because there wasn't enough food in the last 12 months; 13 percent of older person ate less monthly because there is not enough food, while over half (55.1 percent) could not afford food occasionally

## **Health and Well-being**

With respect to health and well-being, 40 percent of the respondents felt that they were in good health, 15 percent of older persons self-rated their physical health to be very good and three (3) percent considered themselves as having an excellent state of health. The frequently reported chronic illness accounting was bone and joint problem which accounted for 67.4 percent of cases. Prevalence of chronic diseases was higher among older women than older men. Nine percent of older persons had access to glasses or other corrective devices. Only one percent wore dentures and 46 percent were taking medication for various condition. Seven in ten (70 percent) of older persons knew a place to get tested for HIV. HIV, 3.1 percent were found to be positive. Older men (3.9 percent) were more likely to have self-report that they were HIV positive than were older women (2.5 percent). Physical independence declines as the elderly get older. Impaired vision could lead to older persons have trouble with visual and spatial abilities in the way of judging distance and depth. The findings show that the prevalence of disability among older persons was at 8.4 percent. About one in three reported having one form of disability.

## **Health Care Utilisation**

Over three quarters (77 percent) of the respondents did not pay for the health care service they received as it was for free. With respect to frequency of accessing health care, 44 percent accessed healthcare services a month ago; 28 percent a year ago; and 17 percent in the past week. For those who needed health care, over nine in ten older people (95 percent) felt that they got the appropriate health care, while for those who failed to access health services, the main reasons cited for failing to access health care were distance and transport related challenges.

## **Care-giving**

The findings indicate that family is the main source of support for the older persons. The findings also show that 37 percent of older persons needed personal care, however, slightly more older women than older men needed care. Eighty-one 81 percent of older persons reported that they were primary care-givers to an older person, while 19 percent were secondary care givers. Seven in ten older persons were the primary care providers offering HIV and AIDS related help. About 45 percent provided financial help (cash, paying for bills, school fees) for HIV/AIDS related help.

## **Social Engagement of Older People**

Half of older persons expressed a positive attitude as they felt that they were often in tune with people around them. Older persons are socially integrated as measured by the responses. Older persons attended a number of social gatherings including funerals, drama performances, beer places, places where people dance, market, a wedding, political meetings and a church/mosque/a place for religious gatherings/ a praying room. On average, older men reported participating in a greater number of total events (18.7) in the previous year than older women (14). Church/mosque or prayer room was the most attended activity (3.3 times).

## Conclusion

The empirical evidence from the survey allows us to make at least some generalisations about the situation of older persons in the study districts which can be extrapolated to the general population of Malawi, and possibly in sub Saharan Africa. As a group, older persons are less likely to be engaged in salaried economic activity. They are more exposed to age-related risks, such as physical decline and some kinds of chronic disease. Older persons were also exposed to the general stereotypes and prejudices of society at large: attitudes which may become self-fulfilling prophecies. Taken together, these mean that the capabilities of older people tend to be restricted and cannot participate in socio-economic development in an inclusive manner.





## List of Acronyms and Abbreviations

AIDS	Acquired –Immuno-deficiency Syndrome
CAPI	Computer Assisted Personal Interviewing
DAHSP	Decent and Affordable Housing Programme
EAs	Enumeration Areas
HIV	Human Immunodeficiency Virus
IHS	Integrated Household Survey
MANEPO	The Malawi Network of Elderly Persons Organisations
MDHS	Malawi Demographic and Health Surveys
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
MISA	Multiple Indicator Survey
MoFEPD	Ministry of Finance, Economic Planning and Development
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MPRS	Malawi Poverty Reduction Strategy
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NPA	National Pension System Pensions Act
NPS	National Pension System
NSSP	National Social Support Policy
NSO	National Statistical Office
NSSS	National Social Security System
PHC	Population and Housing Census
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
PWP	Public Works Programme
SCT	Social Cash Transfer
SCTP	Social Cash Transfer Programme
SDGs	Sustainable Development Goals
WHO	World Health Organization

## **Definition of Terms:**

*Older person:* the ageing process is, of course a biologically reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which society makes sense of old age. Old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of Malawi adopted the National Policy for Older Persons in 2016. The policy defines an older person as a person who is of age 60 years or above.

*Old –Age Dependency Ratio:* In Malawi, generally, persons aged 15 to 59 years are supposed to form the population of working ages and at age 60, people generally retire or withdraw themselves from work. Thus, the *Old age dependency ratio* is defined as the number of persons in the age-group 60 or more per 100 persons in the age-group 15-59 years.

*Literacy Rate:* A person who can both read and write with understanding in any language is considered as literate. It is not necessary that a person who is literate should have received any formal education or should have passed minimum educational standard. The literacy rate is the number of literates per 100 persons in any population.

*Educational level:* It refers to the stage of educational attainment. It is the highest level a person has completed successfully.

## Contents

Acknowledgements.....	i
Executive Summary.....	ii
List of Acronyms and Abbreviations.....	vii
Definition of Terms: .....	viii
Contents .....	i
List of Tables .....	v
List of Figures.....	vii
1 Introduction.....	1
1.1 Background.....	2
1.2 Population ageing in Malawi.....	3
1.3 Socio-economic Conditions – Overview .....	4
1.4 History and Culture .....	5
1.5 Government Initiatives .....	6
1.6 Civil Society .....	8
2 Project Description .....	9
2.1 Data Mapping in Malawi.....	10
2.1.1 Morbidity and Mortality among Older Persons.....	10
2.1.2 Data on the Living environment of older persons .....	10
2.1.3 Data on Older Persons and HIV and AIDS .....	11
2.1.4 Data on Abuse and Rights of Older Persons Violation .....	11
2.2 Summary.....	12
3 Survey Methodology and Survey Implementation .....	13
3.1 Introduction .....	13
3.2 Household Listing.....	13
3.3 Sample Determination .....	14
3.4 Administration of Questionnaires.....	14
3.5 Training of Field Staff.....	15
3.6 Organisation of Fieldwork.....	15
3.7 Pretesting .....	16
3.8 Household and Individual Response Rates .....	16
3.9 Limitations.....	16
4 Presentation of Main Findings.....	17
4.1 Data Quality Assessment.....	17
4.2 Household Population by Single Years .....	17
4.2.1 Myers Preference by Digit.....	17
4.3 Basic characteristics of respondents .....	18
4.4 Household Characteristics .....	19

4.5	Family and Living Arrangement.....	21
4.5.1	Household Composition.....	21
4.5.2	Household Size, Household Headship Characteristics.....	22
4.6	Living Arrangements of Older Persons.....	25
4.6.1	Biological and Non-biological Children of Older Persons .....	25
4.6.2	Household Living Arrangement Type: Multigenerational and Skip-Generation Households.....	27
4.6.3	Summary .....	27
5	Income .....	28
5.1	Introduction .....	28
5.2	Source of Income .....	28
5.3	Household Financial Status.....	29
5.4	Income Weekly/Monthly/Yearly .....	31
5.5	Debts and Loans among Older Persons .....	32
5.6	Summary .....	33
6	Asset Ownership.....	34
6.1	Introduction .....	34
6.2	Land ownership.....	34
6.3	Ownership of Farming Assets .....	35
6.4	Ownership of Livestock Assets.....	36
6.5	Summary .....	36
7	Housing and Living Environment of Older Persons .....	37
7.1	Introduction .....	37
7.2	Dwelling unit ownership status.....	37
7.2.1	Type of Tenure .....	37
7.2.2	Tenure Status.....	38
7.2.3	Toilet Facilities.....	39
7.2.4	Room Occupancy Rate and Overcrowding.....	39
7.2.5	Duration sleeping under a mosquito net.....	40
7.2.6	Drinking water in wet and dry seasons .....	41
7.2.7	Main roofing materials .....	42
7.2.8	Main Sources of energy.....	43
7.2.9	Summary .....	43
8	Employment and Work of Older Persons.....	44
8.1	Introduction .....	44
8.2	Type of working.....	44
8.3	Time of Working.....	46
8.4	Payment for agricultural work .....	46
8.5	Summary .....	47

9 Social Protection .....	48
9.1 Introduction .....	48
9.2 Participation in Social Cash Transfer Program .....	48
9.3 Access to Social Programs and Benefits .....	49
9.4 Participation in social safety net schemes .....	50
9.5 Reasons for participating in Social Cash Transfer Program.....	51
9.6 Summary.....	52
10 Food Insecurity and Hunger .....	53
10.1 Introduction .....	53
10.2 Access to food .....	53
10.3 Summary.....	55
11 Health and Well-being.....	56
11.1 Introduction .....	56
11.2 Self-Assessment Physical Health status .....	56
11.3 Burden of Major Illnesses and Diseases.....	57
11.4 Activities of Daily Living (ADLs) .....	58
11.5 Health Problems among Older Persons .....	59
11.5.1 Seeing .....	60
11.5.2 Walking or climbing stairs.....	60
11.5.3 Hearing .....	60
11.6 Incontinence and social participation .....	63
11.7 Use of Assistive Devices .....	64
11.8 Prevalence of Disability.....	65
11.9 Coverage of HIV Testing and Access to HIV medication .....	66
11.10 Knowledge of Place for HIV Testing.....	67
11.11 HIV Testing among Older Persons.....	67
11.12 The main reasons for wanting to know HIV Status.....	68
11.13 Self-reported HIV Testing .....	68
11.14 Access to HIV medication.....	69
11.15 Summary.....	69
12 Health Care Utilisation .....	71
12.1 Introduction .....	71
12.2 Payment for accessing health care services .....	71
12.3 Frequency of Care Received.....	72
12.4 Quality of Health Care Received.....	72
12.5 Main Reasons for failing to access Health Care.....	73
12.6 Summary.....	74
13 Care-giving .....	75
13.1 Introduction .....	75

13.2	Support and Help Received and Provided within the Household .....	75
13.3	Time Dependent on Someone Carrying out Daily Routine Activities.....	76
13.4	Type of Support and Main Adult Caregiver Providing Support .....	77
13.5	Summary .....	78
14	Abuse of Older Persons .....	79
14.1	Introduction .....	79
14.2	Elder Abuse Suspicion Index .....	79
14.3	Verbal and Psychological Abuse .....	80
14.4	Verbal and Psychological, Financial and Interpersonal Abuse.....	81
14.5	Summary .....	82
15	Social Engagement of Older People .....	83
15.1	Introduction .....	83
15.2	Social Participation .....	84
15.3	Summary .....	86
16	Conclusion and Recommendation .....	87
16.1	Recommendations .....	89
16.2	What needs to be done .....	90
	Appendix 1: Sampling procedure .....	91
	Appendix 2: ELDER ABUSE SUSPICION INDEX .....	92
	References .....	93

## List of Tables

Table 3.1 Allocation of sample EAs and households with population age 60+ by district for Malawi Survey on ing.....	14
Table 3.2 Household and Individual Response rates by sampled District - Survey on Ageing Population in Malawi 2017.....	16
Table 4.1 Household population by age, district, marital status, educational attainment by sex.....	19
Table 4.2 Household size, household head age, district by gender.....	24
Table 4.3 Household living arrangement type: multigenerational household and skip-generation HHs by sex.....	27
Table 4.4 Household living arrangement type: multigenerational household and skip-generation HHs by quintile.....	227
Table 5.1 Distribution of older persons by source of income according to gender, age, health status, income levels, highest level of schooling and district.....	29
Table 5.2 Proportion of older persons with loans and debts by sex and age.....	33
Table 7.1 Tenure Status of Dwelling Units and payment for rent.....	38
Table 7.2 Main source of water in rainy and dry seasons.....	41
Table 8.1 Percent distribution of older persons by type of work by selected background... characteristics.....	45
Table 8.2 Percent distribution of respondents age 60 years and older by mode of payment working in agriculture in last 12 months according to gender, age, highest level of schooling and health status, MISA 2017.....	47
Table 9.1 Type of social benefits or transfers received in the past 12 months.....	50
Table 9.2 Distribution of households of older persons participating in Social Cash Transfer Program according to selected background factors.....	52
Table 10.1 Proportion of older persons ever ate less than you felt you should because there wasn't enough food? .....	53
Table 10.2 Proportion of households which couldn't afford enough food.....	54
Table 11.1 Burden of diseases among older persons.....	57
Table 11.2 Percent distribution of older persons with sight, hearing and walking difficulties .....	61
Table 11.4 Persons with disabilities by selected demographic characteristics.....	65
Table 12.1 Main person/institution paying for health costs.....	72
Table 12.2 Frequency of health care needed.....	72
Table 12.3 Reasons for failing to get health care.....	73
Table 13.1 Type of support by main person providing support for an adult.....	77
Table 14.1 Percentage of older people who rate their integration by sex and age.....	84
Table 14.2 Mean number of social participations in various activities in the past year.....	85





## List of Figures

Figure 1.1 Trends in Population Increase over Years	3
Figure 1.2: Population Pyramid: Age-sex percentage distribution of Malawi Population	4
Figure 4.1 Household Population by single years	17
Figure 4.2 Age heaping using Myers' blended method for household members in MISA 2017	18
Figure 4.3 Percent distribution of literacy levels among older persons by sex	20
Figure 4.4 Percent distribution of the older persons by level of education compared by sex	21
Figure 4.5 Percent distribution of the household population	22
Figure 4.6 Percent distribution of older persons living with biological and non-biological children by gender	25
Figure 4.7 Percent distribution of older persons living with biological and non-biological children below 18 years and 18 years and above by gender	25
Figure 4.8 Distribution (percent) of older persons caring for orphans	26
Figure 4.9 Distribution of older persons living alone	26
Figure 5.1 Present household financial status	30
Figure 5.2 Household income condition compared one year ago	30
Figure 5.3 Household income expected next year	31
Figure 5.4 Percent distribution of respondents age 60 years and over by income received according to selected background characteristics, MISA 2017	32
Figure 6.1 Percent distribution of older people by land ownership by sex and age	34
Figure 6.2 Percent distribution of older people by land ownership by education	35
Figure 6.3 Percent distribution of OP owning farming assets by sex	35
Figure 6.4 Percent distribution of older persons owning livestock assets according to gender and age	36
Figure 7.1 Ownership status of dwelling unit	37
Figure 7.2 Distribution of older persons distribution of older persons by current housing tenure status by selected background characteristics	38
Figure 7.3 Percentage distributions of households by kind of toilet facility members of household use	39
Figure 7.4 Percentage distribution of households by number of persons per room by selected background characteristics	40
Figure 7.5 Duration sleeping under a mosquito net	41
Figure 7.6 Water treatment	42
Figure 7.7 Percentage Distribution of households by main roofing materials	42
Figure 7.8 Sources of energy used by household for cooking and lighting	43
Figure 8.1 Average number of hours working in agriculture per week	46
Figure 9.1 Benefited from and Social Cash Transfer Program in the past 12 months	49
Figure 9.2 Participation in Social Cash Transfer Program	49
Figure 9.3 Participation in social safety schemes	51
Figure 10.1 Ever cut the size of meals or skip meals because of insufficient money to buy food	54
Figure 11.1 Percent distribution of older persons who self-rate their health status according to selected background characteristics	57
Figure 11.2 The degree of difficulty that older persons have with specific activities	59
Figure 11.3 Percent distribution of older persons using assistive devices and taking chronic medications by sex	64
Figure 11.4 Percent distribution of older persons using assistive devices and taking chronic medications by age	64
Figure 11.5 Percent distribution of older persons who know places where people can be tested for HIV/AIDS	67

Figure 11.6 Ever been tested for HIV, the virus that causes AIDS	67
Figure 11.7 Reason for Last HIV Test Given by Older persons	68
Figure 11.8 Self-Reported HIV status	69
Figure 11.9 Older persons' access to HIV medication	69
Figure 12.1 Payment of accessing health care services (in Malawi Kwacha (MWK)	71
Figure 12.2 Quality of health care received	73
Figure 13.1 Functional dependence	76
Figure 13.2 Amount of time dependent on someone	76
Figure 13.3 Relation of adult (18 +) caregiver to older person in the household	77
Figure 14.1 Suspicion of abuse index for those who had a positive score	80
Figure 14.2 Verbal and psychological abuse	81
Figure 14.3 Experience of verbal, psychological, financial and interpersonal abuse	82
Figure 15.1 Number of times older persons spoke to community leaders/government official in the last year by sex	86
Figure 15.2 Number of times older persons spoke to community leaders/government official in the last year by age	86

---

## 1. Introduction

---

African countries have recognized the need to address population ageing as a critical aspect of development. Ten years ago, African governments formally adopted the United Nations Madrid International Plan of Action on Ageing (MIPAA) 2002 and a year later the African Union Policy Framework and Plan of Action on Ageing (AU Plan) 2003. More recently, African Governments approved the ‘Protocol on the Rights of Older People’ in January 2016. Both action plans as well as the Protocol reflect the broad aim to ensure that people everywhere can age with security and dignity and to continue to participate in their societies as citizens with full rights. At the global level, the 2030 Agenda and the Sustainable Development Goals (SDGs) set out a universal plan of action to achieve sustainable development for all in an integrated manner. It calls for leaving no one behind and for ensuring that the SDGs are met for all segments of society, at all ages, with a focus on the most vulnerable groups, including older persons. Preparing for ageing populations is vital to achieve the SDGs and other pledges made with ageing cutting across goals on poverty eradication, gender equality, access to health care, decent work, reduced inequalities and inclusive and sustainable cities. While it is important to recognize older persons as a vulnerable group, it is critical to see older persons as active and contributing agents to achieve truly transformative, inclusive and sustainable development outcomes

None of these pledges can be fulfilled without comprehensive and coherent empirical evidence base to support appropriate policy formulation, monitoring and evaluation while promoting participatory and inclusive approaches to recognize the contributions older persons make as well as to better understand their diverse needs to enhance and better their lives.

In response to this call for more coherent and systematic data, the United Nations Department of Economic and Social Affairs (DESA) has engaged in a larger initiative that aims to develop a standard survey methodology to assist countries in sub-Saharan Africa in collecting and analyzing data on older persons to more accurately monitor the changing situation of older persons in the region. The development of this methodology, the Multi Indicator Survey on Ageing (MISA), was based on a participatory and capacity building approach that produced the questionnaires as well as methodological guidelines. The survey instrument was piloted in 4 districts of Malawi in July/August 2017.

The present report provides a summary of all project activities and presents a detailed description and discussion of the findings of the pilot. The first part of the report offers a brief overview of the demographic development of the population in Malawi, followed by a brief summary of key initiatives undertaken by the Government of Malawi to support older persons. It further touches on cultural practices and human rights as they affect the lives of older persons in their communities and discusses socio-economic challenges and opportunities faced by older men and women. The report continues with a description of project related activities as well as a concise overview of the survey methodology and of the preparations for the fieldwork. The second part of the report will showcase in detail the key

findings of the field work and conclude with possible policy recommendations as well as with a summary of lessons learnt in an effort to enhance the survey methodology.

## **1.1 Background**

Increasing levels of education and urbanization among the younger generations, together with rapid economic development, tend to go together with higher rates of rural-urban migration, changing patterns of labour force participation and other major social and behavioral changes. Many of these changes raise concerns about a possible weakening of the traditional family, which, historically, has been the foundation of economic security for the older generation in Africa. In addition, in some African settings increasing numbers of older people are becoming heads of households and primary caregivers for ill family members and children whose parents are absent because of the HIV and AIDS crisis, or migration.

Armed conflict, social and ethnic tensions along with public health care emergencies, such as Ebola, as well as environmental disasters impact directly and indirectly on the sustainability of social, community and family support networks of older persons in Africa. At the same time, there is also a need to document the economic, social and cultural contributions older men and women make to their families and communities. Older persons do contribute to rural development and, in countries where rates of rural to urban migration are high; the proportion of smallholders aged 50 and over can increase. It is critical to also seek to improve the understanding of the gender dimensions of the lives of older persons, since social, economic, health and cultural factors affect older women and men in different ways.

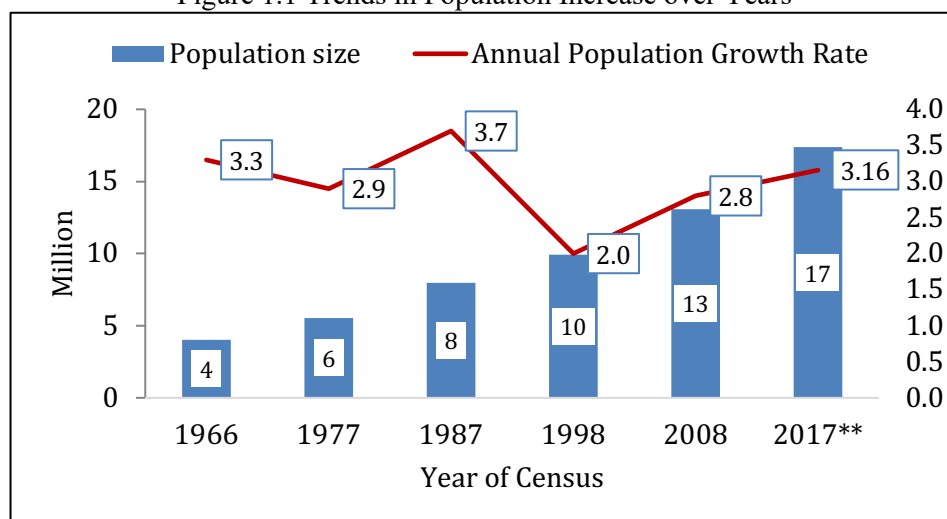
In the face of profound changes, there is a clear need to understand better the prevailing social and economic conditions of older women and men, and the ways in which demographic, economic, and social transformations affect long-standing societal and familial norms. In most sub-Saharan African countries, there is a dearth of robust evidence on older persons and thus a lack of sound understanding of the circumstances of older persons in key areas such as poverty status and economic well-being, consumption patterns, health including HIV/AIDS status, access to health-care services, labour and employment status, housing and other asset holdings, living arrangements, extent of intergenerational transfers, and level of education, as well as participation in all spheres of economic, social and political life. In the absence of information, policy makers and civil society actors are unable to assess the absolute and relative (compared to younger age groups) vulnerability, (dis) advantage and roles of older persons and, on that basis, to develop persuasive rationales and advocacy for action to support older persons and integrate policies on ageing into mainstream development agendas. As in many other developing countries, gender- and age specific data are generally not available at all, limiting governments in their efforts to specifically target the gender specific needs of its older population. In contrast, where such evidence exists, it can serve as a decisive impetus for garnering greater political support by providing concrete directions for policy formulation and, crucially, for the realization of effective programmes for older persons. While comprehensive research on these matters has been conducted for younger age groups, so far, no standardized and systematic effort has been undertaken to gain insight into various aspects of the lives of older men and women in Africa.

In spite of the lack of empirical evidence, several African countries have engaged in the provision of social security through contributory and non-contributory pensions, access to free health-care and limited services to older persons. However, only a few countries have established national policies on ageing that ensure a comprehensive and inclusive approach to mainstream ageing issues into the national development agenda. While enhancing the provision of social security can ensure that older persons can address their most immediate needs, in several countries, the provision of pensions is restricted to formal sector employers, who represent a very small proportion of the total labour force.

## 1.2 Population ageing in Malawi

As of today, Malawi has a population of 17.4 million that is expected to grow to 45.1 million by 2050 (National Statistical Office (NSO) 2010). The chart below illustrates the growth in absolute numbers as well as the annual population growth rates over the past 50 years that shows that the country's population has more than quadrupled since 1966 with an almost steady population growth rate.

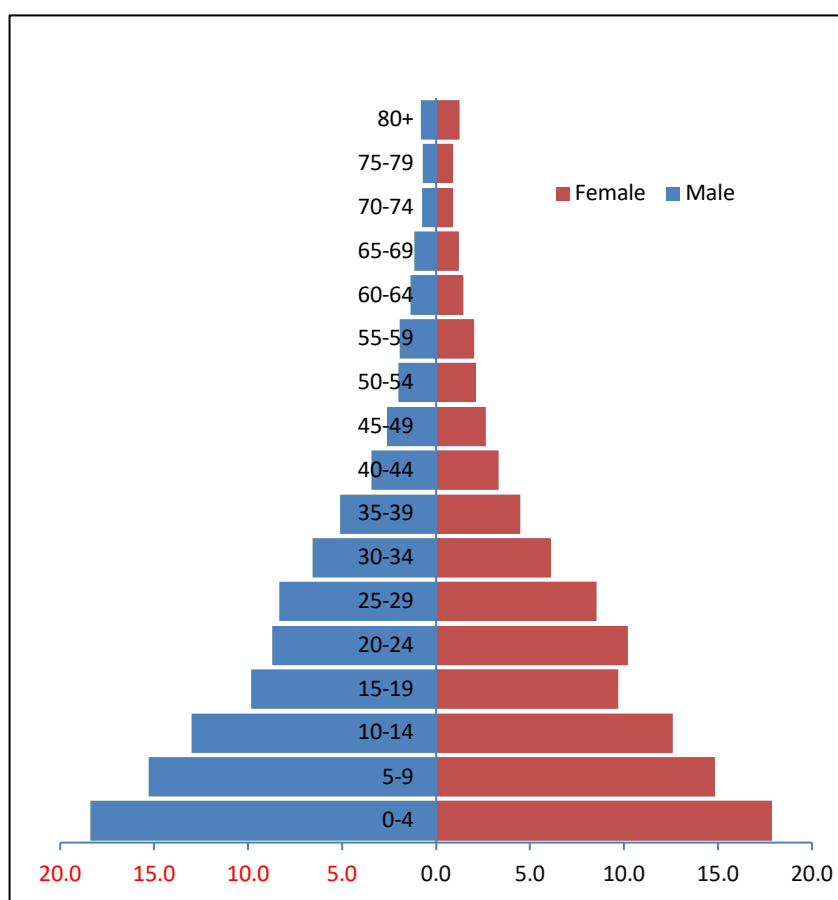
Figure 1.1 Trends in Population Increase over Years



Source: NSO, Population and Housing Census Reports, 1966-2008, 2017\*\*Malawi Population Projections Report

Much of this change has been and will continue to be driven by a decline in fertility that begun in 1980s from a total fertility rate (TFR) of 6.7 children in 1985 and to presently 4.4 children per woman (National Statistical Office (NSO) [Malawi] 2017). Consistent fertility declines and mortality improvements will transform the age structure of Malawi from a younger population (Figure 1.2), towards a much older population structure.

Figure 1.2: Population Pyramid: Age-sex percentage distribution of Malawi Population



Source: NSO, 2010 Malawi Population and Housing Census

Per the most recent population estimates and projections of the United Nations, the absolute number of older persons in the country is expected to triple from less than one million (748,800) in 2017 to more than 2.5 million in 2050 (UNDESA 2017). According to the 2015-16 Malawi Demographic and Health Survey, the proportion of older persons that resides in the rural areas (5.4%) is twice as much as that of the urban areas (2.7%).

### 1.3 Socio-economic Conditions – Overview

#### *Social security*

Older persons face the challenge of widespread poverty without access to social security. Except for a few countries in Africa, social security systems are virtually non-existent. Over the last ten years, poverty levels have remained stagnant with 50.7% of the population of Malawi living under one dollar per day, and 25% are ultra-poverty, living under USD\$0.20. People living below the ultra-poverty line tend to suffer from chronic hunger during most of the year. Poverty also is disproportionately higher in the rural areas (56.6%) than in the urban areas (17.3%) (NSO 2012). This is concerning considering that the majority of older persons reside in the rural area and are likely to be deprived. The IHS 3 report also shows that 53% of households headed by older persons are classified as poor compared to 35% residing in the urban areas.

Similarly, inequality in Malawi, in terms of distribution of income per capita, has worsened between 2004/05 and 2011/12. Nationally, the Gini coefficient<sup>1</sup> increased from 0.390 in 2004/05 to 0.452 in 2011/12 (NSO 2012). This disparity is likely to be more pronounced among older persons as they have limited access to asset ownership and access to basic services including education, health care and housing.

In Malawi, employers are mandated to make pension contributions for individuals who they have employed for at least 12 months. In addition, they are required to purchase a life insurance for every employee (Malawi Parliament 2011).

Most older persons in the country, however, have not worked in formal employment due to lack or insufficient education or lack of opportunities, or both; only 7 percent access pension, and constitute those who were privileged to have worked in the civil service. Lack of education and modern skills present as large a barrier as physiological constraint, if not a larger one, to the social and economic participation of older persons. This is because jobs in the formal sector are out of reach for them. It is thus, not surprising to note that given the lack of universal social protection, close to 90 percent of persons aged 65 and over are still engaged in labour force, and the main activity is subsistence agriculture (NSO 2012).

## **1.4 History and Culture**

Malawi is endowed with a rich diversity of cultures, represented by more than 16 languages spoken by various ethnic groups. The ethnic groups originally settled in areas often sharing common language, cultural practices and economic activities. Despite the diversity, older persons play an important role across all ethnic groups. In African cultures, traditionally older persons are regarded as a storehouse of knowledge and experience and arbitrate intra-family conflicts and are central in the passage of rights, knowledge and traditions to the next generation. Older persons also often play an important role during customary marriage arrangements, as this often involves a long period of negotiations between the bride and the groom before both sides reach an agreement to formalize the union (Phiri 1983).

Even though culture and traditions require to respect and support older persons, many older persons are considered to be weak and, due to their often-low levels of formal education, uneducated and are therefore often subjected to discrimination, abuse and violence. For example, older women are often related to witchcraft and are beaten, maltreated and even burned (Chilimampungwa and Thindwa 2012, Ashforth 2015). A mixed-method research study found that 55% of the respondents reported that women practice witchcraft much more than men, and that older persons (60 years and over) much more than the middle-age, the youth, and children, were likely to be involved in the practice. Further, 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 (Chilimampungwa and Thindwa 2012).

---

<sup>1</sup> A Gini coefficient is a standard measure of the amount of inequality and is based on the mathematical measure of the Lorenz curve. The coefficients are normalized to run from zero in a perfect equality, to one in a society in which the richest person held all the income.

## 1.5 Government Initiatives

The protection and support of older persons in Malawi is enshrined in the country's constitution that states that all peoples of Malawi are entitled to the equal protection of this constitution and laws made under it (Constitution of Malawi, Chapter I, 4). Although the Constitution of Malawi is not age-specific, it provides guidance for ensuring that older persons and the vulnerable are adequately protected. For instance, Chapter two provides for several human rights to the citizenry, including older persons. Malawi Human Rights Commission established under section 129 of the Constitution is mandated to promote particularly the human rights of vulnerable groups, such as children, illiterate persons, persons with disabilities and the elderly (Government of Malawi 1994).

Within the Government of Malawi, the Ministry of Gender, Children, Disability and Social Welfare has the main responsibility for matters related to older persons. Other Ministries, such as Ministry of Lands, Housing and Urban Development as well as the Ministry of Finance and Economic Planning oversee policies and programs that benefit older persons either directly or indirectly.

### *Malawi Growth Development Strategy*

Led by the Ministry of Finance and Economic Planning, the Government of Malawi also adopted the Malawi Growth and Development Strategy (MGDS) - an overall framework for guiding government activities – is considered development agenda for Malawi, and a medium term operational strategy for attaining Malawi's Vision 2020 (Government of Malawi 2006). While issues related to older persons were addressed in the category of vulnerable persons in the first and second Malawi Growth and Development Strategies, MGDS I (2006-2011) and MGDS II (2011-2016), efforts are undertaken to include older persons as a stand-alone group in the MGDS III (2016-2020) (Government of Malawi 2018).

### *National Pensions Act*

A mandatory National Pension System (NPS) was established in 2011 under the National Pensions Act (NPA) as mandated by the Pension Bill (2010) requiring both employee and employer contributions for individuals employed for at least 12 months that provide retirement and death benefits to members and beneficiaries. Under the Pension Bill employers are also required to purchase a life insurance policy for every employee with a pay-out value equivalent to the employee's annual pensionable income. Further, employers are required to pay severance allowance per the Employment Act. These arrangements ensure that both public and private pension schemes work effectively in support of retirement, old age and active ageing. However, it must be noted that gratuity, pension schemes and related entitlements only cover the few older persons who may have worked in the formal sector of the economy. Small scale farmers, fishermen, craftsmen and petty traders do not benefit from these schemes.

### *Deceased Estates*

Act No. 14 of 2011 for Deceased Estates (Wills, Inheritance and Protection) provides for the administration, devolution and inheritance of property for a person dying without a will. It



aims to protect children as well as widowed women including older women who may be subjected to property grabbing by relatives and family members.

#### *The National Social Policy*

Malawi adopted the National Social Support Policy (NSSP) in 2013 to enhance the capacity of the ultra-poor<sup>2</sup> and vulnerable groups of all ages by assisting them to benefit from the country's economic development. 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, which provides social empowerment initiatives to improve the livelihoods of vulnerable groups including older persons. The SCT was initiated in 2006, with financial support from development partners.

#### *Decent and Affordable Housing Programme*

The quality of the living environment is crucial to the well-being of older persons. Through the Government's Decent and Affordable Housing Programme (DAHSP), locally known as *Malata* Cement Subsidy Program, the Government assists poor people in the rural areas by providing them with subsidised cement, iron sheets and other building materials for the construction of new houses or the improvement of existing ones. One of the beneficiaries of the programme are older persons.

#### *National Policy for Older Persons*

The Government adopted the National Policy on Older Persons in October 2016 (GoM 2016). This policy aims at safe-guarding the rights of older persons, improving their well-being, fostering participation and harnessing their knowledge and skills to enhance the development of the country. While the focus of this Policy is on the "*Promotion and protection of older persons' rights*", it also recognizes the importance of facilitating and promoting social, economic and cultural integration of older persons into mainstream development. The policy priority areas are the following:

- Promotion and protection of older persons' rights
- Promotion of access to health, water and sanitation
- Promotion of food security
- Promotion of welfare support and income security
- Provision of housing and shelter
- Promotion of research, education and training on ageing

The policy further provides guidelines for its implementation as well as monitoring and evaluation.

---

<sup>2</sup> "Ultra-poor" is defined as unable to meet the most basic urgent needs, including food and essential non-food items such as soap and clothing. "Labour constrained" is defined as household with a ratio of "fit to work" members to "not fit to work" members of more than three; a member is considered unfit to work if they are below 19 or above 64 years of age, or if they are age 19 to 64 but have a chronic illness or disability.

## 1.6 Civil Society

### *Malawi Network of Elderly Persons Organisation*

The Malawi Network of Elderly Persons Organisations (MANEPO) is an umbrella organisation for all national organisations working on issues related to older persons in the country. MANEPO has four strategic priority areas: 1) poverty reduction – which seeks for the establishment of a universal non-contributory pension scheme for older persons; 2) access to health – aims to address challenges regarding access to health care among older persons including exclusion of the needs of older person in the national HIV/AIDS programmes, 3) abuse and discrimination – aims to address rights violations of older persons face and safeguarding their property; 4) disaster preparedness - to reduce vulnerability of older persons and ensure that their needs are addressed during disasters. MANEPO also advocates for inclusion of older persons' specific needs in the national disaster preparedness and mitigation plans.

---

## 2. Project Description

---

The objective of this initiative is to develop a standard methodology to produce, analyze and deliver a database of harmonized indicators on older persons in Africa in an effort to assist countries in to more accurately monitor the changing situation of older persons in the country. The project undertook a review of age-related data in Kenya, Malawi and Uganda, with the methodology piloted in 4 districts of Malawi in July/August 2017. The survey-tool was developed in close collaboration with national and regional policy makers, statisticians and experts dealing with issues related to older persons in Africa. The experience of international researchers and academics that have developed and deployed such tools in Africa as well as in other parts of the world was also drawn upon.

The development of the survey tools drew on leading ageing research already underway in other parts of the world, especially in Europe (e.g., the Survey of Health and Retirement in Europe (SHARE), the English Longitudinal Study of Ageing (ELSA), and the Irish Longitudinal Study of Ageing (TILDA)), North America (e.g. the Health and Retirement Survey (HRS)), Latin America (e.g. the Mexican Health and Aging Study (MHAS) and the Brazilian Longitudinal Study of Health, Ageing and Well Being (ELSI-Brazil)) and Asia (e.g. the China Health, Ageing, and Retirement Longitudinal Survey (CHARLS), the Longitudinal Ageing Study in India (LASI), and the Indonesia Family Life Survey (IFLS)) as well as other harmonized ageing studies such as the WHO Study on Global Ageing and Adult Health (SAGE) and the longitudinal platform for population studies in aging (INDEPTH). Survey guidelines developed by the Division for Inclusive Social Development within the Department of Economic and Social Affairs' have already been used in several countries in Eastern Europe (Moldova, Bosnia-Herzegovina, Albania) and Asia (Kyrgyzstan and Nepal) were also considered. Further, the situation analyses undertaken in Kenya, Malawi and Uganda through this project as well as the assessment of the situation of older persons in African Small Islands Developing States (SIDS) undertaken by the United Nations Economic Commission (UNECA) were used as references. Surveys undertaken at the country level, such as the survey on 'health status and functional ability among the elderly in Botswana' as well as studies conducted in other African countries by the African Population and Health Research Center (APHRC) and others were reviewed for this project. Work undertaken by HelpAge, particularly in relation to the Global Age Watch Index provided further insight into the situation of older persons in Africa, the empirical evidence and knowledge gaps. Best international practices were reviewed to facilitate learning from successful similar initiatives in this area.

The development of the instrument also involved consultation with a wide range of stakeholders listed above through national and regional workshops and seminars that reviewed and validated the survey instrument to ensure its suitability for the sub-Saharan African context.

The survey methodology consists of a household and individual questionnaire, the Computer Assisted Personal Interviewing (CAPI) platform and a series of manuals (interviewer and field supervisor manuals, sampling and survey costing manuals, CAPI manual). A more

detailed description of the methodology is presented in chapter 4 below and in the annex to this report.

Guided by the three priority areas of the Madrid Plan of Action on Ageing, the sustainable Development goals as well as regional and national action plans as discussed earlier, the survey concerns itself with assessing the situation of older persons by examining their demographic, social and economic, physical and psychological health characteristics and well-being, incomes, living circumstances, social networks, HIV and AIDS, lifestyles and health behavior. It is a valuable addition to existing knowledge and since it is intended to provide baseline information that shall inform future policy and strategy for older persons. It is expected that understanding of such comparative information should enhance prioritization of policies and programmes affecting older persons.

## **2.1 Data Mapping in Malawi**

In the framework of the project, a data mapping exercise was undertaken to get a better understanding of the available empirical evidence about older persons as well as to identify the data and knowledge gaps. Reliable data are critical for making sound decisions influencing the well-being of older persons in the country. The assessment found that while some data and statistics on older persons are available, data on the scale and nature of the challenges older persons face in Malawi are extremely limited.

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

The status of data pertaining to health, morbidity and mortality as well as well-being of the aged population neglects persons 60 years and over. The available data sources in Malawi focus around the younger generation, particularly children (under five) and women (age 15-49) as the interventions mainly focus on improving the health and wellbeing these groups. Thus, in turn, leaves out considerable knowledge regarding data and statistics on older age groups. This revelation underscores the paucity of data on older persons, which could help policy makers to design appropriate interventions targeting older persons. Available data on non-communicable diseases (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+.

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. Data on 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 analyze the mortality experience of parents 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+.

### **2.1.2 Data on the Living environment of older persons**

While census data provide some indication of household amenities available, and it is possible to extract data for households that only include individuals 60 years and older. The data can be separated into those under and 60 and over. However, abstracting data for each

specific age group is not readily available since the statistics are routinely combined as 60 years and over. Thus, the data are described in an undifferentiated fashion, often lumping together 60 years and older. Ultimately, we are blinded from the substantial differences that by age group for those who are 60 years and older.

The more that is known about the ways in which older persons differ, the greater the possibilities of targeting resources to those in greatest need. However, as demonstrated, such data is not readily available, hence the 2017 MISA survey attempts to provide such much-needed information as Malawi readies for the post-2015 development agenda which calls for age and gender disaggregated data to better target the needs of older persons.

Malawi conducts censuses every ten years and has wealthy census data which can provide information on older persons. However, data are not always readily available in an easily accessible or user-friendly format – often grouping older persons in age category of 60 years and over. Similarly, vital registration system also suffers from coverage, and in many sub Saharan countries it is in its infancy.

Furthermore, since 1992, Malawi has conducted Demographic and Health Surveys (typically quinquennial since 2000) producing high-quality data for estimations of fertility and infant and child mortality estimates. However, the surveys do not provide information about adult mortality estimates. Another major limitation is that data on demographic characteristics of older persons are collected only through the household questionnaires bearing in mind that the woman's questionnaire targets women age 15-49 while the man's questionnaire targets men aged 15-54.

### **2.1.3 Data on Older Persons and HIV and AIDS**

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.

### **2.1.4 Data on 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. 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:

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, however, was limited in that it was only conducted in eight districts, namely Karonga, Mzimba, Ntchisi, Dedza, Machinga, Thyolo, Blantyre City, and Mwanza.

## **2.2 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 practicing witchcraft.

---

## 3. Survey Methodology and Survey Implementation

---

### Highlights

- 2017 MISA used the 2008 Malawi Population and Housing Census as a sampling frame.
- A two-stage sample design was used for each district; at the first stage
- The survey methodology consisted of household and individual questionnaires
- Computer Assisted Personal Interviewing (CAPI) platform was used to capture data
- Out of 1917 households sampled, 1886 were completed representing 97.3 percent response rate
- Of 2306 older persons sampled, 2238 were interviewed representing 97.1 percent response rate.

### 3.1 Introduction

The Malawi Survey of Older Persons was conducted in four districts of Malawi: Mzimba, Lilongwe Rural, Mangochi and Nsanje. These districts cover different geographic regions, ethnic groups and other characteristics. The National Statistical Office used the 2008 Malawi Population and Housing Census to select households with an older person aged 52 years. This is because the Census was conducted at least 8 years earlier, and surviving persons aged 52 years to be at least 60 years in 2017.

A two-stage sample design was used for each district; at the first stage, 40 enumeration areas (EAs) within each district were selected. Selection of EAs was based on probability proportional to size (PPS) because there was variability with respect to number of EAs in each sampled district. The household sample for the Survey on Aging was obtained as a probabilistic sample based on an existing sampling frame using established sampling procedures (United Nations Statistics Division 2005, ICF International 2012). The approach ensured that unbiased estimation was obtained enabled to calculate the sampling errors and other measures of precision. In addition, a probability sample obtained through a two-stage household-based sample design ensured cost-efficient, transparent and reliable. The primary sampling units (PSUs) selected at the first stage were based on the census enumeration areas (EAs), which are small statistical area units defined for the census field operations.

### 3.2 Household Listing

Since the selected EAs were based from the 2008 Malawi Population and Housing Census, and that the households needed updating, a complete household listing in the selected EAs was conducted from 1<sup>st</sup> may to 30<sup>th</sup> May 2017 in the four selected districts. During listing, the following information was collected for each enumerated household: region, district, cluster number, household Number, first name of each listed individual, last name of each listed individual, age of each listed individual, and household Head. An additional question was also included: “Is there anyone in the household aged 60 and older that you provide food to, and he/she is not residing in this dwelling?”, with responses “1. Yes”, and “2. No”.

The household listing started with the oldest person in the household, followed by the second oldest, etc. This was of importance and had the purpose to list first the members of the

household who were the population of interest in the present study. Only households which were selected for interviews were visited. The 2017 MISA over sampled the households to take into account non-response households.

### 3.3 Sample Determination

A listing was conducted in each sample EA to cover all households within the EA boundaries, with screening questions to identify the households with at least one person aged 60+. The first stage affirmed the second state; the households with at least one older person were eligible for selection at the second sampling stage. At the second sampling stage, 12 households with persons age 60+ were selected, and all the household members in this age group were interviewed for the survey.

The decision to select 12 households with persons 60 years or older per sample EA was based on considerations for ensuring a moderate design effect based on the experience of similar surveys, as well as operational considerations and the expected proportion of households with persons age 60 or older in the EAs. In this case the total sample size was 480 households with older persons at the district level, and 1,920 sample households for all 4 districts. This sample allocation is shown in Table 3. This table also shows the 2008 Census average number of persons age 52+ per household with at least one person in this age group.

The total number of sample persons age 52+ was estimated by multiplying the number of eligible households selected by the average number of elderly persons per household. Finally, the effective sample size for elderly persons age 60+ was estimated by multiplying the total number of sample individuals aged 60+ by 0.9, based on a conservative estimate of the response rate and the smaller percentage of persons age 60+ compared to 52+.

Table 3.1 Allocation of sample EAs and households with population age 60+ by district for Malawi Survey on Aging

<i>District</i>	<b>No. sample EAs</b>	<b>No. sample households with person 52+ per EA</b>	<b>Total no. sample households</b>	<b>Average persons 52+ per household with at least one person 52+</b>	<b>Estimated no. sample individuals 52+</b>	<b>Estimated completed Older person interviews</b>
<i>Mzimba</i>	40	12	480	1.8	819	737
<i>Lilongwe</i>	40	12	480	1.6	722	650
<i>Mangochi</i>	40	12	480	1.5	684	615
<i>Nsanje</i>	40	12	480	1.5	706	635
<b>Total</b>	<b>160</b>	<b>12</b>	<b>1,920</b>	<b>1.6</b>	<b>2,930</b>	<b>2,637</b>

### 3.4 Administration of Questionnaires

Fieldwork and data collection were done for 25 days from July to August 2017 in which two types of questionnaires were administered:

- 1) A household questionnaire with the household head or other person with a knowledge about the household's circumstances



- 2) An individual questionnaire with *all* regular household members aged 60 years and older

The household questionnaire captured information about housing environment, household income, household agricultural income and assets, household financial and non-financial assets, access to social programs and benefits and overall household economic conditions.

The individual questionnaire, which was asked to persons aged 60 years and older collected information about demographics, physical health, mental health, health care utilization, health insurance coverage, support and help received and provided within the household, financial support, caregiving to children in the household, employment status, retirement benefits and pensions, access to social programs and benefits, abuse of older people and social life and loneliness.

### **3.5 Training of Field Staff**

Prior to fieldwork, an eight-day interviewer and field-supervisor training course was conducted jointly by the NSO and the UN counterparts in June 2017, which took place at Chilema Training Facility, in Machinga District. Training was provided to research assistants to ensure that the data collection exercise was done ethically. Interviewers and team-leaders gained insight into the substantive aspects of the survey as well as the technicalities of interviewing using CAPI. A series of peer-to-peer practice sessions were undertaken as well as a practice-day in the field to pre-test the instrument. In total, 40 interviewers and field-supervisors were trained.

As the survey concerned people age 60 years and over, it was emphasized to the enumerators during training that interviewers were expected to treat older respondents with respect and according to the contextual and culturally appropriate rules for communication between older and younger people. The training also dwelt on the fact that sometimes, older individuals may have physical and mental health problems or disabilities that may influence their communication abilities with the interviewer (such as speaking or hearing abilities), reaction time and/or understanding of some questions. Interviewers are required to treat all respondents independently of their physical or mental health status with dignity and respect.

### **3.6 Organisation of Fieldwork**

During the fieldwork, interviewers worked in a team consisting of a total of four - female and male -interviewers and a team leader. Each team with was accompanied by a driver. Each team had one interviewer who served as a back-up team leader in the case of absence of the team leader. Where necessary, this back-up team leader assisted the team leader.

A team of supervisors/regional coordinators responsible for supervising fieldwork teams coordinated the survey from the NSO in Zomba and provided guidance and overview to the survey staff in the field. They further monitored the progress of the field work, provide support and back-up as needed and review data collected through CAPI (Computer-Assisted Personal Interviewing) interviews and support and ensured the regular transfer of data (and questionnaires in case paper questionnaires need to be used) to the central office.

### 3.7 Pretesting

The purpose of pretesting was to make sure that the all aspects of the survey tools (questionnaires and fieldwork manuals) work as intended under all possible situations. Further, the pre-test allowed the team-leaders and supervisors to identify challenges the interviewers experienced when during field-work. The results of the pre-test were reviewed to fine tune the survey tools and procedures.

### 3.8 Household and Individual Response Rates

The individual survey targeted persons age 60 years and over. The survey interviewed 2,236 individuals of which 903 (40.3 percent) were males and 1,335 (59.7) were females. The mean age of individual survey population is 71.42 years with minimum age of 60 and maximum age of 105.

The majority about 70 percent are within the age range of 60 – 75 years. Table 1 shows the distribution of household and individual response rates by sample district. The overall household response rate is 97.3 percent and individual overall response rate is 97.1 percent giving overall survey response rate of 94.5 percent.

Table 3.2 Household and Individual Response rates by sampled District - Survey on Ageing Population in Malawi 2017

HOUSEHOLD AND INDIVIDUAL RESPONSE RATES BY SAMPLED DISTRICT - SURVEY ON AGEING POPULATION IN MALAWI 2017						
Sampled district	Household Response Rates			Individual Response rates		
	Household Sampled	Household with Complete Interview	Response Rate	Individuals Found	Individuals with complete interview	Response rate
<i>Mzimba</i>	477	465	97.5	608	583	95.9
<i>Lilongwe</i>	480	463	96.5	572	561	98.1
<i>Mangochi</i>	480	478	99.6	580	562	96.9
<i>Nsanje</i>	480	460	95.8	546	532	97.4
<b>Total</b>	<b>1,917</b>	<b>1,866</b>	<b>97.3</b>	<b>2,306</b>	<b>2,238</b>	<b>97.1</b>

### 3.9 Limitations

Given the budgetary restrictions, the sample will not be representative at the national level, but it will be representative at the district level<sup>3</sup>. The selected districts are Mzimba in the northern region, Lilongwe rural in the central region, while in the southern region are Mangochi and Nsanje.

<sup>3</sup> Conducting the survey based on a nationally representative household sample might not be possible in all instances, given the often-tight financial resources that are made available for such surveys.

---

## 4. Presentation of Main Findings

---

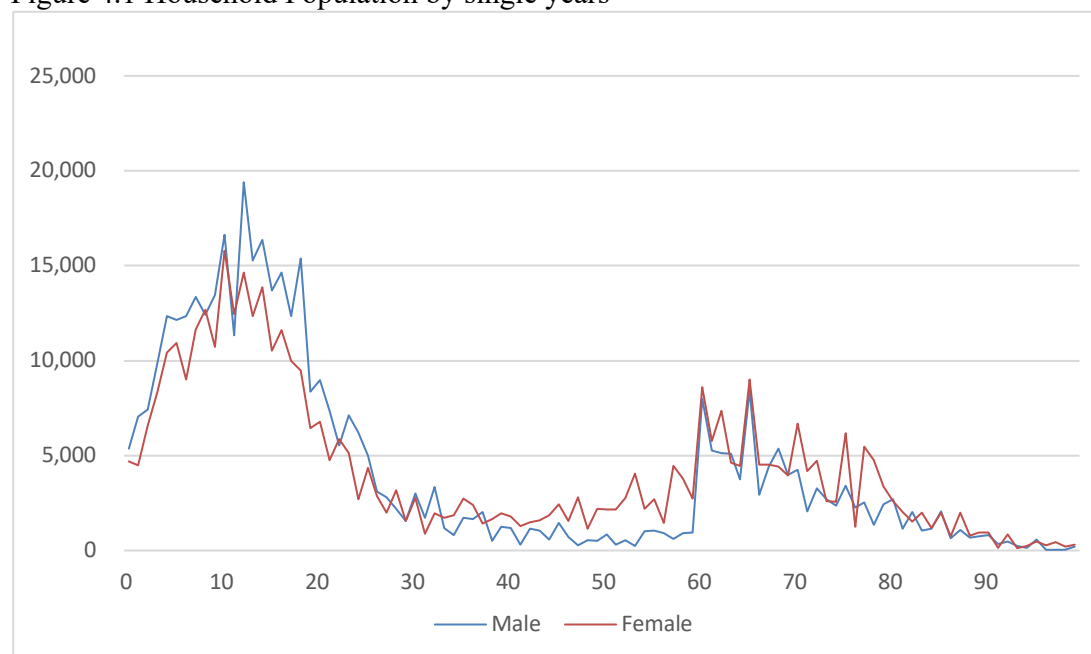
### 4.1 Data Quality Assessment

Unfortunately, collection of data through censuses, surveys and vital registration systems is affected by the design of the exercise and the reporting of respondents themselves. These problems often are compounded when the level of education is low. In addition, the interviewers despite receiving extensive training, may record incorrect responses. Various studies have therefore alluded to such data discrepancies in sub-Saharan Africa resulting from the biases related to retrospective data and misreporting of age (Sneeringer 2009).

### 4.2 Household Population by Single Years

The distribution of a population in the absence of significant and sudden change in fertility, mortality and migration has a typical pattern. It should start with a large proportion at the initial age of each sex, and gradually decline with increasing age, until the proportion is negligible at a higher age. The pattern can be distorted due to reporting errors in the age data (known as age misreporting) and digit preferences. The errors result from a tendency by respondents to report certain ages more at the expense of others. As Figure 4.1 shows, there are fluctuations of population in certain ages which suggest strong preferences, or lack of them, for “0”, and some for “1”, “2” and “5”. Overall, as expected there is a downward trend with increasing age. The results indicate heaping at digits ending in “0” and “5” and less so for “2”, “4” and “8”.

Figure 4.1 Household Population by single years

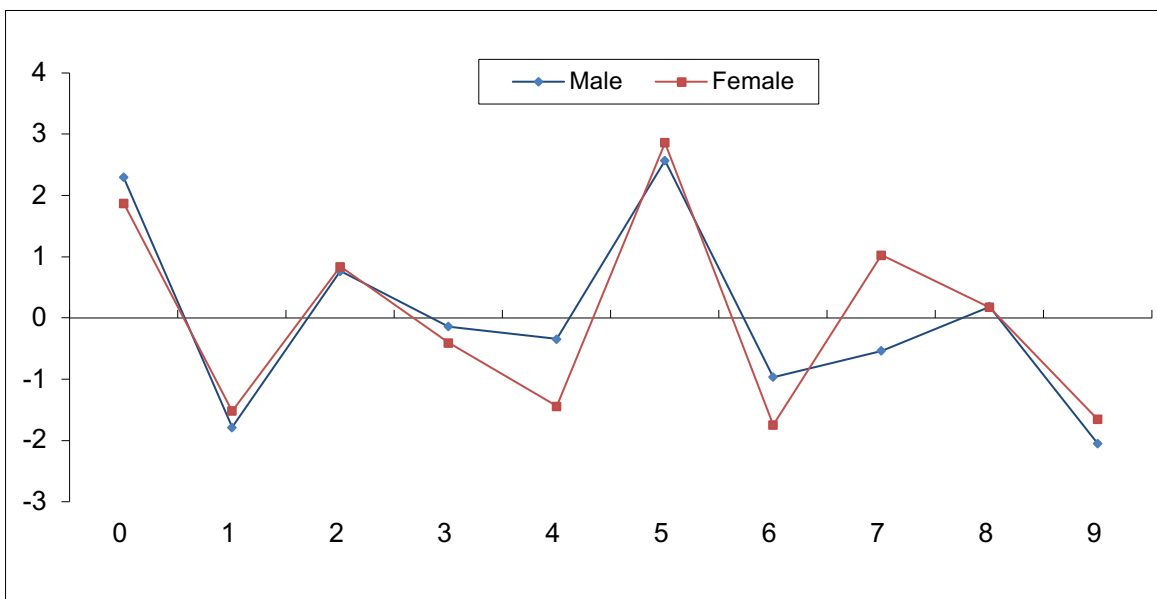


#### 4.2.1 Myers Preference by Digit

Data on age can also be subjected to the Myers’ Index (MI), which examines the preference or avoidance of reporting of ages ending with each of the ten digits “0”, “1”, “2”, “3”, “4”, “5”, “6”, “7”, “8” and “9” (Figure 4.2). The index measures the weighted population reported

on ages ending with each of the ten digits and then expressing the blended population on each digit as a percentage of the total blended population. With no irregularities inherent in the reporting of ages, it is assumed that the sum of the blended population on each digit should equal 10% of the total blended population. A percentage in excess of 10% or less than 10% indicates preference and under selection of ages ending with such digit, respectively (Arriaga, Johnson et al. 1994). The absolute sum of the deviations for each terminal digit represents the index of preference and varies from 0 to 180, representing, respectively, accurate age reporting, and where all ages were reported with the same terminal digit. There is no serious age reporting for the MISA 2017 survey; the index was 12.1%. This means that, for example, to get uniform reporting of ages, we would need to reclassify almost 12% of the cases.

Figure 4.2 Age heaping using Myers' blended method for household members in MISA 2017



### 4.3 Basic characteristics of respondents

In MISA 2017 Survey information on type of living arrangement was obtained for the persons of age 60 years & above. This section presents information on the demographic and socioeconomic characteristics of the survey respondents such as age, education, district, marital status, employment, and wealth status. This information is useful for understanding the situation of older persons.

## 4.4 Household Characteristics

The total household population in the MISA 2017 was 9222 all ages, with 47.1 percent being men and 52.9 percent women (Table 4.1). The male: female sex ratio was 1:1.2. A total of 40.1 percent of the household population was under the age of 15 years and older persons aged 60 and over contributed to 25.1 percent.

Table 4.1 Household population by age, district, marital status, educational attainment by sex

<i>Characteristics</i>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Unweighted</b>	<b>Weighted N</b>
<b><u>Age group</u></b>					
<i>0-14</i>	43.3	37.2	40.1	3648	343447
<i>15-59</i>	34.4	35.2	34.9	3268	299761
<i>60-64</i>	6.3	7.2	6.8	602	58014
<i>65-69</i>	5.9	6.1	6.0	542	51545
<i>70-74</i>	3.4	4.7	4.1	377	35397
<i>75-79</i>	2.7	4.9	3.8	342	33006
<i>80-84</i>	1.9	2.2	2.0	197	17416
<i>85+</i>	2.1	2.5	2.3	246	19989
<i>Total</i>	100	100	100	9222	858,575
<b><u>District</u></b>					
<i>Mzimba</i>	30.7	27.9	29.2	2971	250515
<i>Lilongwe Rural</i>	33.1	33.1	33.1	1879	284087
<i>Mangochi</i>	27.6	30.7	29.3	2351	251799
<i>Nsanje</i>	8.6	8.3	8.4	2021	72174
<b><u>Marital Status</u></b>					
<i>Never married and not living with partner</i>	69.1	50.8	59.1	5449	507012
<i>Currently married</i>	25.4	23.7	24.5	2295	210231
<i>Cohabiting, living together with partner</i>	0.0	0.0	0.0	3	211
<i>Separated</i>	1.6	3.5	2.6	212	22430
<i>Divorced</i>	1.6	4.6	3.2	288	27745
<i>Widowed</i>	2.3	17.4	10.6	972	90843
<i>DK</i>	0.0	0.0	0.0	3	102
<b><u>Education attainment</u></b>					
<i>Never attended school</i>	23.9	35.3	30.1	2778	258757
<i>Some primary education</i>	61.1	54.2	57.4	5241	492458
<i>Completed primary education</i>	4.9	3.9	4.3	411	37147
<i>Some secondary education</i>	6.7	4.6	5.5	535	47425
<i>Completed secondary school</i>	2.8	1.5	2.1	200	17645
<i>More than secondary education</i>	0.5	0.1	0.3	30	2522
<i>Attended adult literacy</i>	0.1	0.3	0.2	21	1849
<i>DK</i>	0.0	0.1	0.1	6	772
<i>Total</i>	100	100	100	9222	858,575

### *Marital status*

Nearly six in ten (59 percent) were never married while one in four were currently married. Never married or currently married were more likely to be males than females. The household population that was separated, divorced and widowed was more likely to be females compared to male household population.

### *Education attainment*

About three in ten (30 percent) have never attended school. More men (61 percent) than women (56 percent) likely to have attended some primary education. The proportion that attended some secondary education and higher education decreases for both sexes.

*Literacy*

The level of education has important implications for the well-being of older persons. It is closely correlated with the ability to read and write fluently and thus affects substantially the ability of older persons to access important information that influences many aspects of their lives. It also affects the way they can relate to others in the community including participation in development projects.

Figure 4.3 provides an overview of the current education distribution of older persons in the study areas. Literacy is described as the ability to read and write in any language. The proportion that is literate was at 87 percent. A higher share of males (90 percent) was literate compared to their female counterparts (80 percent). This high percentage of illiterate women may be attributed to the traditional concept of old society, where women did not need education and were limited to only work in the home.

Figure 4.3 Percent distribution of literacy levels among older persons by sex

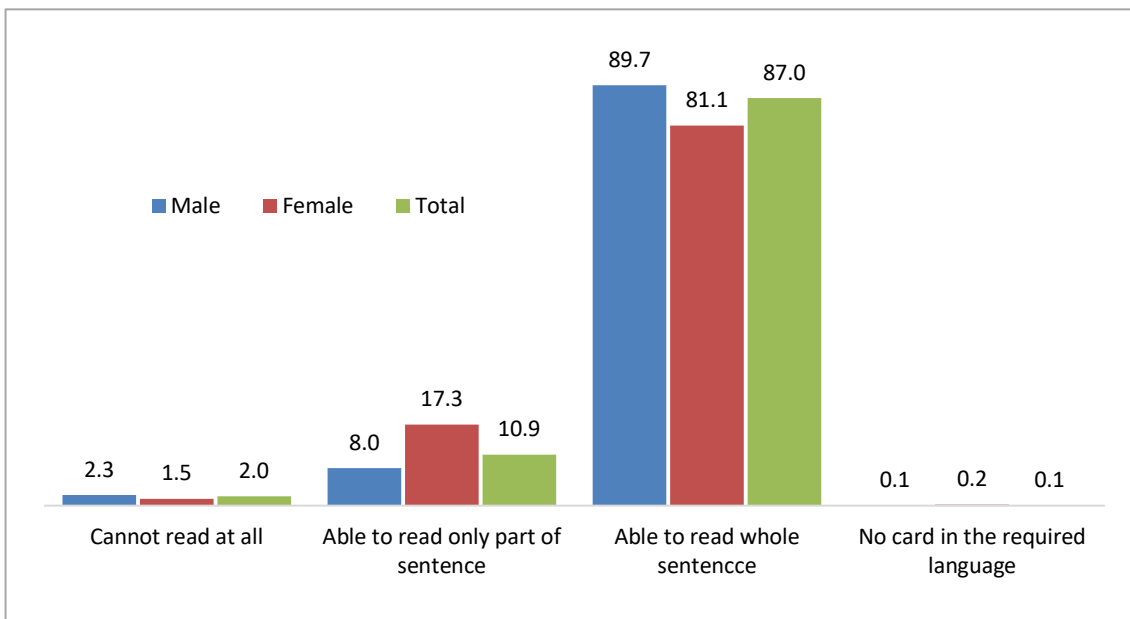
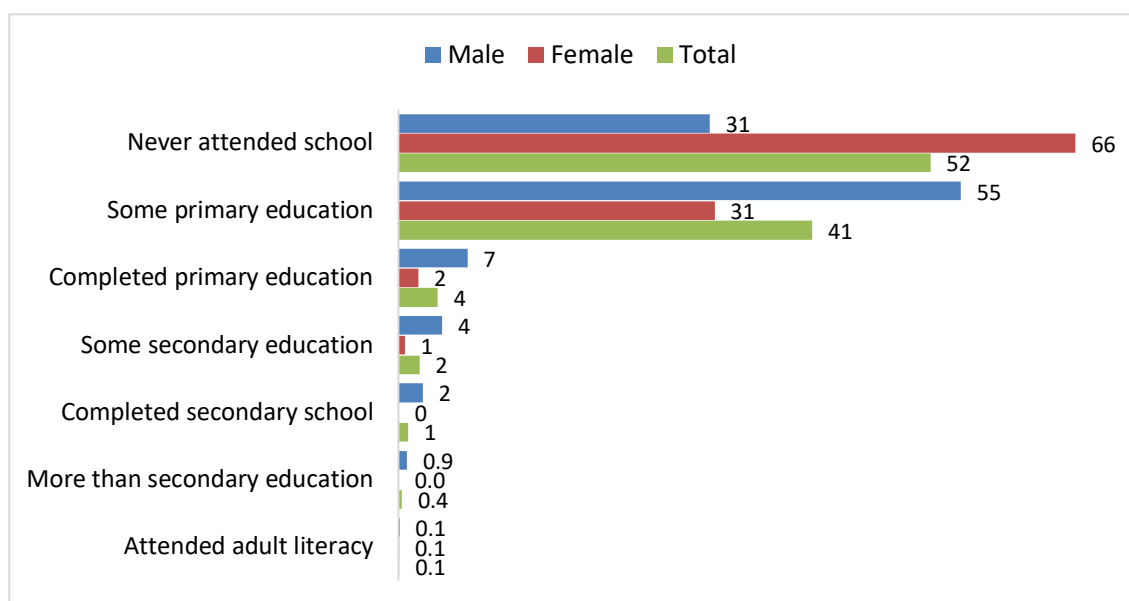


Figure 4.4 shows that slightly more than half older persons (52 percent) have no education. There is a significant gender gap among the older persons, with 66 percent of female older persons without education compared to only 31 percent of male older persons. The gender gap remains wide when categories of attaining some primary and completed primary education are considered. The proportions of older persons who reached secondary education shrink substantially for those who completed secondary education, which reflects the lack of education opportunities in their youth generation.

Figure 4.4 Percent distribution of the older persons by level of education compared by sex



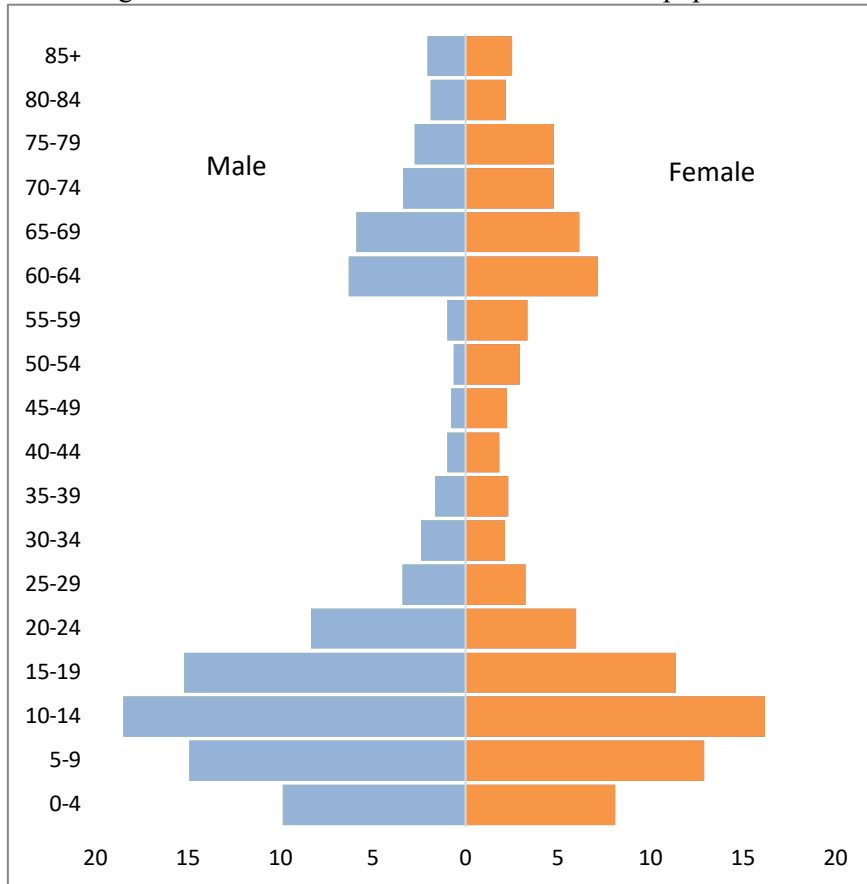
## 4.5 Family and Living Arrangement

Household composition has implications for the wellbeing of older persons. As people grow older, the risk of physical and cognitive dependency increases. In developing countries where public or private pension is nearly absent, the family has primary responsibility of providing support for older people.

### 4.5.1 Household Composition

It should be noted that the survey collected information from households in which there was an older person (60 years and over), hence age-sex structure depicts an adult population that has moved out of the households (Figure 4.5).

Figure 4.5 Percent distribution of the household population



#### 4.5.2 Household Size, Household Headship Characteristics



Table 4.2 presents the results of household size distribution, household head type, and main income earner type of the sample households by gender. Overall, the mean number of persons per household was 4.9. Single-person households were twice as likely to be headed by women (14 percent) than men (6 percent). The proportion of households living with older persons declined as the age increased. Women compared to men were twice as likely to not have attended school. The prevalence of higher level educational status was greater among men than women, with 3.3 percent of men compared to about one (0.9) percent of women having completed secondary education.

Women less than 65 years were less likely to be heads of household than men. However, due to the age structure of the elderly population with women outnumbering men, there were more households headed by women as age increases.

Table 4.2 Household size, household head age, district by gender

<b>Characteristics</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>N</b>
<b><u>Household size</u></b>				
1	6.1	14.4	10.1	17224
2-3	23.2	28.1	25.6	43478
4-5	25.9	29.0	27.4	46630
6+	44.8	28.5	36.9	62645
<b><u>Age of Household Head</u></b>				
<60	17.2	18.8	18.0	30515
60-64	25.3	20.2	22.8	38854
65-69	22.0	19.6	20.8	35433
70-74	12.2	15.2	13.7	23226
75-79	9.8	13.8	11.7	19957
80-84	6.9	5.9	6.4	10822
85+	6.6	6.5	6.6	11168
<b><u>District</u></b>				
Mzimba	30.3	13.3	22.0	37365
Lilongwe rural	38.7	42.9	40.8	69291
Mangochi	22.3	33.6	27.8	47318
Nsanje	8.7	10.2	9.4	16002
<b><u>Marital status</u></b>				
Never married and not living with partner	2.0	0.6	1.3	2215
Currently married	87.5	14.5	51.8	88130
Cohabiting, living together with partner	0.0	0.1	0.1	93
Separated	1.8	9.1	5.4	9088
Divorced	3.6	12.4	7.9	13409
Widowed	5.1	63.3	33.5	57041
<b><u>Education attainment</u></b>				
Never attended school	26.6	56.8	41.4	70389
Some primary education	55.3	37.1	46.5	78956
Completed primary education	8.3	3.5	5.9	10055
Some secondary education	5.6	1.5	3.6	6049
Completed secondary school	3.3	0.9	2.1	3612
More than secondary education	0.7	0.1	0.4	661
Attended adult literacy	0.1	0.1	0.1	198
DK	0.1	0.0	0.0	54
<b><u>Income Quintile</u></b>				
Q1 (lowest)	12.6	27.9	20.1	34171
Q2	17.4	28.4	22.8	38709
Q3	19.2	19.3	19.2	32695
Q4	24.4	14.9	19.8	33569
Q5 (Highest)	26.4	9.5	18.1	30832
Mean household size	<b>5.5</b>	<b>4.3</b>	<b>4.9</b>	<b>169975</b>

### *Marital status*

Having a partner or not in the later years of life is likely to have important implications for psychological, and perhaps, material well-being of older persons. It also affects their living arrangements and support systems. Therefore, information on the marital status composition of older persons is important for assessing the psychological and material support needs of the elderly.

This pattern is also true when marital status is considered; higher proportions of women female heads are observed among widowed suggestion that men die earlier than women. The distribution of income quintiles among the heads of household showed that more women were in the lowest income quintile (27.9 percent) than men (12.6 percent).

## 4.6 Living Arrangements of Older Persons

### 4.6.1 Biological and Non-biological Children of Older Persons

As Figure 4.6 indicates, eighty-eight (88.4) percent of older persons were living with biological children. There are many older persons living with biological children; the percentage of older persons living with biological children increases from 4 percent with 1-2 biological children to 81 percent living with 6 or more children.

Figure 4.6 Percent distribution of older persons living with biological and non-biological children by gender

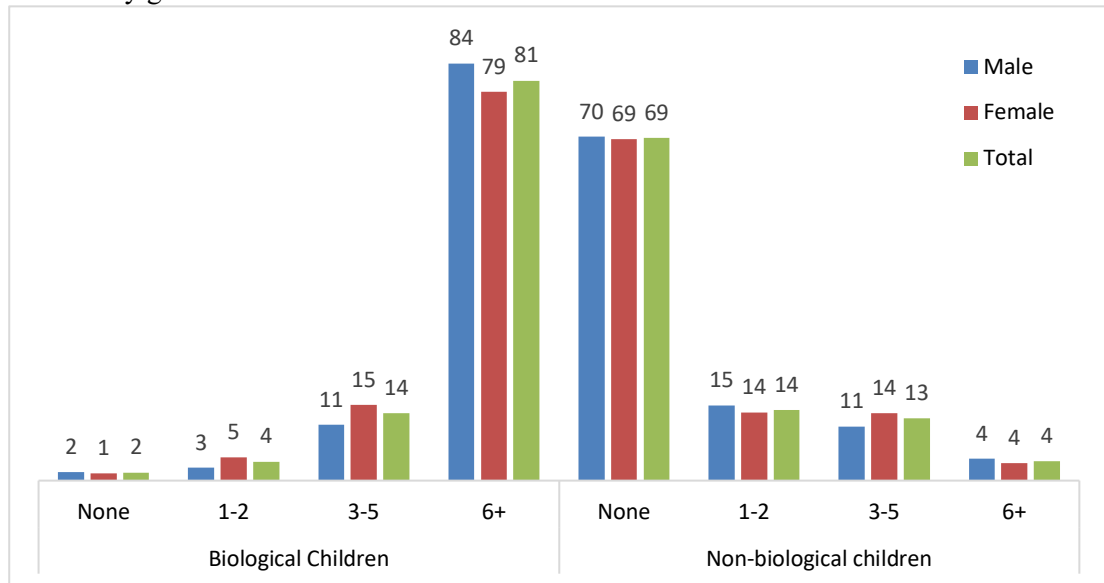
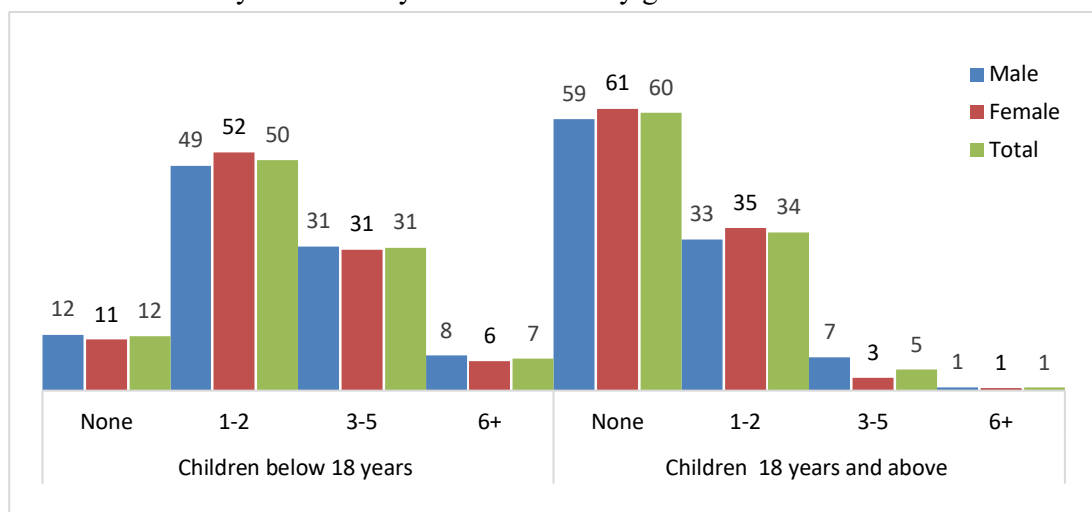


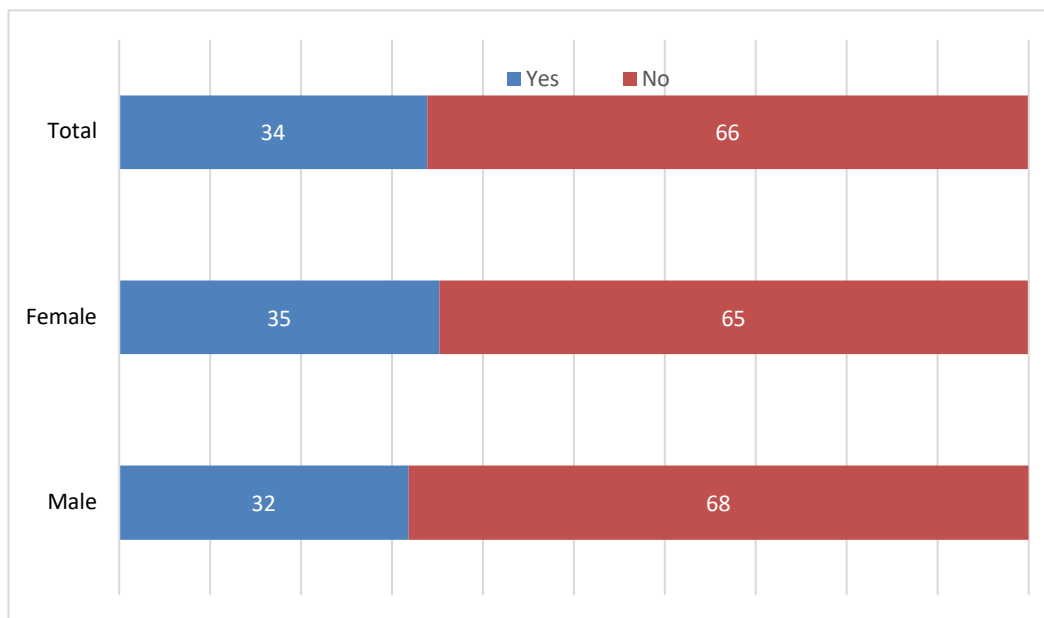
Figure 4.6 also shows that older persons have a less tendency to live with non-biological children in households. Nearly 3 in 10 (29.7 percent) of older persons were living with non-biological children. The percentage of older persons living with non-biological children declines from 14.3 percent among those living with 1-2 non-biological children to 3.8 percent of older persons living with 6 or more non-biological children.

Figure 4.7 Percent distribution of older persons living with biological and non-biological children below 18 years and 18 years and above by gender



Older persons were more likely to report that they live with minor age children whose parent is not present in the household with them than children age 18 years and over. While only 11.7 percent of older persons had no children age less than 18 years in the households, as high as 60.3 percent of older persons were living with children age 18 years and above (Figure 4.8).

Figure 4.8 Distribution (percent) of older persons caring for orphans



Thirty-four (34) percent of older persons indicated they cared for orphans (Other studies conducted in Malawi have shown that older persons care for children orphaned by AIDS) (Boutayeb: 2009; de Wagt and Connolly: 2004; Phiri and Webb: 2002).

Figure 4.9 Distribution of older persons living alone

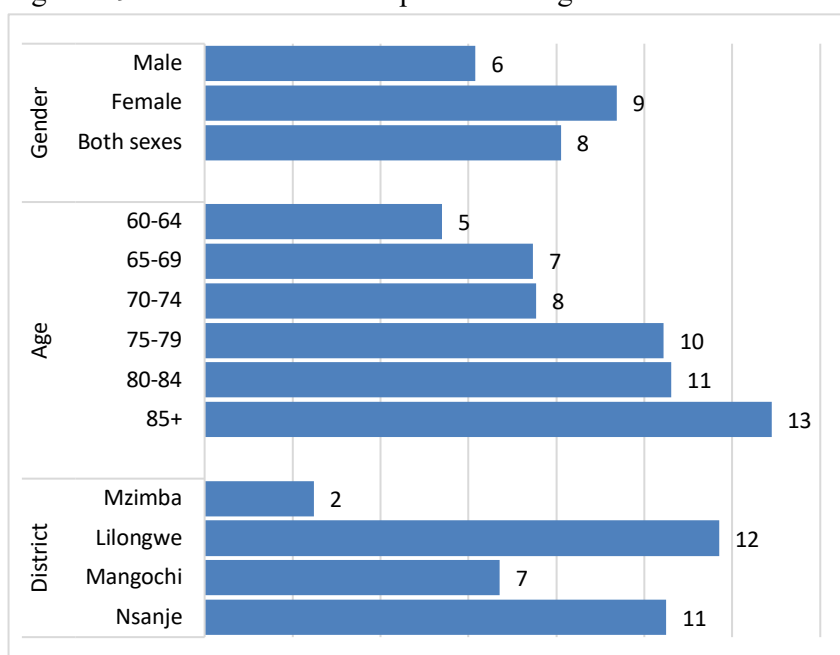


Figure 4.9. Slightly more older women (nine percent) live alone compared to older men (six percent). This apparent difference between men and women may be due to the prevalent practice of men getting married to women of relatively much younger age lower age-groups, especially in the good old days. Figure 4.9 also shows that the proportion of older persons increases gradually as the age increases. For example, older person age 85 and above, are twice as likely to live alone as those aged 60-64 age group.

#### 4.6.2 Household Living Arrangement Type: Multigenerational and Skip-Generation Households

In terms multigenerational living arrangements, the most common living arrangement was a two-generation household consisting of parent/child or grandparent/child. This occurred in 60297 (40.5 percent) households out of the 5148824 surveyed (Table 4.3) followed by skip-generation arrangements (32.7 percent), while three generation arrangements occurred less frequently (8.2 percent). 27752 (18.6 percent) households consisted of a married couple of older persons without children (one generation).

Table 4.3 Household living arrangement type: multigenerational household and skip-generation HHs by sex

<i>Characteristics</i>	<b>Male</b>	<b>Female</b>	<b>N</b>
<b><i>Multigenerational Households</i></b>			
<i>One generation</i>	52.3	47.7	27752
<i>Two generation</i>	60.6	39.4	60297
<i>Three generation</i>	43.0	57.0	12174
<i>Skip generation</i>	36.1	63.9	48600
<b><i>Total</i></b>	<b>49.6</b>	<b>50.4</b>	<b>148824</b>

Table 4.4 Household living arrangement type: multigenerational household and skip-generation HHs by quintile

<i>Characteristics</i>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q5</b>	<b>N</b>
<b><i>Multigenerational Households</i></b>						
<i>One generation</i>	35.2	28.3	18.7	11.3	6.5	27752
<i>Two generation</i>	26.5	22.5	22.8	15.7	12.5	60297
<i>Three generation</i>	12.3	24.4	18.5	17.4	27.4	12174
<i>Skip generation</i>	23.0	26.1	16.2	21.2	13.5	48600
<b><i>Total HHS</i></b>	<b>25.8</b>	<b>24.9</b>	<b>19.6</b>	<b>16.8</b>	<b>12.9</b>	<b>148824</b>

One-generation households were in the lowest and low-income quintiles while skip-generation households were more common among lower income quintiles. Three generation households were among the highest income quintiles.

#### 4.6.3 Summary

It is particularly worth noting that the proportion older persons who co-reside with children age 18 years and below is greater than that of adult children which suggests that older persons take the responsibility of caring for orphans. Adult children who co-reside with older persons may decide to remain in the household due to concerns about the parents.

Living alone or one generation household type of living arrangement is associated with low income. This means that older age parents will be without sufficient financial and material support from adult children, leaving them further deprived.

---

## 5. Income

---

### Key findings

- 56.3 percent of older persons reported son or daughter as main source of income
- Majority of older persons' households are currently struggling financially
- Overall, 83 percent of older persons report that their households are finding it difficult (51 percent) and very difficult (32 percent) to manage financially.
- Only one (1) percent of older persons say they are living comfortably
- 59 percent reported that their situation has worsened compared to last year
- 30 percent felt financial situation has remained the same
- 51 percent of older persons expected the household income to either decline or remain the same
- 36 percent of older persons receive income less often
- 24 percent receive income monthly
- More older men than older women receive income less often (43 percent male vs 32 percent female)
- Overall, half (50 percent) of older persons have debts of less MWK25 000

### 5.1 Introduction

Older persons in Malawi derive their incomes from different sources. This is especially so in the case of older persons who often live in households shared with younger members, and these older persons have no access to any regular income for their sustenance. Under such circumstances the direct income of the elderly members may be less important for their material well-being than the income of other members of the household.

### 5.2 Source of Income

The survey results indicate that, the main source of income for older persons is son or daughter (56.3 percent) followed other relations (12.2 percent) which included brother or sister and brother or sister in-law provided support. Grandchild at 11.1 percent was another source of income. Others not related through blood or marriage (e.g. servants, boarders, lodgers, etc.) who provided income to older persons constituted 15.8 percent.

Patterns by background characteristics:

- There are no differences in income from their son or daughter according to gender of older persons
- There are no patterns by age, health status, income level and highest level of schooling of older persons in the income received from their son or daughter, although the proportion of grandchildren providing support increases with age.
- The percentage of older persons receiving income from their son or daughter ranged from a low of 39.6 percent in Nsanje district to a high of 63.5 percent in Mzimba district.

Table 5.1 Distribution of older persons by source of income according to gender, age, health status, income levels, highest level of schooling and district

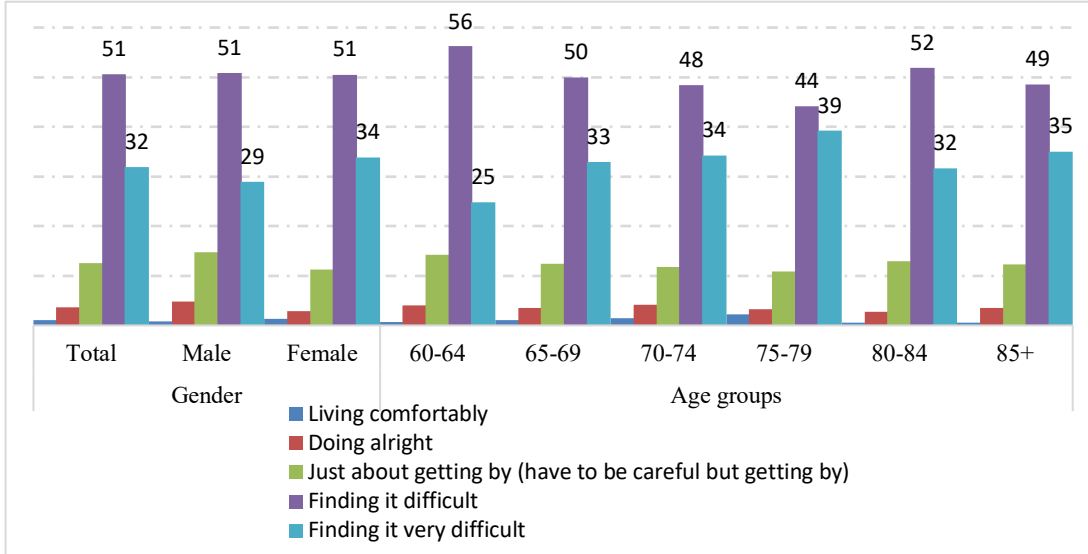
<i>Background factors</i>	<b>Son or daughter</b>	<b>Son or daughter-in-law</b>	<b>Grandchild</b>	<b>Other relations</b>	<b>Other not related</b>	<b>Total</b>
<b><u>Sex</u></b>						
Male	56.2	6.7	7.8	10.7	18.6	17104
Female	56.6	3.3	13.1	13.0	14.0	27566
<b><u>Age groups</u></b>						
60-64	58.9	2.7	2.6	14.5	21.3	12154
65-69	59.2	6.2	4.1	16.2	14.3	9092
70-74	55.1	5.4	15.9	14.8	8.8	6786
75-79	55.4	3.8	15.0	6.3	19.5	6751
80-84	56.8	8.5	13.3	6.0	15.4	4742
85+	49.9	2.9	25.6	10.3	11.3	5145
<b><u>Health Status</u></b>						
Excellent	58.0	16.8	6.8	9.9	8.5	949
Very good	65.5	3.0	2.6	14.6	14.3	6107
Good	58.7	5.1	8.9	13.3	14.0	15690
Fair	46.7	4.1	14.1	14.0	21.1	7893
Poor	55.4	4.2	15.3	9.2	15.9	14031
<b><u>Highest level of schooling</u></b>						
Never attended school	53.5	4.0	14.4	12.7	15.4	19301
Some primary education	54.0	5.8	9.7	12.3	18.2	20639
Completed primary education	73.6	2.8	5.2	13.6	4.8	3112
Some secondary education	89.6	0.0	0.0	0.0	10.4	843
Completed secondary school	73.7	0.0	0.0	0.0	26.3	315
More than secondary education	100	0.0	0.0	0.0	0.0	361
Attended adult literacy school	100	0.0	0.0	0.0	0.0	100
<b><u>Income levels (MWK)</u></b>						
< 25,000	52.3	5.8	13.5	12.6	15.8	30676
25,001 to 50,000	67.5	0.0	6.6	7.9	18.0	5595
50,001 to 100,000	61.2	3.9	2.6	16.1	16.2	4932
100,001 to 250,000	77.3	4.7	4.7	4.8	8.5	1916
250,001 to 500,000	100.0	0.0	0.0	0.0	0.0	265
500,000+	100.0	0.0	0.0	0.0	0.0	204
DK	34.3	0.0	27.0	19.2	19.5	441
<b><u>District</u></b>						
Mzimba	63.5	5.7	6.8	12.1	11.9	17120
Lilongwe Rural	50.6	6.8	19.3	9.8	13.5	12370
Mangochi	55.1	0.7	7.8	12.5	23.9	13019
Nsanje	39.6	6.1	18.3	24.2	11.8	2162
<b>Total</b>	<b>56.3</b>	<b>4.6</b>	<b>11.1</b>	<b>12.2</b>	<b>15.8</b>	<b>44670</b>

Note: MWK – Malawi Kwacha

### 5.3 Household Financial Status

Majority of older persons' households are currently struggling financially. Overall, 83 percent of older persons report that their households are finding it difficult (51 percent) and very difficult (32 percent) to manage financially. Only 1 percent of older persons say they are living comfortably (Figure 5.1).

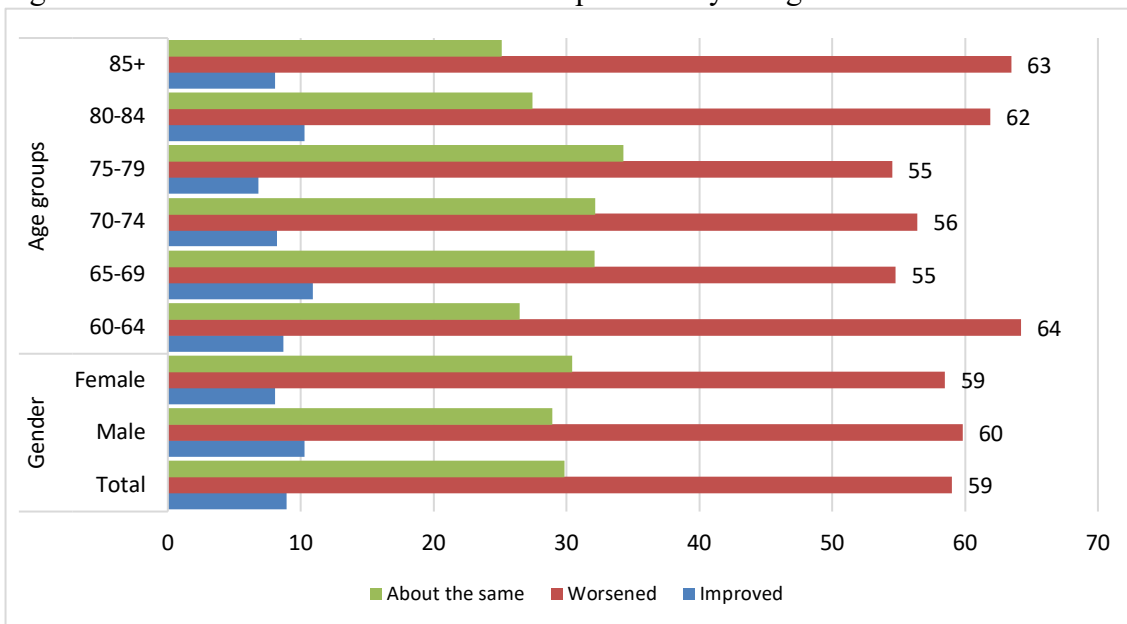
Figure 5.1 Present household financial status



Comparing household income condition at the survey date with what it was one year ago, 59 percent reported that their situation has worsened while 30 percent said that remained the same (Figure 5.2). Only nine percent of older persons said that the household income condition had improved. Other findings include:

- More than half of older men and older women said their household was finding it difficult to manage financially
- Around one-third (32 percent) of older persons reported that their household was finding it very difficult to manage financially
- Only one percent of older persons reported their household living comfortably

Figure 5.2 Household income condition compared one year ago



In the next year, 51 percent of older persons expected the household income to either decline or remain the same, 14 percent reported that it would improve while 35 percent were not sure whether the household income would improve or decline (



Figure 5.3).

Figure 5.3 Household income expected next year

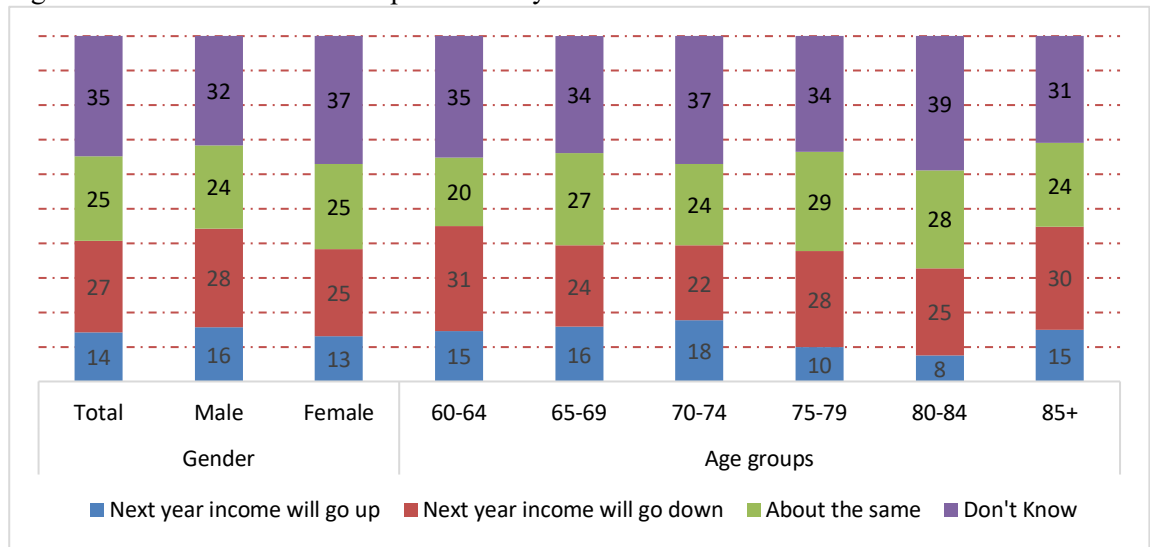


Figure 5.3 also shows that around a quarter of older persons expected their household income to stay the same. More than one in three (35 percent) do not know about their future household income. A quarter of older persons expect their household income to decrease next year.

#### 5.4 Income Weekly/Monthly/Yearly

In the 2017 MISA survey, older persons who receive income were asked whether they receive the income daily, weekly, monthly or less often. Overall, majority of older persons (36 percent) receive income less often followed by those who receive monthly income (24 percent), daily (21 percent) and weekly (19 percent). Older women are twice as likely as older men to receive income on monthly basis.

The results indicate higher percentages of older men than older women who receive income less often (43 percent male vs 32 percent female) and daily (24 percent male vs 18 percent female). Currently married, separated and widowed was associated with receiving infrequent income

Figure 5.4 Percent distribution of respondents age 60 years and over by income received according to selected background characteristics, MISA 2017

<i>Characteristics</i>	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Less often</b>	<b>DK</b>	<b>Total</b>
<b><u>Sex</u></b>						
<i>Male</i>	24.3	17.6	15.0	43.1	0.0	9169
<i>Female</i>	18.9	19.9	28.6	32.2	0.4	17731
<b><u>Age groups</u></b>						
<i>60-64</i>	9.3	15.2	17.0	58.5	0.0	6463
<i>65-69</i>	18.1	22.4	27.9	31.6	0.0	6054
<i>70-74</i>	19.8	21.9	23.4	33.0	1.9	3684
<i>75-79</i>	23.9	15.3	45.0	15.8	0.0	4241
<i>80-84</i>	19.7	33.4	8.5	38.4	0.0	2653
<i>85+</i>	42.5	12.1	17.5	27.9	0.0	3803
<b><u>Income levels (MWK)</u></b>						
<i>&lt; 25,000</i>	17.1	26.1	15.7	39.9	1.2	6343
<i>25,001 to 50,000</i>	30.4	17.4	16.0	36.2	0.0	1163
<i>50,001 to 100,000</i>	10.3	5.9	32.1	51.7	0.0	1675
<i>100,001 to 250,000</i>	13.1	0.0	77.2	9.7	0.0	756
<i>DK</i>	0.0	0.0	100	0.0	0.0	72
<b><u>Highest level of schooling</u></b>						
<i>Never attended school</i>	20.9	17.6	33.1	27.8	0.6	12348
<i>Some primary education</i>	20.0	21.8	13.5	44.6	0.1	13123
<i>Completed primary education</i>	23.4	8.9	39.8	27.9	0.0	825
<i>Some secondary education</i>	22.7	4.5	72.8	0.0	0.0	361
<i>Completed secondary school</i>	54.0	0.0	0.0	46.0	0.0	180
<i>More than secondary education</i>	0.0	0.0	0.0	100	0.0	62
<b><u>Health Status</u></b>						
<i>Excellent</i>	0.0	28.1	46.4	25.5	0.0	291
<i>Very good</i>	31.2	11.4	36.1	21.3	0.0	2334
<i>Good</i>	14.4	22.4	23.9	39.3	0.0	9710
<i>Fair</i>	24.2	7.0	9.2	58.2	1.4	5304
<i>Poor</i>	23.4	24.2	28.7	23.7	0.0	9262
<b><u>Marital Status</u></b>						
<i>Never married</i>	0.0	0.0	0.0	100	0.0	83
<i>Currently married</i>	15.2	21.7	21.4	41.7	0.0	10626
<i>Separated</i>	21.1	16.9	9.0	53.0	0.0	1469
<i>Divorced</i>	31.0	25.3	24.2	19.5	0.0	740
<i>Widowed</i>	24.5	17.2	27.6	30.2	0.5	13982
<b><u>Polygamous marriage</u></b>						
<i>Yes</i>	14.3	19.4	12.1	54.2	0.0	1796
<i>No</i>	15.4	22.1	23.3	39.2	0.0	8830
<b>Total</b>	<b>20.7</b>	<b>19.1</b>	<b>24.0</b>	<b>35.9</b>	<b>0.3</b>	<b>10626</b>

## 5.5 Debts and Loans among Older Persons

The 2017 MISA survey indicates some older persons Malawi have debts and loans. However, the proportion of older persons that has debts and loans decreases with amount of loan. Overall, half (50 percent) of older persons have debts of less MWK25 000, 24 percent have debts amounting to MWK25 001-50 000, and 13 percent have debts of MWK100 001-250 000.

Female older persons are more likely to have debts and loans than their male counterparts. For example, 54 percent of female older persons have debts and loans of less K25 000. The corresponding percentage among male older persons is 45 percent. There is no clear pattern

in the percentage of older persons who have debts and loans by age. The proportion of older people age 85+ which has debts/loans (across all amounts) is greater than that of age 60-64 years, except for the debt/loan bracket (25,001-50,000MKW) where the prevalence is almost the same for both age groups.

Table 5.2 Proportion of older persons with loans and debts by sex and age

<i>Background factors</i>	<b>&lt; 25,000 MKW</b>	<b>25,001 to 50,000 MKW</b>	<b>100,001 to 250,000 MKW</b>	<b>250,001 to 500,000 KMWK</b>	<b>500,000+ MKW</b>	<b>DK</b>	<b>Total</b>
<b><u>Sex</u></b>							
<i>Male</i>	45.0	18.5	15.4	1.4	2.5	17.2	6862
<i>Female</i>	54.0	27.3	11.8	2.0	0.0	4.9	10040
<b><u>Age groups</u></b>							
<i>60-64</i>	40.3	24.7	15.7	1.3	2.3	15.7	7186
<i>65-69</i>	61.6	11.4	12.4	0.0	0.1	14.5	3787
<i>70-74</i>	60.4	35.1	4.5	0.0	0.0	0.0	1966
<i>75-79</i>	60.2	24.7	8.0	7.1	0.0	0.0	1502
<i>80-84</i>	43.2	39.7	17.1	0.0	0.0	0.0	1216
<i>85+</i>	53.2	20.7	18.4	7.7	0.0	0.0	1246
<b><u>Health Status</u></b>							
<i>Excellent</i>	56	0.0	7.5	0.0	0.0	36.5	1107
<i>Very good</i>	43.4	30.5	5.2	3.1	5.6	12.2	3001
<i>Good</i>	53	17.6	18.3	0.0	0.0	11.1	7551
<i>Fair</i>	60.7	28.7	2.5	8.1	0.0	0.0	1310
<i>Poor</i>	45.5	35.2	15.1	2.4	0.0	1.8	3934
<b><u>Highest level of schooling</u></b>							
<i>Never attended school</i>	52.0	22.0	19.1	3.3	0	3.6	6099
<i>Some primary education</i>	53.7	23.2	9.9	0.0	2.1	11.2	8225
<i>Completed primary education</i>	78.9	21.1	0.0	0.0	0.0	0.0	993
<i>Some secondary education</i>	16.9	56.3	20.2	0.0	0.0	6.6	849
<i>Completed secondary school</i>	0.0	0.0	10.5	0.0	0.0	89.5	534
<i>More than secondary education</i>	0.0	0.0	25.9	74.1	0.0	0.0	125
<i>Attended adult literacy school</i>	0.0	100	0.0	0.0	0.0	0.0	78
<b><u>Marital Status</u></b>							
<i>Never married</i>							
<i>Currently married</i>	45.5	20.0	11.5	1.1	2.1	19.8	8144
<i>Separated</i>	26.2	57.4	9.2	0.0	0.0	7.2	901
<i>Divorced</i>	89.2	6.6	4.2	0.0	0.0	0.0	690
<i>Widowed</i>	55.2	25.4	16.6	2.8	0.0	0.0	7167
<b>Total</b>	50.4	23.7	13.3	1.7	1.1	9.9	16903

## 5.6 Summary

Perceived income adequacy is an integral part of one's economic well-being at any age and an especially important indicator for understanding the financial capacity of older people. This is because incomes tend to decline in late life, due to retirement, and health-related expenses tend to rise coverage notwithstanding. As demonstrated, no older person interviewed lives without debt/loan. Increased proportions of older persons with loans indicate that they do not have income enough to live at the level that they require. Further, older people's assessment regarding future income suggests an atmosphere of uncertainty or their income is unpredictable, which may contribute to worrying, hence affecting their mental health.

## 6. Asset Ownership

### Key findings

- About two-thirds of older persons owned more than one-acre land
- 26 percent owned one-acre land
- More male-headed households owned one acre of land than female-headed households
- most of the households (74 percent) owned either thresher/hoes/sickles.
- Those who owned motorised equipment were less than one percent.
- 46 percent of older people owned chicken/turkey and some other livestock

### 6.1 Introduction

The study collected information on assets owned by households, which can give an indication of rural residents' economic wellbeing. Looking at the type of assets owned by different households can also help to understand how vulnerable to poverty and food insecurity a household is in times of shocks.

### 6.2 Land ownership

The size of the landholding can have a bearing on food security of rural households. Smaller landholding size may limit production as well as the different types of crops grown over it. As Malawi is predominantly a rural population, possession of agricultural land by households may in part explain why poor households with no reliable source of income or land are often not food secure. The survey results reveal that about two-thirds of older persons owned more than one-acre land (Figure 6.1). Differences exist in terms of landholding size by sex; the proportion of female-headed households which had land less than one acre was greater than that of male-headed households.

Figure 6.1 Percent distribution of older people by land ownership by sex and age

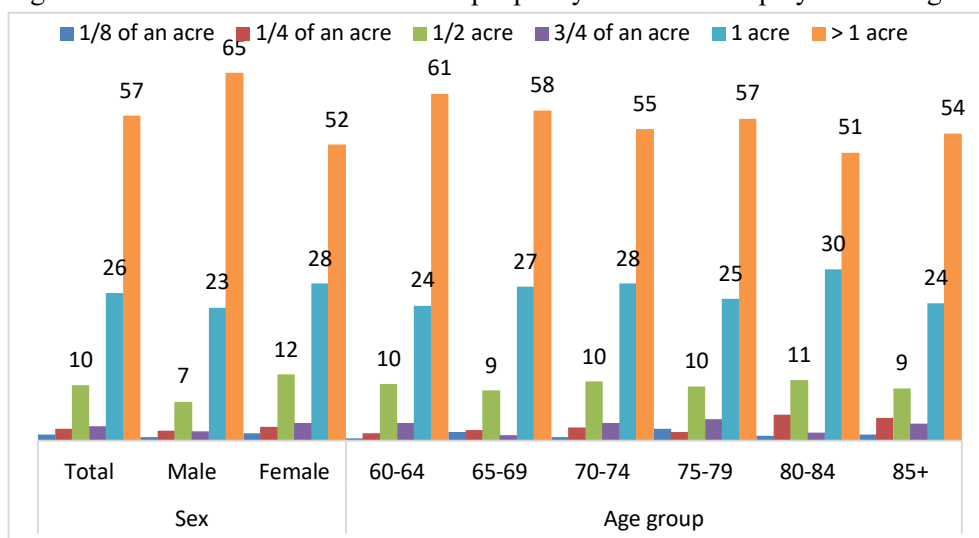
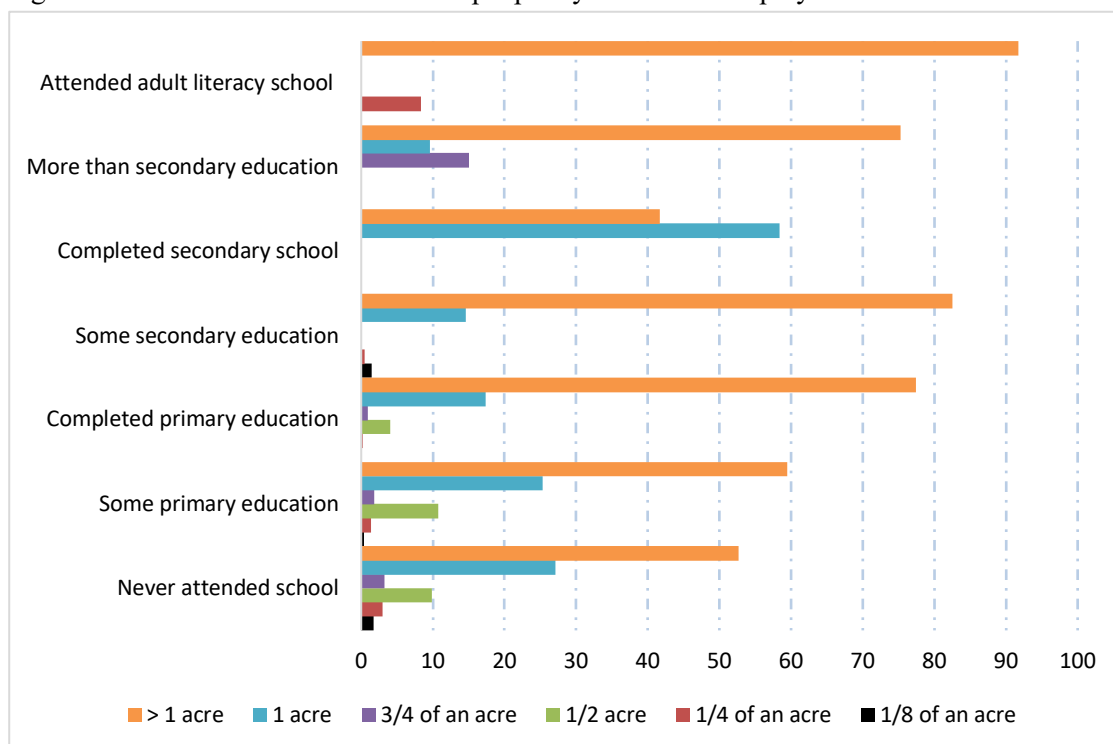


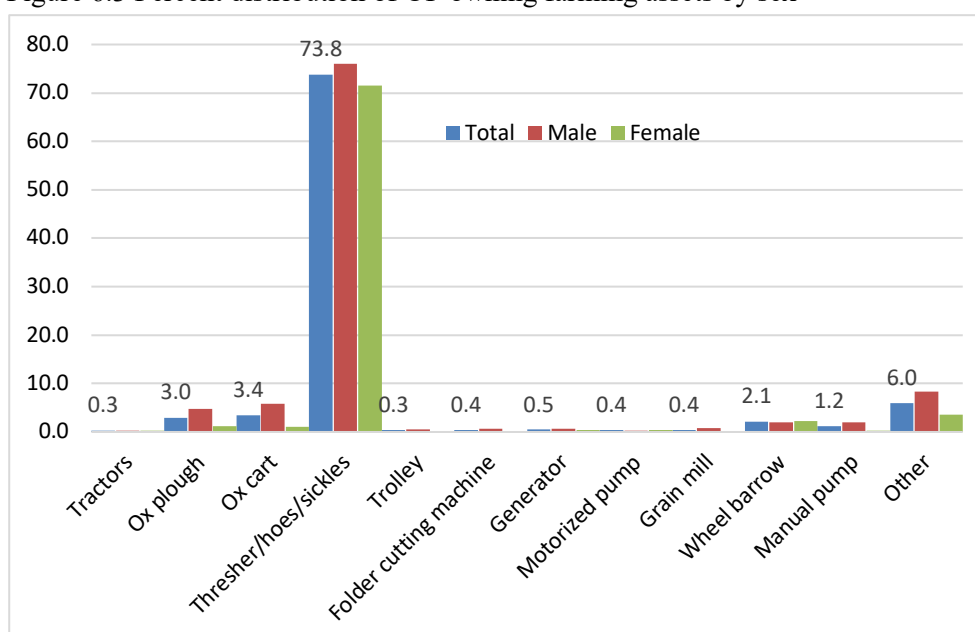
Figure 6.2 Percent distribution of older people by land ownership by education



### 6.3 Ownership of Farming Assets

Figure 6.3 shows that most of the households (74 percent) owned either thresher/hoes/sickles. There was not much variation by sex with respect to ownership of farming assets. These are basic hand tools which confirms that the households are involved mainly in menial and subsistence agriculture work. Those who owned motorised equipment were less than one percent.

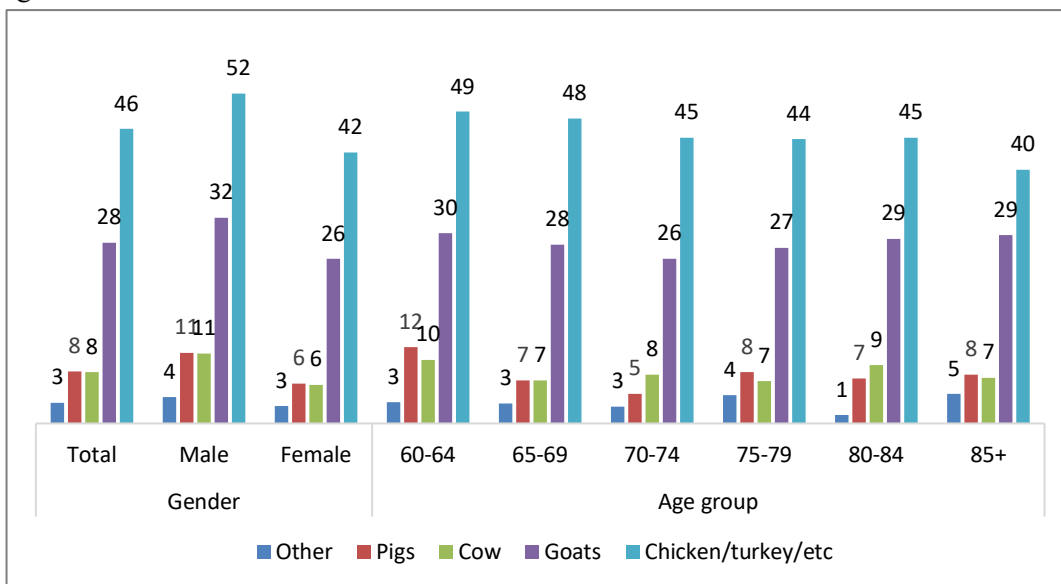
Figure 6.3 Percent distribution of OP owning farming assets by sex



## 6.4 Ownership of Livestock Assets

The 2017 MISA survey also collected information on the amount of livestock owned by households. The livestock was classified as chicken/turkey/etc, goats, cow, pigs and other. The findings indicate that, in general 46 percent of older people owned chicken/turkey and some other livestock (Figure 6.4). There were differences by sex; slightly over half (52 percent) of older men owned chicken/turkey/etc compared to older women (42 percent). Second in the tier, is ownership of goats where 28 percent of the households reported owning the livestock. About eight percent (8) a piece reported owning cows and pigs. There is no significant change in ownership of livestock by age group

Figure 6.4 Percent distribution of older persons owning livestock assets according to gender and age



## 6.5 Summary

The chapter has reviewed ownership of assets, and the findings indicate that overall 91.6 percent of households owned at least one farming item. Most of the households (73.8) owned either thresher/hoes/sickles. These are basic hand tools which confirms that the households are mainly involved in menial and subsistence agriculture work. Those who owned motorised equipment were less than one percent.

It is also noteworthy that assets can enhance older persons' financial stability in many ways: livestock can be sold in times of adversity and can provide a source of income to older individuals who can no longer work full time; landownership provides not only a place to live but also a potential source of regular income via agricultural production. Assets can also cover unanticipated expenses, such as medical emergencies, to prevent seniors from falling into poverty.

## 7. Housing and Living Environment of Older Persons

### Key findings

- 95 percent of older persons are living in own-houses
- Most of the houses have 3 rooms (28 percent) and 2 rooms (22.4 percent)
- Main roofing material is thatch/palm leaf (53.5 percent) and metal (37.3 percent)
- Main source of drinking water is borehole (78.8 percent)
- Overall, 58 percent and one third 31 percent of the households use pit latrine with slab and pit latrine without slab/open, respectively

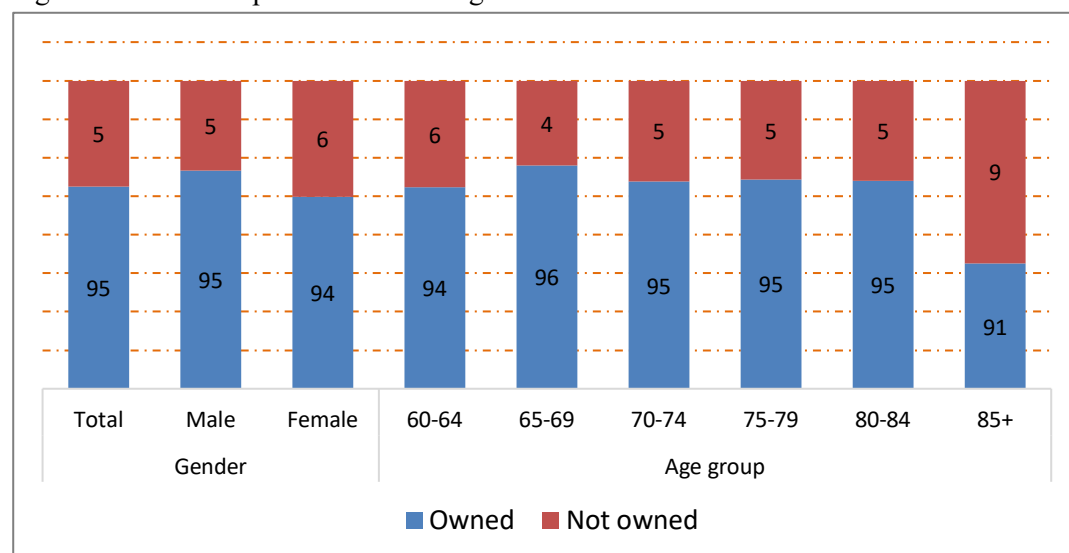
### 7.1 Introduction

Living environment older persons refers to facilities or services available at the household or community level that are required to meet the basic needs of older persons. This chapter describe the housing and living circumstances of older persons, identify main roofing material, ownership status, sources of safe drinking water, sanitation, use of mosquito nets and methods of treating water for safe drinking.

### 7.2 Dwelling unit ownership status

Survey findings shown in Figure 7.1 indicate that: 95 percent of older persons are living in own-houses, most of the houses have 3 rooms (28 percent) and 2 rooms (22.4 percent); main roofing material is thatch/palm leaf (53.5 percent) and metal (37.3 percent), and the main source of drinking water is borehole (78.8 percent)

Figure 7.1 Ownership status of dwelling unit



#### 7.2.1 Type of Tenure

A significant proportion of older persons (94.5 percent) reported that they owned a house. There were small differences by sex with males (95.3 percent) as likely as females (94 percent) to own a house Table 7.1 Tenure Status of Dwelling Units and payment for rent.

Table 7.1 Tenure Status of Dwelling Units and payment for rent

Characteristics	Current housing tenure status			Payment for rent		
	Owned	Not owned	Total	Pay rent	No rent	Total
<b><u>Sex</u></b>						
Male	95.3	4.7	83093	31.4	68.6	3881
Female	94.0	6.0	126611	4.6	95.4	7639
<b><u>Age group</u></b>						
60-64	94.5	5.5	58404	29.8	70.2	3238
65-69	95.6	4.4	50177	5.7	94.3	2208
70-74	94.8	5.2	33677	8.5	91.5	1766
75-79	94.9	5.1	30673	15.6	84.4	1575
80-84	94.8	5.2	17558	0.0	100	912
85+	90.5	9.5	19215	4.5	95.5	1822
<b>Total</b>	94.5	5.5	209704	13.6	86.4	11520

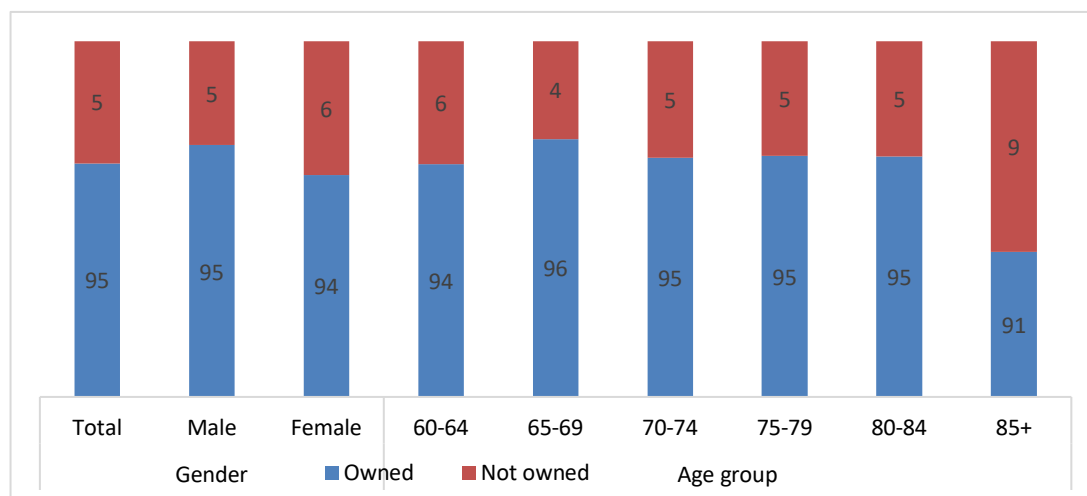
Only 13.6 percent live in rented housing units, of which 32.4 percent were men and 4.6 percent were women. The analysis further shows that one in three of men (31.4 percent) were paying rent compared to 4.6 percent of female older persons.

Differences exist between the age groups by tenure status. Nearly one in three (29 percent) of older persons aged 60-64 years were paying rent followed by the age group 70-79 years. The 60-64-year age group may reflect that this age group may have recently retired from their jobs and can still afford to rent the house, or they are still finishing their houses.

### 7.2.2 Tenure Status

Figure 7.2 shows that 95 percent of older persons live in owner-occupied houses. The proportion of owner-occupied does not vary by gender. Home ownership across age groups also appear to vary little, except older persons aged 85 years and older, who registered the lowest at 91 percent as owner-occupied dwellings.

Figure 7.2 Distribution of older persons by current housing tenure status by selected background characteristics





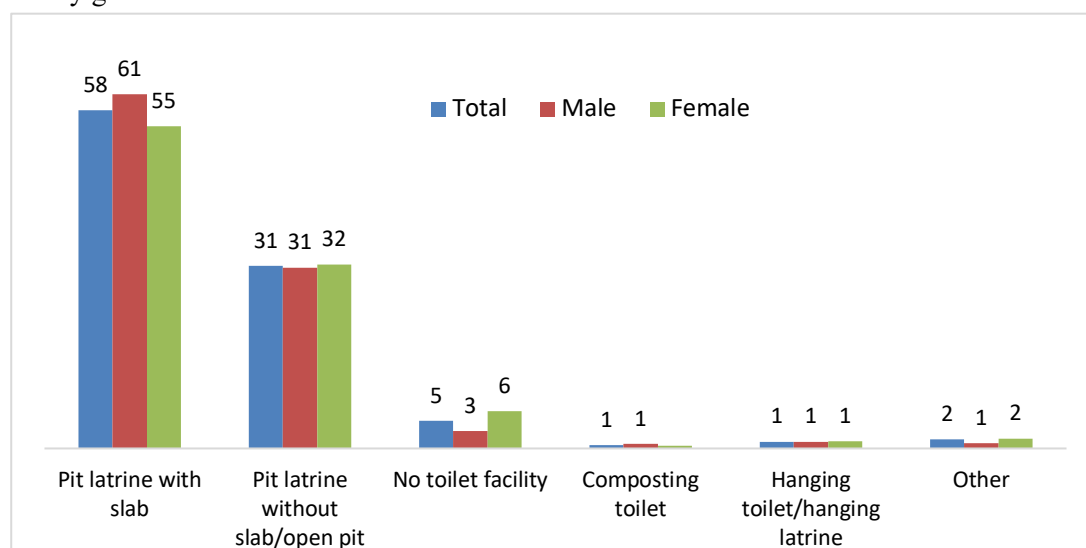
### 7.2.3 Toilet Facilities

The type of toilet facility used is an important indicator of the household's hygienic conditions. Access to and use of toilet facility is critical for the older persons. With reduced mobility, having toilet facility within the dwelling is preferable. However, most of the households have toilet facilities which are located outside their houses, which may be a major daily living problem that confronts some of the older persons.

Toilet facilities were divided into three major groups: flush toilet, Ventilated Improved Pit Latrine (VIP) and pit latrine which included both covered or uncovered pit latrines. A flush toilet is the one in which water carries the waste down pipes, whether the water is piped into or poured in by buckets. A pit latrine refers to a pit dug into earth. A VIP is one that has been improved by the addition of some kind of construction (usually a pipe) that provides a route for fumes to escape, other than the whole itself.

The results indicate that 58 percent and one third 31 percent of the households use pit latrine with slab and pit latrine without slab/open, respectively. It is also important to note that about five percent of older persons do not have any type of toilet facility; 6 percent of female-headed households do not have a toilet facility while only three (3) percent of male-headed households do not have a toilet facility (Figure 7.3).

Figure 7.3 Percentage distributions of households by kind of toilet facility members of household use by gender

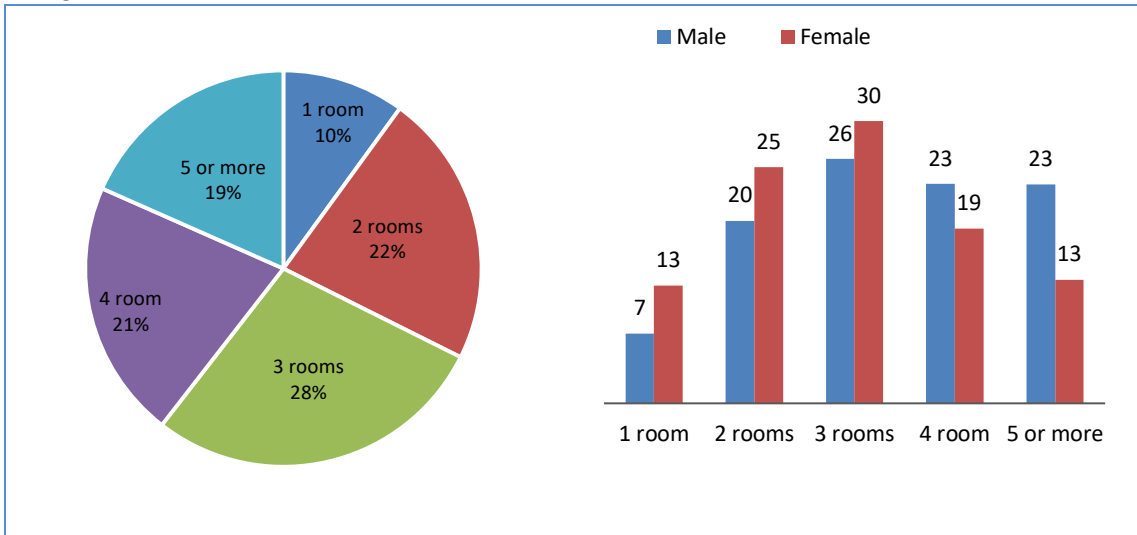


### 7.2.4 Room Occupancy Rate and Overcrowding

Twenty-eight percent of households of older persons have on average three persons living in a room. The proportion of households with three persons per room is higher in female headed households at 30.2 percent than it is for male headed households at 26.1 percent (Figure 7.4). The results also show that male headed households are likely to have four or more people living in one room compared to female headed households. This may be associated with

overcrowding, but it could also suggest that immediate social support is available for older people living in these conditions.

Figure 7.4 Percentage distribution of households by number of persons per room by selected background characteristics



### 7.2.5 Duration sleeping under a mosquito net

Overall, 71.7 percent were sleeping under the mosquito net on daily basis. There were not substantial differences between older persons who reported that they were sleeping under the net most of the time (12.3 percent) and those who rarely slept (13.4 percent) under the mosquito net. As high as 77.5 male headed households were sleeping under the mosquito net compared to 67.8 percent of female headed households. While there were not substantial differences in frequency of sleeping under the mosquito net by age, it was noted that those aged 80-84 had the lowest proportion (67.3 percent) among those who were sleeping under the mosquito net on daily basis. The highest proportion (4.8 percent) which never slept under the mosquito net was those who were 85 years and older. This may suggest that the oldest group may have limited access or there are reasons which prevent them from using the mosquito nets. This may be concerning considering that this is the oldest age group and is vulnerable to the risk of contracting malaria.

Figure 7.5 Duration sleeping under a mosquito net

<i>Duration sleeping under a mosquito net</i>					
<i>Background factors</i>	Daily	Most of the time	Rarely	Never	Total
<b><i>Sex</i></b>					
<i>Male</i>	77.5	10.7	10.5	1.3	64299
<i>Female</i>	67.7	13.4	15.4	3.5	93247
<b><i>Age groups</i></b>					
<i>60-64</i>	69.3	13.0	15.4	2.3	45891
<i>65-69</i>	70.1	11.9	16.0	2.0	36573
<i>70-74</i>	76.4	10.3	10.7	2.6	25335
<i>75-79</i>	74.8	13.5	9.7	2.0	23188
<i>80-84</i>	67.3	14.2	14.2	4.3	12923
<i>85+</i>	74.2	10.8	10.2	4.8	13636
<b><i>Total</i></b>	<b>71.7</b>	<b>12.3</b>	<b>13.4</b>	<b>2.6</b>	<b>157546</b>

### 7.2.6 Source of Drinking Water in Rainy and Dry Seasons

Water is also essential for the healthy growth of people, especially older persons. It is most important that the water which people drink and use for other purposes is clean water. 2017 MISA collected information on the main source of water in rainy and in dry seasons. The information sought to distinguish between various sources of water drinking water during the wet and dry seasons. These sources included piped water sources, boreholes and open or unprotected sources such as wells, rivers, lakes. The results also indicate that most older persons' households use tube well /borehole (78.8 percent) during rainy season (Table 7.2). Those who used piped water into dwelling, piped water into yard/plot and public tap/standpipe were less than five percent.

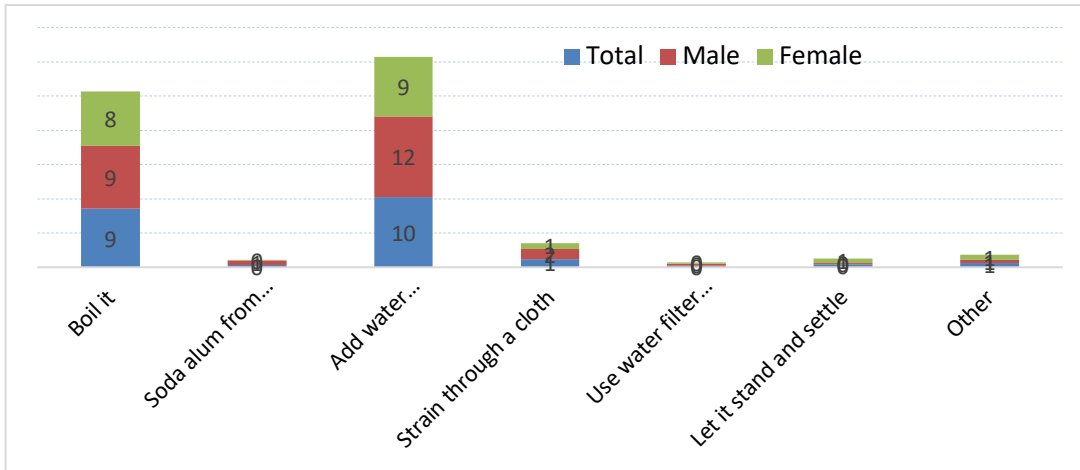
A similar pattern is observed in dry season; 78.3 percent overall use of tube well/borehole as the main source of water in dry season. It can also be observed that about five percent use in unprotected dug well as their source of water. This suggests that there are major inadequacies in access to improved water sources in the study districts, with sanitation being the bigger problem, older persons may be vulnerable to waterborne diseases.

Table 7.2 Main source of water in rainy and dry seasons

<i>Characteristics</i>	<b>Rainy season</b>	<b>Dry season</b>
<b><i>Improved</i></b>	<b>90.3</b>	<b>89.5</b>
<i>Piped water into dwelling/yard/plot</i>	3.4	3.4
<i>Public tap/standpipe</i>	4.5	4.2
<i>Tube well/borehole</i>	78.8	78.3
<i>Protected dug well</i>	3.7	3.4
<i>Protected spring</i>	0.1	0.2
<b><i>Unimproved source</i></b>	<b>9.7</b>	<b>10.5</b>
<i>Unprotected dug well</i>	4.8	4.8
<i>Unprotected spring</i>	0.4	0.8
<i>Rainwater collection</i>	0.5	0.1
<i>Surface water</i>	3.9	4.9
<b><i>Total</i></b>	<b>170006</b>	<b>170006</b>

As indicated in Figure 7.6, some household use unprotected water, therefore the water has to be treated before it is consumed. Figure shows the distribution of households and treatment of water. Older persons households treat water for safe drinking by adding water guard/chlorine (10.2 percent) and boiling (8.6 percent).

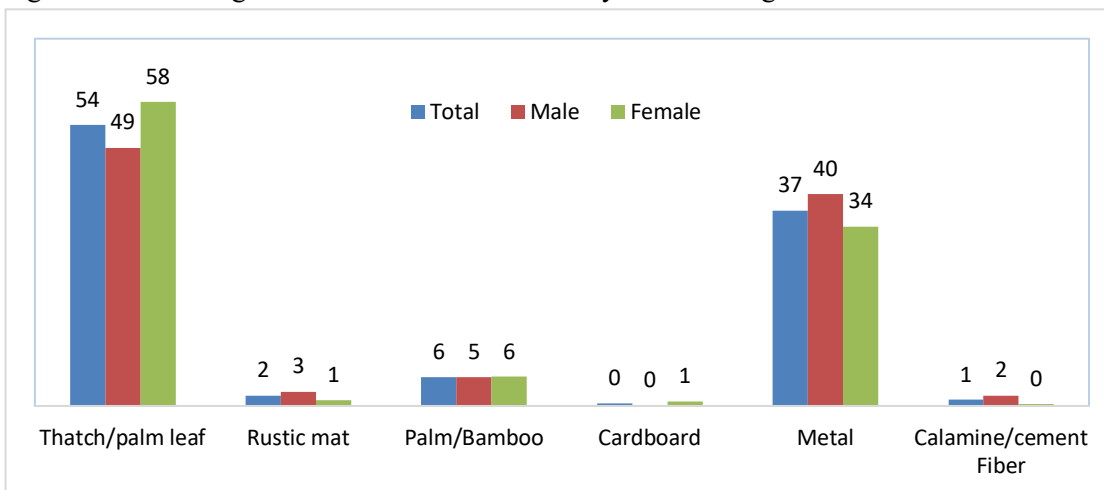
Figure 7.6 Water treatment



### 7.2.7 Main roofing materials

The materials used in some types of dwellings carry health risks. Thatched roofs, roofs made of rustic mat and cardboard, for example, for example, may not withstand heavy rainfall and may require routine seasonal maintenance. Spaces may develop over time can serve as suitable hiding places for pests and disease vectors. As can be seen from Figure 7.7, 54 percent of households reported that the roofs of their houses were made of thatch/palm leaf.

Figure 7.7 Percentage Distribution of households by main roofing materials

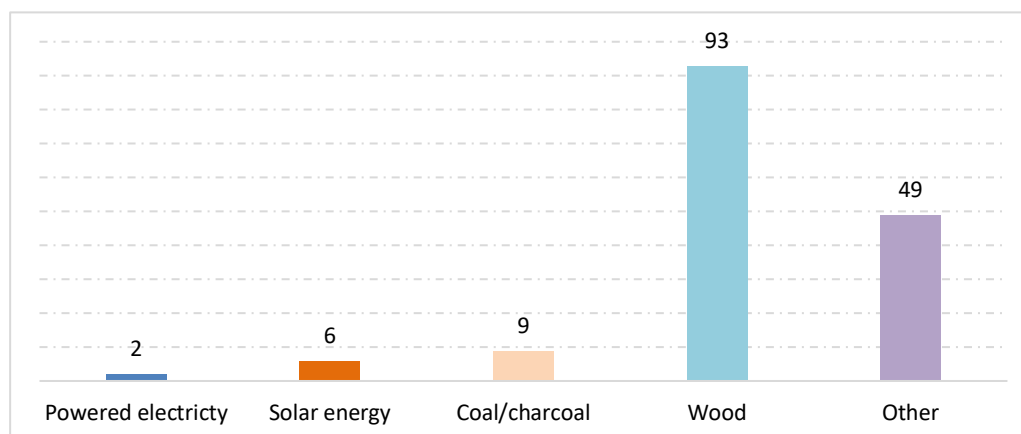


It is worth noting that traditional houses still dominate because more than half of the households reported using this type of roofing material. Considering the sex of the household head, the proportion of female-headed households living in houses with this type of roofing was at 58 percent, which is greater than that for male-headed households at 49 percent.

### 7.2.8 Main Sources of Energy

The results of the survey show that most of the households in the study districts used wood as a main source of fuels used for cooking and lighting (Figure 7.8). Those who used charcoal, solar energy and powered electricity are below 10 percent.

Figure 7.8 Sources of energy used by household for cooking and lighting



### 7.2.9 Summary

The sanitation and hygiene of a household directly impact on the quality of life of its members. Use of appropriate toilet facilities is important in controlling hygiene related illnesses like diarrhea, intestinal infections and cholera among others. With reduced mobility, having toilet facility within the dwelling is preferable. However, the results from this chapter have shown that most households use pit latrine toilets, which are located outside older persons' houses, which may be a major daily living problem that confronts some of the older persons.

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).

Policies addressing housing and water quality should be targeted in these specific groups to improve housing conditions and potentially to improve health and reduce morbidity and mortality.

---

## 8. Employment and Work of Older Persons

---

### Key Findings

- About sixty-nine (69.4) percent of older persons were engaged in agricultural related work for more than 10 days in the past 12 months preceding the survey
- More older men (74.3 percent) than older women (66.1 percent) worked in agricultural work
- On average, older persons work in agriculture 5 days in a week.
- Average number of days decline with increasing age, 85 years and older work the least number of days in a week
- Most older persons (69 percent) do not receive any payment for doing agricultural work.
- Over two in three older persons who reported poor health were still working in agriculture work.

### 8.1 Introduction

SDG 5 focuses on reducing age-based discrimination and all other forms of discrimination against older women. SDGs call for governments to put in place various policy provisions, legislations and programmes that enhance the participation of older persons in the workforce. This chapter examines the characteristics of older persons pertaining employment. MISA 2017 collected information pertaining to older persons regarding their main activity, employment and time spent working on various tasks.

### 8.2 Type of working

Economic activity can broadly be categorized into agricultural and non-agricultural work. Older persons work predominantly in agriculture; overall, almost seven in ten older persons (69.4 percent) reported working in agriculture work for more than 10 days in the past 12 months preceding the survey. Only 29 percent of the older persons were engaged in non-agriculture work.

Older men were more likely to be in agricultural work than older women (74.3 percent of males versus 66 percent of females). The percentage of older persons working in agriculture declines with age; from 81 percent among age group 60-64 years to 43 percent among age group 85 years and older.

Older women were more likely to work in non-agriculture than older men. Thirty-two (32) percent of older women worked in non-agriculture compared to 25 percent of older men. Older persons' involvement in non-agriculture work increases with age, from 19 persons in 60-64 age group to 56 persons in 85+ age group.

Table 8.1 Percent distribution of older persons by type of work by selected background characteristics

<i>Background factors</i>	<b>Type of working</b>			<b>Total</b>
	<b>Non-Agriculture work</b>	<b>Agriculture work</b>	<b>Not<sup>1</sup> Working</b>	
<b>Sex</b>				
Male	24.6	74.3	1.1	83093
Female	32.4	66.1	1.5	126611
<b>Age groups</b>				
60-64	18.7	80.9	0.4	58404
65-69	24.6	74.5	0.9	50177
70-74	35.3	63.2	1.5	33677
75-79	31.8	66.4	1.8	30673
80-84	36.6	62.3	1.1	17558
“85+	52.6	42.9	4.5	19215
<b>Marital status</b>				
Never married	14.3	78.6	7.1	1378
Currently married	22.9	76.0	1.1	108009
Separated	22.9	76.1	1.0	69
Divorced	36.2	62.4	1.4	8346
Widowed	37.8	60.6	1.6	11488
<b>Highest level of schooling</b>				
Never attended school	30.9	67.2	1.9	109306
Some primary education	29.5	69.6	0.9	85003
Completed primary education	21.5	78.5	0.0	8085
Some secondary education	10.0	90.0	0.0	4336
Completed secondary school	13.8	86.2	0.0	2020
More than secondary education	9.4	90.6	0.0	760
Attended adult literacy school	0.0	91.7	8.3	194
<b>Health Status</b>				
Excellent	21.1	76.1	2.8	5839
Very good	18.5	78.8	2.7	30499
Good	30.7	68.6	0.7	84907
Fair	27.7	70.4	1.9	34279
Poor	35.1	63.9	1.0	54181
<b>District</b>				
Mzimba	16.5	82.6	0.9	48677
Lilongwe Rural	31.1	68.9	0.0	85378
Mangochi	36.2	61.9	1.9	56887
Nsanje	33.4	59.5	7.1	18761
<b>Total</b>	<b>29.3</b>	<b>69.4</b>	<b>1.3</b>	<b>209704</b>

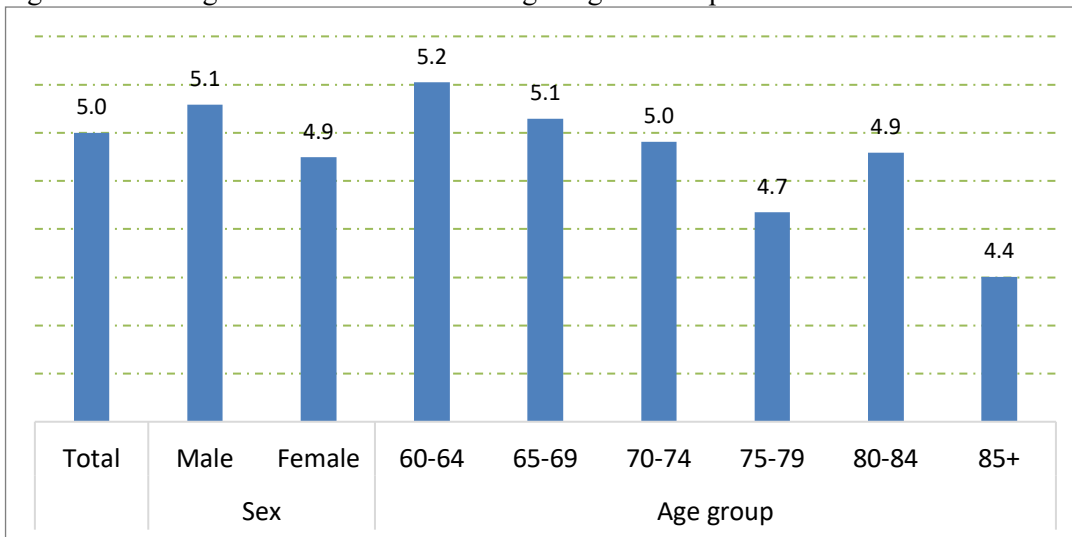
<sup>1</sup>Includes currently not working, but looking for work, currently don't work and don't look for work, other

The findings also show that although some older persons who reported poor health, over two thirds were still working in agriculture. But if we remember that most older persons do not receive pension money, work becomes their source of income, and may be forced to work even in poor health.

### 8.3 Time of Working

Older men work in agriculture for more hours per day than their female counterparts. The average number of working hours in agriculture for older men varies was 5.1 hours, while for older women it was 4.9 hours (Figure 8.1).

Figure 8.1 Average number of hours working in agriculture per week



### 8.4 Payment for agricultural work

When they do agricultural work, older persons are either paid in cash, in kind, both in cash and kind or they receive no payment. The 2017 MISA results indicate most older persons (68.6 percent) do not receive any payment for doing agricultural work. For those who are paid, the main form of payment is in cash (21.6 percent) followed by both in cash and kind (8 percent) and in kind (1.8 percent).

Older women (73.2 percent) were more likely not to receive any payment when they do agricultural work than male older persons (63.3 percent). In contrast, male older persons are more likely to receive some form of payment when they do agricultural work than female older persons. There is no clear pattern by age in percentage of older persons who receive or do not receive payment for agricultural work.



Table 8.2 Percent distribution of respondents age 60 years and older by mode of payment working in agriculture in last 12 months according to gender, age, highest level of schooling and health status, MISA 2017

<i>Background factors</i>	<b>Type of payment for agricultural work in past 12 months</b>				
	<b>In cash</b>	<b>In kind</b>	<b>Both, in cash and in-kind</b>	<b>No payment</b>	<b>Total</b>
<b>Sex</b>					
Male	23.9	2.2	10.6	63.3	17225
Female	19.7	1.5	5.6	73.2	15997
<b>Age groups</b>					
60-64	27.8	0.9	8.5	62.8	11669
65-69	20.2	4.3	3.7	71.8	8629
70-74	18.5	0.6	9.6	71.3	4479
75-79	18	2.4	10.7	68.9	4849
80-84	18.6	0.0	8.4	73.0	1883
85+	11	0.0	13.9	75.1	1713
<b>Highest level of schooling</b>					
Never attended school	28.7	1.2	9.6	60.5	11041
Some primary education	19.9	2.5	7.8	69.8	16787
Completed primary education	13.1	3.2	4.4	79.3	2861
Some secondary education	10.9	0.0	14.8	74.3	1428
Completed secondary school	0.0	0.0	0.0	100	819
More than secondary education	100	0.0	0.0	0.0	101
Attended adult literacy school	0.0	0.0	0.0	100	100
<b>Health Status</b>					
Excellent	25.2	0.0	17.6	57.2	875
Very good	30.6	2.3	8.4	58.7	5714
Good	18.8	1.7	6.6	72.9	16470
Fair	23.4	2.8	5.9	67.9	2790
Poor	19.8	2.9	10.1	67.2	7288
<b>Total</b>	<b>21.6</b>	<b>1.8</b>	<b>8.0</b>	<b>68.6</b>	<b>33137</b>

## 8.5 Summary

MISA 2017 reveals high levels of work engagement among older persons, especially those doing agricultural work, with nearly seven in ten older persons doing agricultural work. The work status of older persons increases with age suggesting that substantial percentage of older persons continued to work well into their older years. Most older persons (69 percent) do not receive any payment for doing agricultural work. Over two in three older persons who reported poor health were still working in agriculture work. Higher proportion of older persons working is often due to the absence or limited coverage of social security including pension, which is often small.

---

## 9. Social Protection

---

### Key Findings

- Overall, 37 percent of older persons reported that they accessed and benefited from the Malawi Social Cash Transfer
- 86 percent stated they participated in the Malawi Social Cash Transfer Program
- Only one in ten people accessed the Emergency Cash Transfer Program in the past 12 months
- Slightly fewer men (30 percent) participated in the SCTP than women (41 percent).
- Food is the most prevalent (27.6%) type of social benefit received by older person
- Almost one-third of OP aged 85+ receive food as a social benefit
- Female older persons were more likely to be included in SCT Program than their male counterparts because they belonged to ultra-poor and labour constrained households (41.8 percent for older women versus 39.9 percent older men).
- A higher percentage of older than female older women were included in SCT Program because their households were poor and food insecure (54.8 percent males versus 47 percent females)
- Nearly half of older persons with poor health status were included in the SCTP for being ultra-poor and labour constrained, suggesting that they were correctly identified.

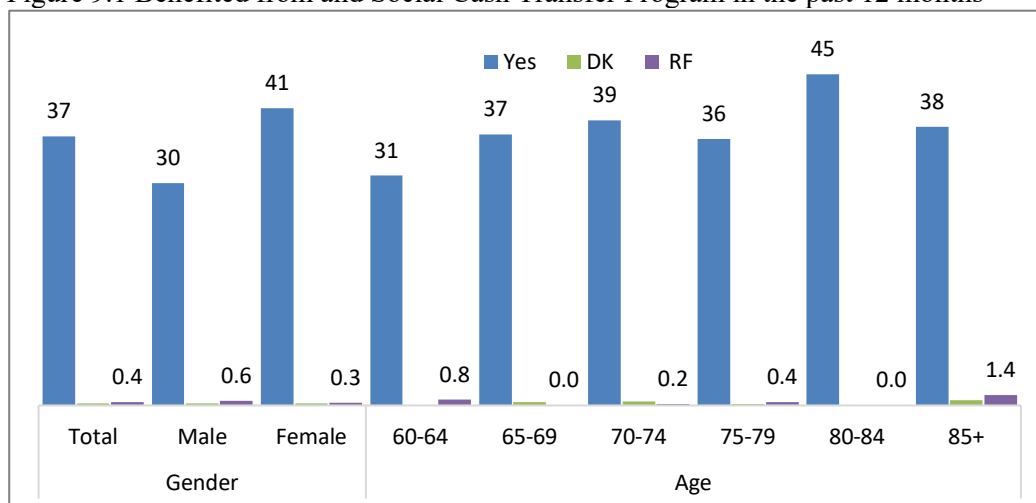
### 9.1 Introduction

Poverty reduction and income security, together with access to health care, are the top concerns of national governments in developing countries in relation to population ageing (UN 2007). Concerns about the material well-being are also prominent in the 2002 Madrid International Plan of Action on Ageing (UN 2002).

### 9.2 Participation in Social Cash Transfer Program

The Malawi Government is implementing Social Cash Transfer Programs which older persons can access and benefit from. The programs are the Malawi Social Cash Transfer and Emergency Cash Transfer Programs. Overall, 37 percent of older persons reported that they accessed and benefited from the Malawi Social Cash Transfer in the past 12 months before the survey.

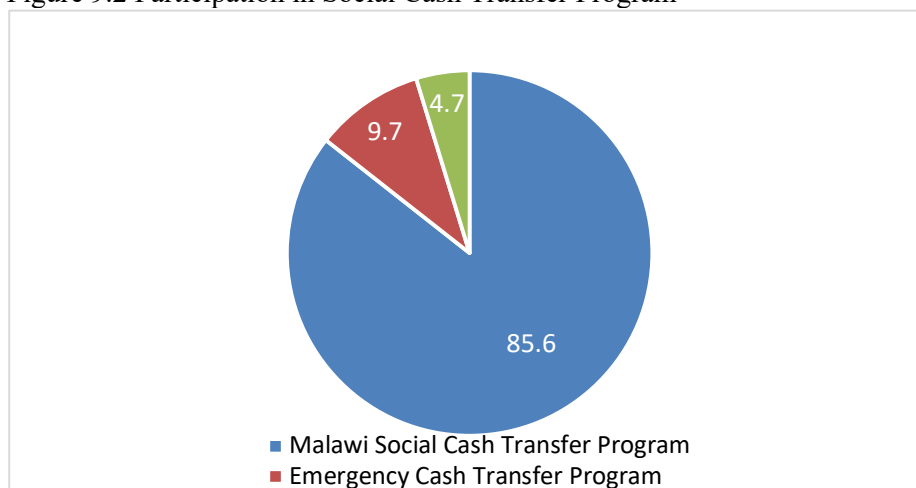
Figure 9.1 Benefited from and Social Cash Transfer Program in the past 12 months



With respect to selected background characteristics, there are variations by gender in the percentage of older persons accessing and benefitting from Social Cash Transfer Program in the past 12 months. Slightly fewer men (30 percent) participated in the SCTP than women (41 percent). With respect to age, accessing the SCTP increases with age. The percentage ranges from 31 percent among those in age group 60-64 to 45 percent among those age 80-84.

Figure 9.2 shows that a clear majority of older persons (86 percent) stated they participated in the Malawi Social Cash Transfer Program compared to 10 percent who indicate they access benefit from the Emergency Cash Transfer Program in the past 12 months.

Figure 9.2 Participation in Social Cash Transfer Program



### 9.3 Access to Social Programs and Benefits

When asked about the types of social benefits or transfers older persons received in the past 12 months, the results in Table 9.1 shows that 27.6 percent of older persons reported that they received food and about 19.9 percent received money in the past twelve months. Slightly more female (22.9 percent) than male older persons (15.5) received money in the same period.

Table 9.1 Type of social benefits or transfers received in the past 12 months

<i>Background factors</i>	<b>Food</b>	<b>Household items</b>	<b>Clothing/shoes</b>	<b>Money</b>	<b>Other</b>	<b>Did not receive any</b>	<b>Total</b>
<b><i>Sex</i></b>							
<i>Male</i>	27.9	2.0	1.3	15.5	0.3	53.0	34675
<i>Female</i>	27.5	1.2	1.2	22.9	0.4	46.8	58079
<b><i>Age group</i></b>							
<i>60-64</i>	24.7	1.4	1.3	16.8	0.3	55.5	22515
<i>65-69</i>	28.9	1.3	0.9	20.0	1.0	47.9	22940
<i>70-74</i>	28.7	1.6	1.4	23.8	0.1	44.4	15243
<i>75-79</i>	26.9	1.2	0.8	19.5	0.0	51.6	13589
<i>80-84</i>	27.7	3.2	1.1	22.2	0.7	45.1	8747
<i>85+</i>	32.8	1.1	2.8	21.3	0.0	42.0	9720
<b><i>Total</i></b>	<b>27.6</b>	<b>1.5</b>	<b>1.3</b>	<b>19.9</b>	<b>0.4</b>	<b>49.3</b>	<b>92754</b>

\*

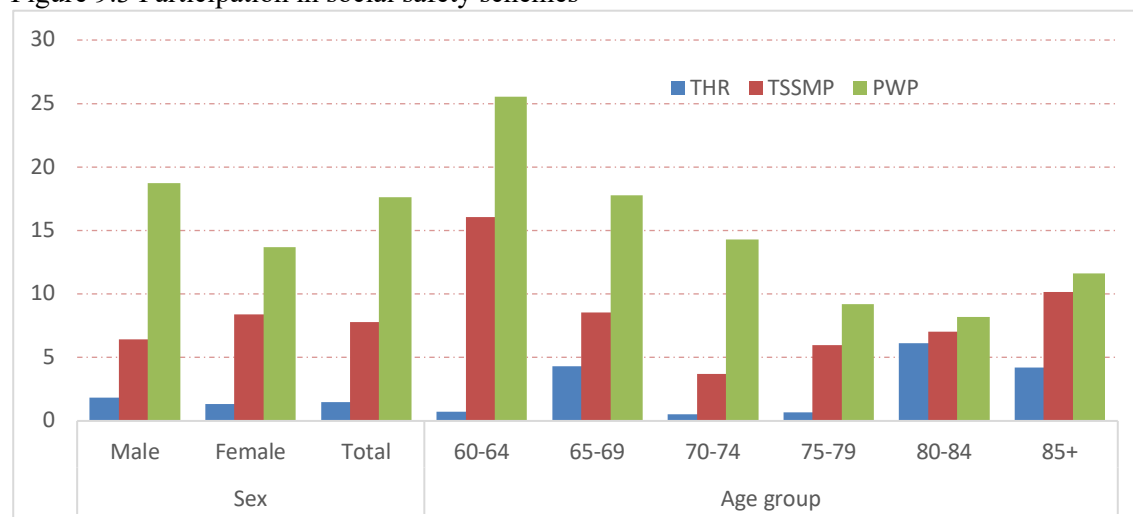
## 9.4 Participation in social safety net schemes

The Malawi Government is implementing social safety schemes including the Targeted Support to School Meals Program, Take Home Ration as part of the school meal program and the Public Works Programs. In the MISA 2017 survey, respondents were asked whether at least one member of their households has benefited from the programs in the past three years.

Eighteen (18) percent of the respondents reported that at least one member of the household benefited from Public Works Program, 8 percent said a member participated in the Targeted Support to School Meals Program while only 1 percent of the respondents reported a member participating in the Take Home Ration program (Figure 9.3). By patterns of selected background characteristics, the results show that:

- Males are more likely to report that at least a household member benefited from the Public Works Program than females (19 percent males versus 14 percent females)
- Eight (8) and 6 percent of female and male respondents respectively, report that at least a member of the household participated in the Targeted Support to School Meals Program
- The percentage of older persons reporting that a member of the household benefited from either the Targeted Support to School Meals Program or Public Works Program declines with increasing age.

Figure 9.3 Participation in social safety schemes



Notes: THR: Take Home Ration, TSSMP: Targeted Support to School Meals Program, PWP: Public Works Program

### 9.5 Reasons for participating in Social Cash Transfer Program

The Social Cash Transfer Programme (SCT) provides cash transfers to vulnerable members of the Malawi community including older persons. The 2017 MISA survey results indicate that the main reason for including older persons in the SCT Program are that they live in households that are poor and food insecure (49.2 percent), and ultra-poor and labour constrained (41.2 percent). By patterns by selected background characteristics, the results show that:

- Female older persons were more likely to be included in SCT Program than their male counterparts because they belonged to ultra-poor and labour constrained households (41.8 percent for older women versus 39.9 percent older men).
- A higher percentage of older men than older women were included in the in SCT Program because their households were poor and food insecure (54.8 percent males versus 47 percent females)
- Nearly half of older persons with poor health status were included in the SCTP for being ultra-poor and labour constrained – (suggesting that they were correctly identified).
- Older persons who were in polygamous marriage were less likely to participate in the SCT program than their counterparts in non-polygamous marriage because their households were ultra-poor, and labour constrained or poor and food insecure.

Table 9.2 Distribution of households of older persons participating in Social Cash Transfer Program according to selected background factors.

<i>Background factors</i>	<b>Ultra-poor and labor constrained</b>	<b>Poor and food insecure</b>	<b>Female or child headed household</b>	<b>Household dependency ration 1 to 4</b>	<b>Other</b>	<b>DK</b>	<b>Total</b>
<i>Sex</i>							
Male	39.9	54.8	0.0	2.1	0.3	2.9	10222
Female	41.8	46.6	6.6	0.3	2.1	2.5	22845
<i>Age groups</i>							
60-64	31.9	61.8	3.3	0.0	0.0	3.0	6848
65-69	45.6	49.1	1.0	2.7	0.0	1.7	8258
70-74	37.1	53.1	6.2	0.0	2.3	1.4	5744
75-79	46.1	43.5	0.0	0.0	4.1	6.3	4775
80-84	43.3	32.6	16.2	1.6	2.4	3.9	3862
85+	46.8	44.0	6.3	0.0	2.9	0.0	3580
<i>Health Status</i>							
Excellent	44.5	47.5	0.0	0.0	0.0	8.0	983
Very good	28.5	59.8	2.2	0.0	3.2	6.3	3609
Good	45.6	43.0	4.2	2.5	1.0	3.6	11359
Fair	26.8	59.2	9.9	0.0	1.7	2.4	6346
Poor	49.0	46.3	3.0	0.0	1.7	0.0	10769
<i>Income levels (MWK)</i>							
< 25,000	37.8	49.6	5.5	0.9	1.6	4.5	6575
25,001 to 50,000	39.9	43.9	0.0	7.9	8.4	0.0	950
50,001 to 100,000	18.0	82.0	0.0	0.0	0.0	0.0	1540
100,001 to 250,000	51.4	48.6	0.0	0.0	0.0	0.0	181
DK	0.0	100	0.0	0.0	0.0	0.0	68
<i>Highest level of schooling</i>							
Never attended school	43.5	47.3	5.0	0.0	1.7	2.4	18909
Some primary education	37.1	51.6	4.3	2.2	1.5	3.3	12960
Completed primary education	38.5	61.6	0.0	0.0	0.0	0.0	892
Some secondary education	0.0	100	0.0	0.0	0.0	0.0	68
Completed secondary school	100	0.0	0.0	0.0	0.0	0.0	142
Attended adult literacy school	100	0.0	0.0	0.0	0.0	0.0	96
<i>Marital Status</i>							
Never married	0.0	0.0	0.0	0.0	0.0	100	69
Currently married	42.7	51.6	0.0	1.0	0.2	4.5	14785
Separated	50.5	27.0	12.9	3.7	5.8	0.0	2007
Divorced	60.3	25.0	14.7	0.0	0.0	0.0	1085
Widowed	37.3	51.7	7.2	0.4	2.5	1.0	15121
<i>Polygamous marriage</i>							
Yes	28.2	49.2	0.0	0.0	0.0	22.6	2228
No	45.3	52.0	0.0	1.2	0.3	1.3	12558
<b>Total</b>	<b>41.2</b>	<b>49.2</b>	<b>4.6</b>	<b>0.9</b>	<b>1.6</b>	<b>2.6</b>	<b>33067</b>

## 9.6 Summary

This chapter has shown that older persons are accessing and benefitting from social protection mechanism, which is one of the government's aims of alleviating poverty, reducing malnutrition and improving school enrolment by delivering regular and reliable cash transfers to ultra-poor households that are also labour-constrained. Older persons make up a significant proportion of SCTP recipients since the programme has specific eligibility criteria related to old age (disability, chronic illness and labour constraint). However, coverage remains low; only 37 percent of older persons are accessing the social benefits.

## 10. Food Insecurity and Hunger

### Key Findings

- 93 percent of households skipped or limited the number of meals as a coping strategy in the last 12 months
- 55.8 percent of older persons every month ate less food than they felt they should because there wasn't enough food in the last 12 months
- 12.4 percent of older person ate less monthly because there was not enough food
- Over half (55.1 percent) could not afford food occasionally

### 10.1 Introduction

Reliable access to a sufficient quantity of affordable and nutritious food is important for the health of older persons. Due to lack of income or food insecurity, some older persons may be unable to access the diet or food they usually eat. Disruption to access to food may place older persons to an increased risk of poor nutritional and health outcomes.

### 10.2 Access to food

The 2017 MISA collected information regarding household food situation in the 12-month period before the survey. Specifically, the respondents were asked how often they ever ate less than they felt they should because there was not enough food. The results indicate that nine (9) percent of older persons every month ate less food than they felt they should because there wasn't enough food. Older women (9.9 percent) were more likely to eat less food than men (7.4 percent) almost every month.

Table 10.1 Proportion of older persons ever ate less than you felt you should because there wasn't enough food?

In the last 12 months, how often did you ever eat less than you felt you should because there wasn't enough food?							
<i>Background factors</i>	Every month	Almost every month	Some months, but not every month	Only in 1 or 2 months	Never	DK	Total
<i>Sex</i>							
Male	7.4	11.1	56.1	23.9	1.4	0.1	62731
Female	9.9	13.2	55.8	20.3	0.4	0.4	100540
<i>Age group</i>							
60-64	5.2	12.5	52.8	29.1	0.3	0.0	47832
65-69	6.2	11.5	58.8	22.2	1.4	0.0	39593
70-74	9.6	12.3	59.0	18.4	0.3	0.4	26553
75-79	15.4	12.3	52.9	17.6	0.7	1.1	22050
80-84	10.1	13.2	57.9	17.2	1.1	0.5	13302
85+	17.4	14.1	55.4	12.1	1.0	0.0	13941
<b>Total</b>	<b>9.0</b>	<b>12.4</b>	<b>55.8</b>	<b>21.7</b>	<b>0.8</b>	<b>0.3</b>	<b>163271</b>

Table 10.1 also shows that more than half (55.9) of older persons reported being affected by food shortage; this phenomenon was occurring in some months. Although there was little

difference; older women than older men were more likely to experience food rationing. Similarly, the proportions are higher with increasing age.

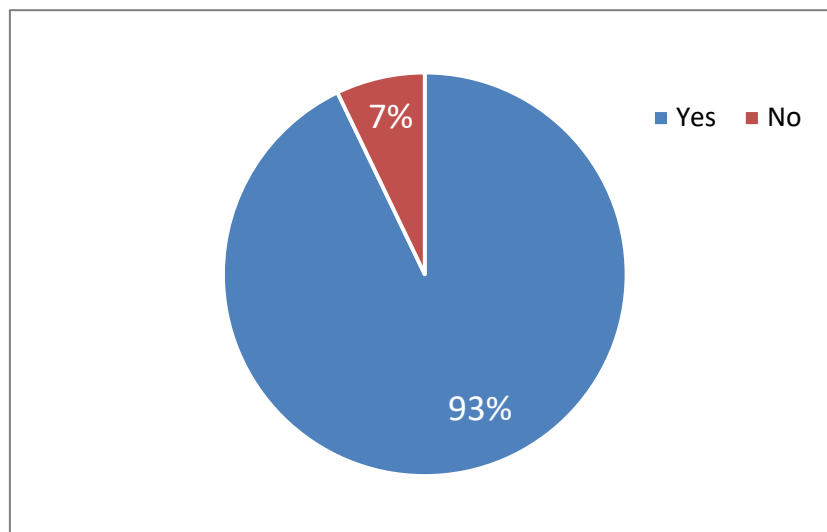
Table 10.2 shows the proportion of households with older persons that could not afford enough food resulting in going hungry in last 12 months. The prevalence of going hungry because they could not afford enough food every month was 8.5 percent, while where this situation occurred almost every month was 12.3 percent. Over half (55.1 percent) reported that it occurred occasionally.

Table 10.2 Proportion of households which couldn't afford enough food

<b>In the last 12 months, were you ever hungry, but didn't eat because you couldn't afford enough food?</b>							
<i>Background factors</i>	Every month	Almost every month	Some months, but not every month	Only in 1 or 2 months	Never	DK	Total
<b><i>Sex</i></b>							
<i>Male</i>	7.7	11.2	52.7	22.9	5.5	0.1	62731
<i>Female</i>	9.1	13.0	56.6	17.2	3.9	0.3	100540
<b><i>Age group</i></b>							
<i>60-64</i>	6.3	12.4	53.7	24.4	3.1	0.1	47832
<i>65-69</i>	6.3	11.4	57.3	19.5	5.1	0.4	39593
<i>70-74</i>	7.4	11.2	58.2	19.2	4.0	0.0	26553
<i>75-79</i>	12.9	13.2	55.6	13.5	4.4	0.4	22050
<i>80-84</i>	9.8	11.2	54.2	15.9	8.5	0.5	13302
<i>85+</i>	16.2	16.5	47.4	15.2	4.7	0.0	13941
<b><i>Total</i></b>	<b>8.5</b>	<b>12.3</b>	<b>55.1</b>	<b>19.4</b>	<b>4.5</b>	<b>0.2</b>	<b>163271</b>

The food situation as observed in the previous tables can be summarized in Figure 10.1, which shows that limiting portion size at meal times and reducing number of meals taken were the most common coping mechanisms for all households (93 percent).

Figure 10.1 Ever cut the size of meals or skip meals because of insufficient money to buy food





### 10.3 Summary

Information on food situation in the country is very important for planning purposes. Food security issues play a high profile in the poverty reduction programs by the Malawi government including the Malawi Growth Development Strategy and National Policy for Older Persons. This chapter has shown that older persons experience food inadequacy for certain parts of the years making them to cut the number of meals taken in a day and rationing the meals. This could be attributed to among other things, low productivity, labour constrained and limited access to land.

For example, due to food insufficiency, more than nine in ten (93 percent) of older persons reported employing coping mechanism of skipping meals or limiting the size of meals taken in the last 12 months. This indicates that older persons do not have enough food to feed their members. Women experienced worse food situation than older men. The result is consistent with reviewed literature which indicates that female-headed households are more vulnerable to food scarcity due to their limited access to financial resources and means of production. There is need to investigate the factors that aggravate the food situation so that appropriate interventions can be taken.

---

## 11. Health and Well-being

---

### Key Highlights

- 40 percent of the respondents felt that they were in good health
- 15 percent of older persons self-rated their physical health to be very good and three (3) percent are considered themselves as having an excellent state of health
- Bone and joint problems was the most frequently reported chronic illness accounting for 67.4 percent of cases
- Prevalence of chronic diseases was higher among older women than older men
- Slightly over one in three (33 percent) of older persons faced mild difficulties with eating;
- 26 percent with getting to and using toilet, while the proportions that reported bathing and washing and moving around inside the house were 21 percent each.
- Three common Activities of Daily Living having moderate difficulty were moving around inside the house; getting dressed and getting up from lying down whereby forty five percent of the respondents reported for each type of ADL.
- Visual impairment accounts for 38.5 percent of older persons
- 27.3 percent reported experiencing some difficulties with walking or climbing stairs
- Prevalence of disability among older persons is 8.4 percent.
- 13.2 percent of older persons had urinary incontinence
- 52.6 with incontinence problems did not participate in activities
- Nine percent of older persons had access to glasses or other corrective devices,
- Only one percent wore dentures and 46 percent were taking medication for various conditions
- Seven in ten (70 percent) of older persons knew a place to get tested for HIV
- HIV, 3.1 percent were found to be positive. Older men (3.9 percent) were more likely to have self-report that they were HIV positive than were older women (2.5 percent).

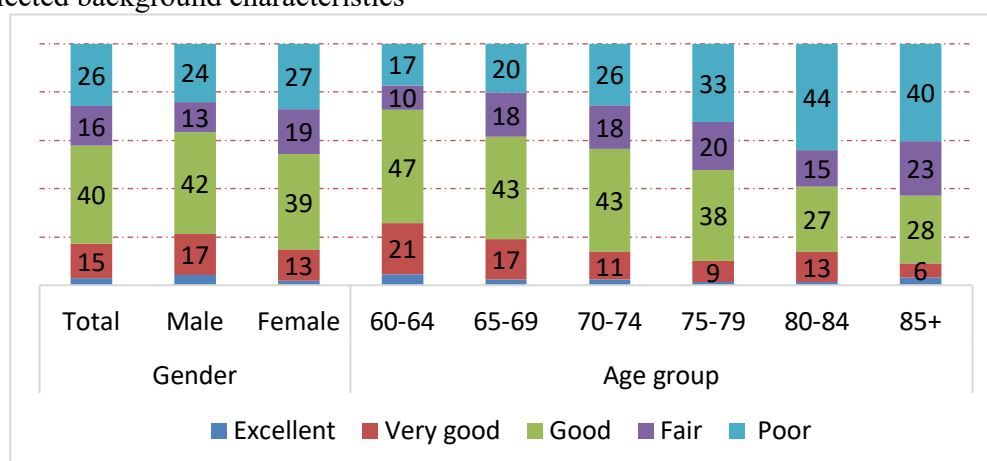
### 11.1 Introduction

The survey collected data on health and health related issues. The information on health was asked to all older persons. It has to be emphasised that illnesses in the 2017 MISA were self-reported and not necessarily diagnosed by a medical practitioner. A number of self-reported health questions include overall health, emotional and mental health, chronic conditions and limitations in daily activities.

### 11.2 Self-Assessment Physical Health status

The survey asked respondents to self-rate their physical health status. Overall, 40 percent of the respondents felt that they were in good health, 15 percent self-rated their physical health to be very good and three (3) percent are considered themselves as having an excellent state of health (Figure 11.1). About 1 in 4 (26 percent) older persons self-rated their physical health as poor.

Figure 11.1 Percent distribution of older persons who self-rate their health status according to selected background characteristics



Forty-two (42) percent of older men self-rates their physical health as good compared to 40 percent of older women. Older persons who assessed their physical health as poor more than doubled from 17 percent (60-64) to 40 percent (85+), while the proportion of older persons which reported to be in good physical health declined from 47 percent in age group 60-64 to 28 percent in age group 85 years and older. Older persons were least likely to assess their health as excellent. There were similar observations for all other age groups assessing their health status as very good except for age group 60-64.

### 11.3 Burden of Major Illnesses and Diseases

The survey asked older persons whether they were diagnosed by a medical doctor or not from any chronic disease like heart disease, hypertension, diabetes, cancer, problem of joints etc. in the 2017 MISA (

Table 11.1). Bone and joint problems was the most frequently reported chronic illness accounting for 67.4 percent of cases. Malaria is the second highest reported diseases at 57.1 percent. One in three older persons reported suffering from diarrhea. With exception of Malaria, more older men were affected than older men.

Table 11.1 Burden of diseases among older persons

<i>Disease</i>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<i>High blood pressure</i>	15.5	22.1	19.5
<i>Diabetes</i>	2.0	1.7	1.8
<i>Chronic lung diseases</i>	4.8	6.1	5.6
<i>High cholesterol</i>	1.1	0.7	0.9
<i>Arthritis/Rheumatism</i>	19.1	24.5	22.4
<i>Heart problems</i>	5.3	8.7	7.3
<i>Cancer</i>	0.1	0.6	0.4
<i>Bone and joint problems</i>	62.9	70.4	67.4
<i>Stroke</i>	1.2	1.8	1.6
<i>Tuberculosis</i>	2.7	3.0	2.9
<i>Schistosomiasis (bilharzia)</i>	6.4	2.8	4.2
<i>Malaria</i>	58.2	56.5	57.1
<i>Other diseases (trachoma)</i>	4.2	3.7	3.9

<i>Diarrhea</i>	29.9	30.2	30.1
-----------------	------	------	------

## 11.4 Activities of Daily Living (ADLs)

The 2017 MISA included questions about potential difficulties with eight ADLs. For each, respondents were asked if they faced difficulties in doing the tasks themselves because of health or physical problem and replies were recorded in four categories: mild, moderate, severe and extreme/cannot do.

Slightly over one in three (33 percent) of survey respondents recorded facing mild difficulties with eating; 26 percent with getting to and using toilet, while the proportions that reported bathing and washing and moving around inside the house were 21 percent each.

The most three common ADL difficulties that older persons reported having moderate difficulty were moving around inside the house; getting dressed and getting up from lying down whereby forty five percent of the respondents reported for each type of ADL. These were followed by bathing/washing whole body (42 percent), while proportion that reported facing moderate difficulty with cutting up food and getting and using the toilet was 40 percent each.

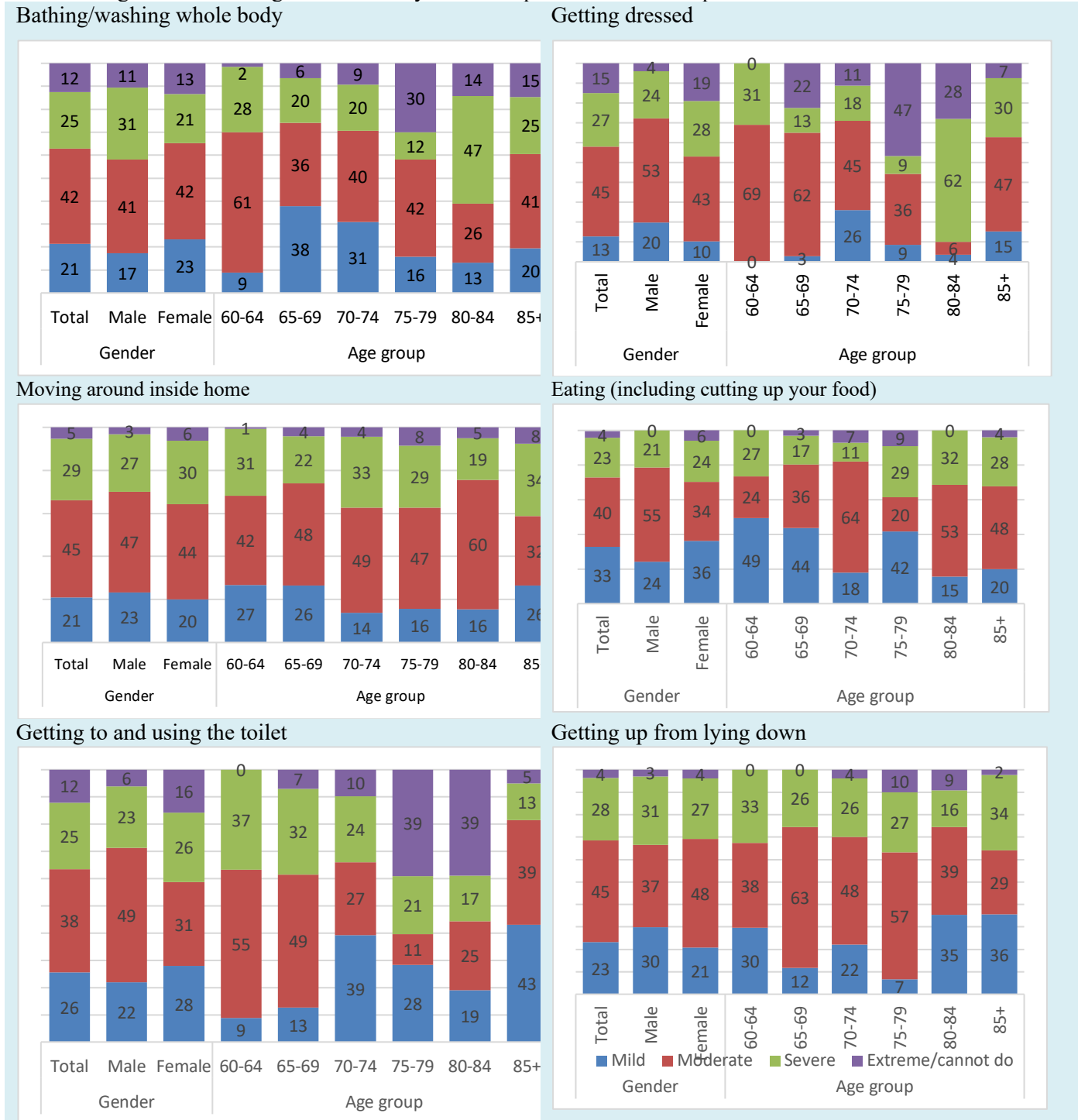
Nearly one in three (29 percent) reported having severe difficulty in moving around inside home. The proportion of older persons that reported facing severe difficulty with getting up from lying down and getting dressed was 28 percent and 27 percent, respectively.

With respect to complete inability performing basic activities, getting dressed (15 percent), getting to and using the toilet (12 percent) and bathing/washing whole body (12 percent) fell in this category. Gender also appear to influence the degree of difficulty in performing certain activating. For example, more older women than older men found server performing all the tasks.

While assessing a person's ability to conduct certain activities, it is also important to take into consideration the age of an individual. As shown in Figure 11.2, severity in the level of difficulty in performing certain tasks of daily activity increases with age. For example, 25 percent of older persons aged 80-84 felt that the level of difficulty in bathing/washing was severe whereas sixty -two percent of older persons (80-84 years) found getting dressed to be severe. However, older persons aged 75-79 years felt that completing the task of getting dressed as extremely difficult or they could not do it all (47 percent).

The 2017 MISA survey results show that 36.5 percent of older persons depended on someone for carrying out routine daily activities.

Figure 11.2 The degree of difficulty that older persons have with specific activities



## 11.5 Health Problems among Older Persons

As older persons age, they have difficulties in carrying out activities of daily living because of a health or physical problem. They require increased effort, experience discomfort or pain, there is slowness or changes in the way they carry out the routine activities.

### **11.5.1 Seeing**

Respondents were asked if they had difficulty seeing, even if wearing glasses. Visual impairment accounts for 38.5 percent of older persons. There were not substantial differences in percentages of between men and women who reported audio impairment, with 37.6 percent and 39.1 percent, respectively. However, the survey showed that visual impairment varied across the age groups, especially those who had some difficulty. Data disaggregated by age showed that visual impairment was 33.4 percent for the age group 60-64, but it was as high as 44 percent for oldest age group (85 years and over). The implication is that impaired vision could lead to older persons have trouble with visual and spatial abilities in the way of judging distance and depth.

### **11.5.2 Walking or climbing stairs**

The 2017 MISA asked older persons were asked if they had difficulty walking or climbing stairs. 27.3 percent reported experiencing some difficulties walking. The percentage of older persons facing some difficulties walking is considerably higher than among women (31 percent) than men (21.7 percent). It is observed that the percentage of older persons with difficulties walking is increasing steadily with increasing age.

### **11.5.3 Hearing**

About fifteen experienced audio problems. The results also show that older women (17.7 percent) had more hearing difficulties than older men (11.5 percent). Disaggregating the results by age, save for the age group 75-79, it can be seen audio impairment increases with age.

Table 11.2 Percent distribution of older persons with sight, hearing and walking difficulties

Background characteristics	Difficulty seeing <sup>1</sup>				Difficulty walking or climbing stairs					Difficulty hearing				
	Yes, some difficulty	Yes, a lot of difficulty	Cannot do at all	Total	Yes, some difficulty	Yes, a lot of difficulty	Cannot do at all	Not applicable - no stairs	Total	Yes, some difficulty	Yes, a lot of difficulty	Cannot do at all	DK	Total
<b>Sex</b>														
Male	37.6	6.4	0.0	78629	21.7	7.6	1.0	2.0	83093	11.5	3.4	0.0	0.2	83093
Female	39.1	6.4	0.2	118577	31.0	8.6	1.3	3.1	126611	17.7	3.3	0.1	0.2	126611
<b>Age group</b>														
60-64	33.4	2.6	0.3	56316	21.9	3.8	0.1	2.5	58404	12.0	0.8	0.0	0.0	58404
65-69	36.1	4.4	0.0	47703	26.0	6.1	0.0	2.7	50177	12.8	3.1	0.0	0.3	50177
70-74	40.3	4.4	0.1	32222	25.9	9.0	0.6	2.6	33677	20.8	2.4	0.1	0.2	33677
75-79	41.9	8.3	0.0	28293	30.0	7.6	2.5	1.5	30673	14.7	3.3	0.0	0.1	30673
80-84	48.3	10.7	0.0	15287	41.4	11.3	2.0	1.5	17558	20.8	7.4	0.2	0.0	17558
85+	44.0	20.9	0.4	17383	32.7	23.8	5.7	6.0	19215	17.2	9.9	0.1	0.8	19215
<b>Marital status</b>														
Never married	38.5	0.0	0.0	1324	5.2	10.4	0.0	0.0	1378	0.0	0.0	0.0	0.0	1378
Currently married	36.8	5.6	0.0	102581	23.3	7.4	0.8	2.5	108078	12.9	2.5	0.0	0.1	108078
Separated	37.6	1.9	0.0	8133	26.4	2.3	0.0	0.7	8346	11.7	8.4	0.0	0.0	8346
Divorced	31.3	1.9	0.0	11030	27.2	3.5	0.0	4.0	11488	19.1	7.1	0.0	0.0	11488
Widowed	42.1	8.7	0.3	74138	33.1	10.6	2.0	2.9	80414	18.5	3.5	0.1	0.4	80414
<b>District</b>														
Mzimba	41.7	9.1	0.2	45237	33.0	10.7	1.3	1.8	48677	18.5	3.3	0.0	0.5	48677
Lilongwe rural	37.9	6.3	0.0	80929	25.7	8.4	1.3	0.2	85378	16.2	4.6	0.0	0.0	85378
Mangochi	35.7	4.0	0.2	52985	25.6	6.7	1.1	3.6	56887	12.1	1.8	0.0	0.2	56887
Nsanje	41.3	7.2	0.5	18054	25.3	5.8	0.7	12.4	18761	11.5	2.6	0.0	0.4	18761
<b>Level of income (MWK)</b>														
< 25,000	48.5	8.9	0.1	28759	36.5	12.3	1.1	2.1	30676	15.5	5.0	0.0	0.0	30676
25,001 to 50,000	35.9	8.9	0.0	5487	21.5	10.0	3.6	0.0	5595	25.5	1.2	0.0	0.0	5595
50,001 to 100,000	26.2	9.3	0.0	4800	13.9	8.2	2.0	0.8	4932	8.3	2.0	0.0	0.0	4932
100,001 to 250,000	51.9	10.0	0.0	1916	23.0	5.3	5.2	0.0	1916	8.9	9.1	0.0	0.0	1916
250,001 to 500,000	0.0	100	0.0	265	0.0	31.3	0.0	0.0	265	41.4	0.0	0.0	0.0	265
500,000+	100	0.0	0.0	204	0.0	0.0	0.0	0.0	204	0.0	0.0	0.0	0.0	204
Don't Know	16.1	0.0	0.0	441	16.4	0.0	0.0	16.1	441	0.0	0.0	0.0	0.0	441
<b>Total</b>	<b>38.5</b>	<b>6.4</b>	<b>0.1</b>	<b>197206</b>	<b>27.3</b>	<b>8.2</b>	<b>1.2</b>	<b>2.6</b>	<b>209704</b>	<b>15.2</b>	<b>3.4</b>	<b>0.1</b>	<b>0.2</b>	<b>209704</b>

<sup>1</sup> The column for older persons “without disability” is not shown. Columns representing proportion “Yes, some difficulty”, “Yes, a lot of difficulty”, “Cannot do at all”, and “without disability” add to 100%.





## 11.6 Incontinence and social participation

<sup>1</sup> Only column with “Yes” representing proportion of older persons with a particular health issue are shown.

Among older persons who had urinary problems, over half (52.6 percent) reported that urinary problems affected participation in different activities. As described above, the highest proportion of older persons who had limited participation in activities was observed among the divorced and the oldest persons (75 years and older).

Background characteristics	Percent suffered urinary incontinence		Among those with urinary incontinence had limited activities	
	Yes	Total	Yes	Total
<b><u>Sex</u></b>				
Male	12.0	83093	53.5	9997
Female	13.9	126611	52.1	17574
<b><u>Age group</u></b>				
60-64	7.3	58404	51.5	4241
65-69	8.3	50177	51.5	4185
70-74	12.9	33677	46.4	4345
75-79	19.6	30673	58.4	5996
80-84	20.0	17558	46.9	3506
85+	27.6	19215	56.6	5299
<b><u>Marital Status</u></b>				
Never married	0.0	1378		
Currently married	11.8	108009	48.4	12724
Cohabiting/Living w	0.0	69		
Separated	12.0	8346	33.8	1005
Divorced	8.8	11488	67.6	1014
Widowed	16.0	80414	57.0	12828
<b><u>Highest Schooling level</u></b>				
Never attended school	13.9	109306	56.9	15150
Some primary education	12.9	85003	49.4	10958
Completed primary education	13.7	8085	18.1	1106
Some secondary education	3.8	4336	100.0	165
Completed secondary school	4.6	2020	100.0	93
More than secondary education	13.1	760	0.0	100
Attended adult literacy	0.0	194		
<b><u>Wealth Index</u></b>				
Q1 (lowest)	11.4	39357	51.7	4468
Q2	16.9	47540	47.2	8052
Q3	12.8	38543	59.1	4917
Q4	11.7	42954	56.4	5012
Q5 (highest)	12.4	41309	52.0	5123
<b>Total</b>	<b>13.2</b>	<b>209704</b>	<b>52.6</b>	<b>27572</b>

In assessing the gender differences, it is important to note that the health problems are self-reported and that it is possible that women are more sensitive to their health and less to

hesitant to recognize or admit that they have a problem than are men. This is not to deny that there may be genuine health disadvantages that older women suffer, e.g. as a legacy from their reproductive role and other biological factors, but it is also important to acknowledge that cultural differences in self presentation between men and women could also play a role.

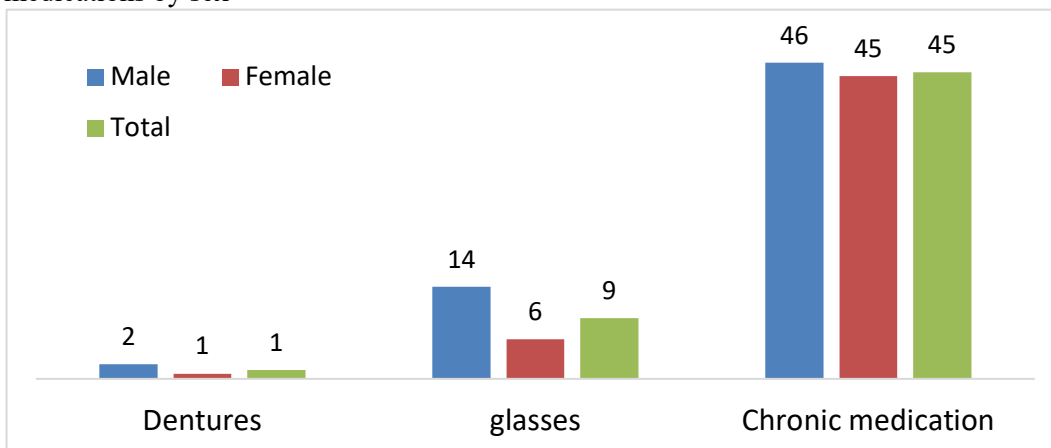
### 11.7 Use of Assistive Devices

Old age is often associated with by poor health due to frailty, morbidities and disabilities leading to an inability to perform certain functions. Older persons may also rely on devices to improve hearing, seeing as well as taking medication for certain chronic diseases.

Figure 11.3 shows only nine percent of older persons had access to access to glasses or other corrective devices, one percent wore dentures and 46 percent were taking medication for various conditions<sup>4</sup>. Use of assistive devices is lower among older women than older men.

It is important to note that the low level usage of assistive device may suggest access problems, which can be attributed to unmet needs. Further research is needed to explore unmet need for assistive devices among older persons.

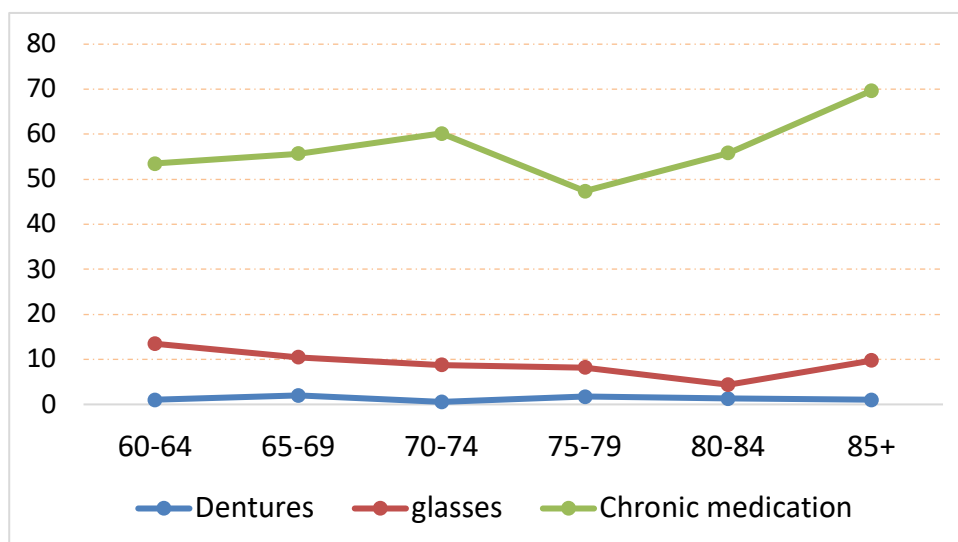
Figure 11.3 Percent distribution of older persons using assistive devices and taking chronic medications by sex



In assessing the age differences in use of corrective devices and usage of chronic medication, it is important to note that the usage of corrective devices remains low, which could signify that many older persons may not be able to access the devices. While use of medication increases with age, especially age 85+, the proportion in need of such medication could be higher considering that these are self-report cases and that the medical conditions of older persons may not be diagnosed (Figure 11.4).

Figure 11.4 Percent distribution of older persons using assistive devices and taking chronic medications by age

<sup>4</sup>Taking medication for high blood pressure or hypertension, diabetes or high blood sugar (such as insulin or pills), chronic lung disease such as chronic bronchitis, asthma or emphysema, high cholesterol, Arthritis or a disease of the joints or by other names rheumatism or osteoarthritis, Heart problem and stroke.



## 11.8 Prevalence of Disability

To assess the prevalence of disability, respondents who reported facing difficulties with walking, seeing and hearing were assessed using response categories that assess level of difficulty. Table 11.3 presents shows the prevalence of disability among older persons is 8.4 percent.

Stratifying for sex, women (10.1 percent) reported higher prevalence with all disabilities compared to men (5.8). Increasing age was also associated with significant increases in difficulties; 3.5 percent of older persons aged 60-64 reported having all three disabilities compared to 18.8 percent of people aged 85 years and over. With respect to district, about 12 percent of people aged 60 and over in Mzimba reported having all three disabilities, versus 6.1 percent in Mangochi.

The highest prevalence of all disabilities was found among the married/cohabiting or separated/divorced people, while the lowest prevalence of no difficulties was observed among the widowed. With respect to income quintile, the richest reported a higher prevalence of experiencing no difficulties. These findings (marital status and income quintile) hold true even after stratifying for sex and age.

Table 11.3 Persons with disabilities by selected demographic characteristics

<i>Characteristics</i>	<b>No disability</b>	<b>One disability</b>	<b>Two disabilities</b>	<b>All disabilities</b>	<b>Total</b>
<u>Sex</u>					
Male	38.6	34.2	21.5	5.7	83093

<i>Female</i>	31.0	33.7	25.2	10.1	126611
<b><u>Age group</u></b>					
60-64	42.9	38.2	15.4	3.5	58404
65-69	40.2	32.3	20.3	7.2	50177
70-74	32.4	34.2	25.4	8	33677
75-79	30.7	32.8	28.5	8	30673
80-84	21.4	26.4	34.1	18.1	17558
85+	10.7	32.6	37.9	18.8	19215
<b><u>District</u></b>					
Mzimba	29.3	29.9	29.0	11.9	48677
Lilongwe Rural	34.7	34.9	22.2	8.1	85378
Mangochi	38.3	34.6	21.1	6	56887
Nsanje	30.4	37.1	24.7	7.8	18761
<b><u>Marital status</u></b>					
Never married	48.8	46.1	5.1	0.0	1378
Currently married	38.5	34.5	20.6	6.4	108009
Cohabiting/Living with partner	0	0	100	0.0	69
Separated	36.4	42.2	15.9	5.5	8346
Divorced	46.8	22.7	17.7	12.8	11488
Widowed	25.7	33.5	29.9	10.9	80414
<b><u>Highest level of schooling</u></b>					
Never attended school	36.8	31.1	23.2	8.9	109306
Some primary education	29.2	37	25.5	8.3	85003
Completed primary education	38.1	35.7	18.3	7.9	8085
Some secondary education	55.5	24.5	18.4	1.6	4336
Completed secondary school	19.6	68	12.4	0.0	2020
More than secondary education	54.5	23.5	11.2	10.8	760
Attended adult literacy	0.0	51.6	48.4	0.0	194
<b><u>Health status</u></b>					
Excellent	58.2	38.5	3.3	0.0	5839
Very good	50.5	34.1	13.2	2.2	30499
Good	36.5	35.4	21	7.1	84907
Fair	22.7	35.3	31.6	10.4	34279
Poor	25.4	29.9	31.1	13.6	54181
<b><u>Income level (MWK)</u></b>					
< 25,000	25.1	30.2	31.6	13.1	30676
25,001 to 50,000	34.5	34.1	20.6	10.8	5595
50,001 to 100,000	53.7	25.8	14.8	5.7	4932
100,001 to 250,000	28.4	33.8	34	3.8	1916
250,001 to 500,000	0.0	27.3	72.7	0.0	265
500,000+	100	0.0	0.0	0.0	204
DK	67.5	16.4	16.1	0.0	441
<b><u>Wealth Quintile</u></b>					
Q1 (lowest)	27.9	39.6	22.3	10.2	39357
Q2	34.8	28.1	27	10.1	47540
Q3	36.7	34.5	22.6	6.2	38543
Q4	38.4	33.3	20.5	7.8	42954
Q5 (Highest)	32.0	35.1	25.6	7.3	41309
<b>Total</b>	<b>34.0</b>	<b>33.9</b>	<b>23.7</b>	<b>8.4</b>	<b>209704</b>

0 = No disability, 1 = One disability, 2 = Two disabilities, 3=All disabilities

## 11.9 Coverage of HIV Testing and Access to HIV medication

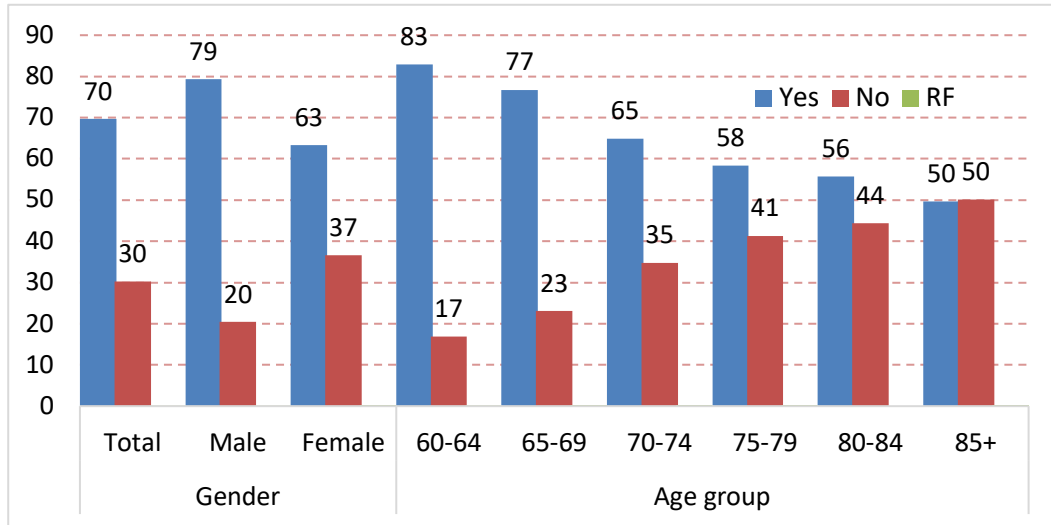
Older persons are also at risk of HIV infection. Despite this, most HIV prevention efforts and treatment services largely target younger people and not much is known about HIV awareness

of prevention, testing and treatment among older adults. This is, in part, due to the generally held assumption that older persons are at low risk of contracting HIV.

### 11.10 Knowledge of Place for HIV Testing

The 2017 MISA survey collected data on coverage of HIV testing and access to HIV medication among older persons. Seven in ten (70 percent) of older persons knew a place to get tested for HIV (Figure 11.5). The proportion of older persons who knew a place to get HIV testing is higher for males (79 percent) than for females (63 percent). The proportion of older persons who knew a place of HIV testing was invariably lower with increasing age.

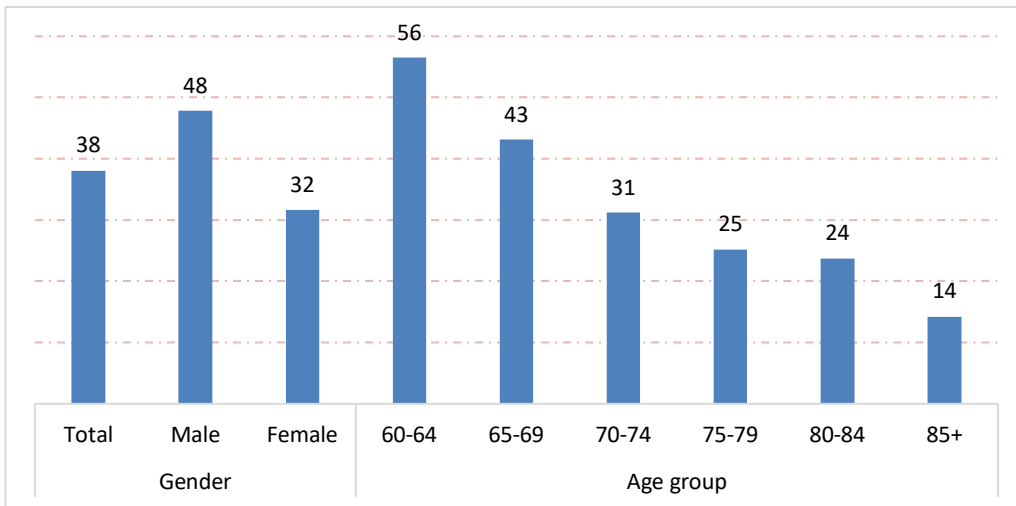
Figure 11.5 Percent distribution of older persons who know places where people can be tested for HIV/AIDS



### 11.11 HIV Testing among Older Persons

Respondents in MISA 2017 were asked whether they had ever been tested for HIV, the primary reason for their HIV/AIDS test, and the result of their most recent HIV test.

Figure 11.6 Ever been tested for HIV, the virus that causes AIDS

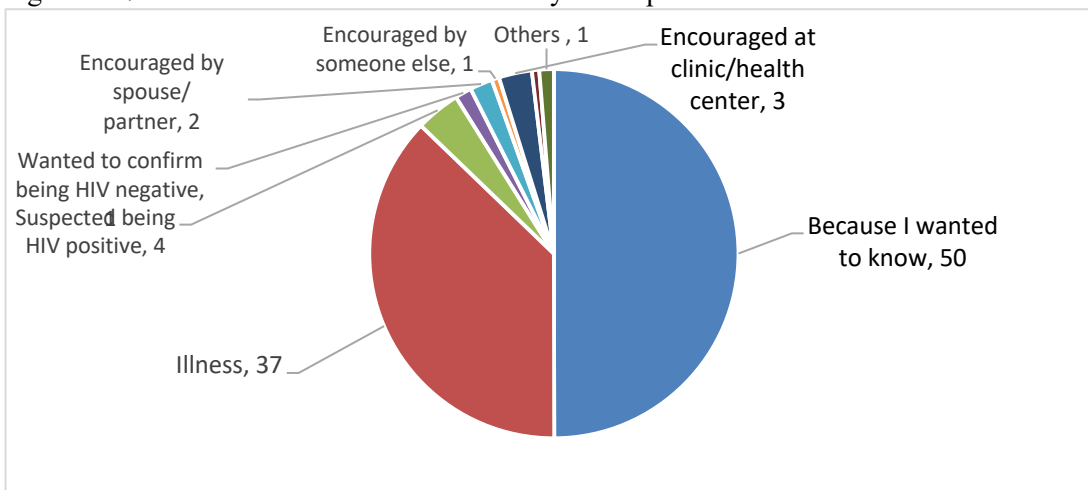


As illustrated in Figure 11.6, 38 percent of older persons were tested for HIV. The percentage of older men who had ever been tested for HIV was 48 percent and for the older women it was 32 suggesting that gender inequality is present with respect to access HIV testing services. More than half of older persons age 60-64 years had ever been tested for HIV, however the proportions decline steadily with increasing age.

### 11.12 The main reasons for wanting to know HIV Status

The reasons older persons adults had gone for their last HIV test are presented in Figure 11.7. The most commonly given reason by older persons was "because I wanted to find out," at 50 percent followed by "illness," at 37 percent and "suspected of HIV positive" at four percent. It is likely that those who were tested due to illness were tested because of hospitalization.

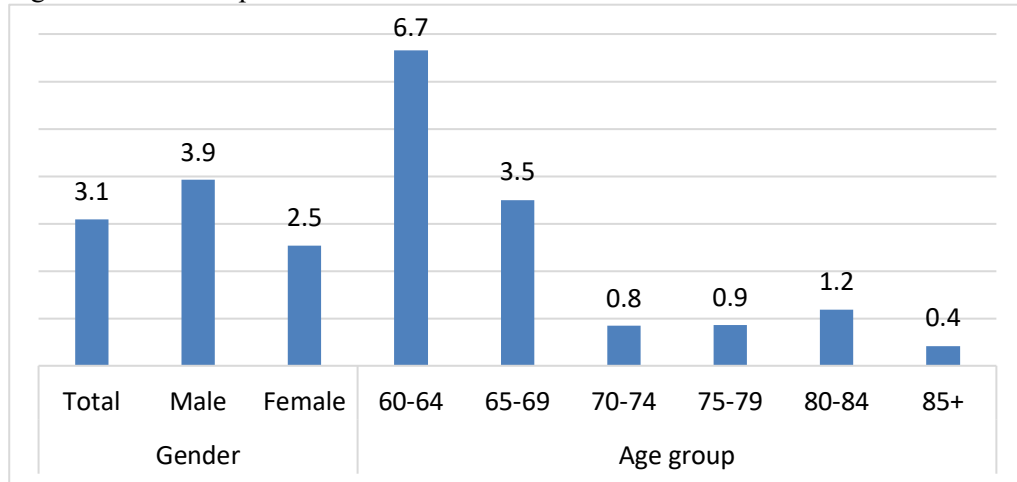
Figure 11.7 Reason for Last HIV Test Given by Older persons



### 11.13 Self-reported HIV Testing

Figure 11.8 shows that among those who tested for HIV, 3.1 percent were found to be positive. Older men (3.9 percent) were more likely to have self-report that they were HIV positive than were older women (2.5 percent). With respect to age, 60-64 age group had the highest percentage (6.7 percent) of older persons who self-reported HIV positive.

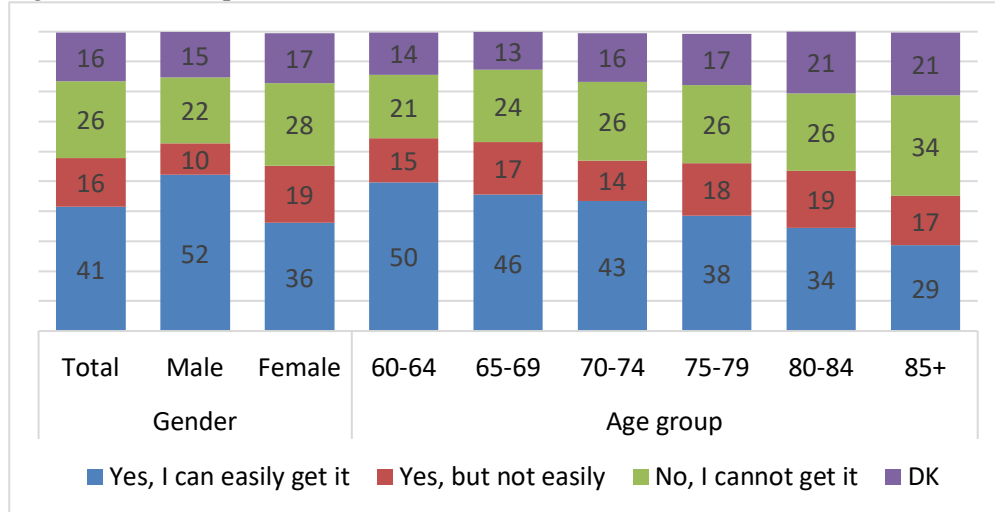
Figure 11.8 Self-Reported HIV status



### 11.14 Access to HIV medication

Respondents who self-reported HIV positive were further asked “If you needed access (now or in the future) to medication (i.e. drugs recommended for HIV treatment by the government) to treat HIV/AIDS, do you think you could get it?”. Figure 11.9 shows that 41 percent of older persons could easily get HIV medication; 26 percent could not get the medication; and 16 percent could get the medication but with difficulties, while 16 percent do not know their circumstance.

Figure 11.9 Older persons' access to HIV medication



Access to HIV medication varies by gender; over half (52 percent) of male older persons could easily get the medication compared to 36 percent of female older persons. It is also noted that access to HIV medication declines gradually with increasing age of older persons.

### 11.15 Summary

This chapter has presented the health and well-being of older persons. Declining health condition is one of the key features in this chapter. As shown in this chapter, the proportion of older persons that self-rated to be in good health was less than half (40 percent); the

proportions further declined for those who reported very good health and, it was only three percent who reported in excellent health.

Clearly gender and age are associated with functional limitations as well as difficulties with ADLs, with the latter indicating steep increase with age in having functional limitations. For example, the results have shown that older persons 70 and older are far more likely to have any of these difficulties than are persons in their 60s. In addition, women are more likely to express difficulties than are men with every task.

As demonstrated in the chapter, older persons have elevated HIV risk factors. The findings show that older persons have limited access to HIV medication which declines gradually with increasing age of older persons. Consistent relationship between age and difficulties with health, all the health problems shown in the table are more likely to be reported by women than by men.

In conclusion, physical and cognitive limitations are apparent and more pronounced at oldest ages. Use of assistive devices and chronic medication plays a critical role in ensuring an independent life among older persons. There is a need to address the unmet need for assistive devices for groups of older persons. This will translate into the realisation of improved health and overall well-being for this vulnerable group.



---

## 12. Health Care Utilisation

---

### Key Findings

- Over three quarters (77 percent) of the respondents did not pay for the health care service they received, it was for free.
- 44 percent accessed healthcare services a month ago; 28% a year ago; and 17% in the past week.
- No significant variations by age or sex
- Over nine in 10 older people (95 percent) felt that they got the appropriate health care
- The main reasons cited for failing to access health care were distance and transport related challenges.

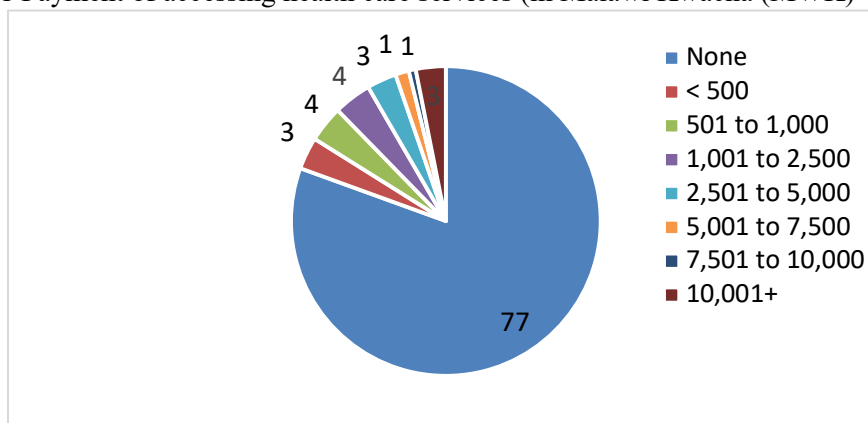
### 12.1 Introduction

Information on health utilisation can help policy makers and planners in understanding present and the future demand for health care services, and better assess the potential impact of an ageing population. This chapter describes health care use, associated costs and the responsiveness of the health care system according to the opinion of the respondents.

### 12.2 Payment for accessing health care services

Respondents were asked how much did they or their family/household members pay out of pocket for the health care, the last time they needed it in the last 12 months for the various health care needs. Figure 12.1 shows that slightly over three quarters (77 percent) of the respondents did not pay for the health care service they received, as it was for free. Those who paid, the cost of the health care service ranged from a low of less MWK500 (three percent) to a high of MWK10 000 (three percent).

Figure 12.1 Payment of accessing health care services (in Malawi Kwacha (MWK))



It is not surprising that most older persons do not incur any expenses for health care. This is because they obtain free health services at government health facilities. These findings are also corroborated in Table 12.1 in which older persons were asked how they would pay for expenses incurred for health care if they fell ill or sustained an injury in the course of the next four weeks. Most respondents reported that they would be free.

Table 12.1 Main person/institution paying for health costs

<i>Main person paying for health care needs</i>	<b>Male</b>	<b>Female</b>	<b>Both sexes</b>
<i>It would be for free</i>	80.5	83.2	82.2
<i>It would be paid by me</i>	9.2	2.9	5.4
<i>It would be paid by family</i>	6.9	10.5	9.1
<i>It would be paid by friends</i>	0.3	0.4	0.3
<i>It would be paid by my employer</i>	0.1	0	0
<i>It would be paid by an insurance company</i>	0	0	0
<i>It would be paid by borrowing money</i>	0.7	0.5	0.5
<i>Other</i>	1.3	1.2	1.2
<i>Don't know</i>	1.0	1.3	1.3
<i>Total</i>	<b>903</b>	<b>1335</b>	<b>2238</b>

There is not a major difference between male and female older persons with respect to paying health costs. Male and female older persons also reported that family members of older persons paid for the primary care (9.1 percent) and 5.4 reported that they paid for health costs for themselves. In case older persons needed to pay for themselves, male older persons (9.2) were three times as likely to pay for themselves compared to their female counterparts (2.9 percent).

### 12.3 Frequency of Care Received

2017 MISA also asked the respondents to report the last time they needed health care. Table 12.2 shows that 17.1 percent of the respondents needed care in weeks. The majority (43.9 percent) of older persons needed care months ago, while about 29 percent had received care years ago. There were not major differences by gender with respect to receiving care. Age in itself is not a significant driver of health care needs, however, older persons age 80-84 years were more likely to receive frequent care (20.4 percent) weeks ago.

Table 12.2 Frequency of health care needed

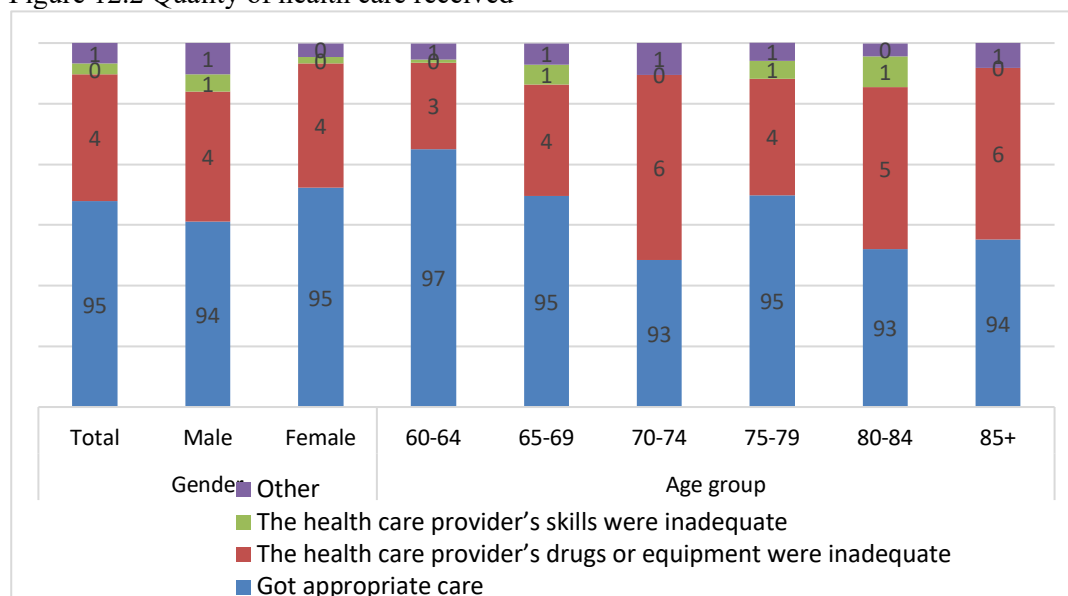
<b>Background Characteristics</b>	<i>Frequency of Health Care Received, weeks, months and years ago</i>				
	<b>Weeks</b>	<b>Months</b>	<b>Years</b>	<b>DK</b>	<b>Total</b>
<i><b>Sex</b></i>					
<i>Male</i>	16.4	45.4	28.9	9.3	83093
<i>Female</i>	17.6	43.0	28.2	11.2	126611
<i><b>Age group</b></i>					
<i>60-64</i>	17.9	44.8	29.2	8.1	58404
<i>65-69</i>	16.9	46.5	26.2	10.4	50177
<i>70-74</i>	15.3	48.0	27.1	9.6	33677
<i>75-79</i>	16.8	43.2	27.2	12.8	30673
<i>80-84</i>	20.4	40.0	27.6	12.0	17558
<i>85+</i>	15.5	32.1	37.4	15.0	19215
<b>Total</b>	<b>16.4</b>	<b>45.4</b>	<b>28.9</b>	<b>9.3</b>	<b>209704</b>

### 12.4 Quality of Health Care Received

Older persons who received health care were asked to rate the quality of health care received the last time they needed it. Figure 12.2 illustrates that older persons were generally satisfied with the quality of the health care they received. Over nine in 10 older people (95 percent)

felt that they got the appropriate care. Older persons who faulted the health care provider's drugs or equipment and provider's skills inadequate were in minority.

Figure 12.2 Quality of health care received



## 12.5 Main Reasons for failing to access Health Care

Older persons were asked 'the last time you needed health care, did you get health care?'. Responses to this question are presented in Table 12.3, which shows that the main reasons cited for failing to access health care was related to transport and distance-related (4.7 percent). This is expected because distances to health facilities can be considerable, particularly in rural areas. It is also shown that the other reasons that might have prevented older persons from accessing the health care were related to service delivery (1.4 percent), and low health seeking behaviour (0.6 percent).

Table 12.3 Reasons for failing to get health care

<i>Background Characteristics</i>	<b>Transport -related<sup>1</sup></b>	<b>Service Provision<sup>2</sup></b>	<b>Health seeking behavior<sup>3</sup></b>	<b>Other</b>	<b>Total</b>
<b><i>Sex</i></b>					
Male	4.0	1.4	0.7	0.7	887
Female	4.4	1.4	0.7	0.6	1351
<b><i>Age group</i></b>					
60-64	5.6	1.2	0.5	1.2	623
65-69	2.6	2.0	0.5	0.7	535
70-74	3.1	1.5	0.7	0.5	359
75-79	2.5	0.9	1.3	0.3	328
80-84	6.9	1.4	0.3	0.4	187
85+	6.4	1.3	1.0	0.2	206
<b>Total</b>	<b>4.3</b>	<b>1.4</b>	<b>0.6</b>	<b>0.7</b>	<b>2238</b>

<sup>1</sup>Reasons include: could not afford the cost of the visit, health care facility is too far away; <sup>2</sup> previously badly treated, health care provider's drugs or equipment were inadequate, denied health care, <sup>3</sup> Could not take time off work or had other commitments and the respondent felt that they were not sick enough.

## 12.6 Summary

This section of the report has presented statistics on health care utilisation. The findings indicate that older persons got most of their health care from public health facilities, which do not have charge user fees. Part of the explanation to their greater likelihood of using public facilities, presumably may be due to lack of alternative health services in the rural areas, and insufficient income that can allow them to visit private ones. Health service provision are also not older person friendly and fail to cater specifically for their health needs; non-availability of medication for old age diseases; non-availability of palliate care services 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.

In addition, while access to health service in public hospital in Malawi is free, there are challenges that older persons face in accessing the services. As in many sub Saharan Africa countries, distances to health facilities can be considerable, particularly in rural areas. This limits older persons' access to services notwithstanding the fact that this category of population already suffers persistent health-related functional disability.

---

## 13. Care-giving

---

### Key Findings

- Family is the main source of support for the older persons
- 37 percent of older persons needed personal care
- Slightly more older women than older men needed care
- There was a linear relationship between the prevalence of caregiving and health status
- About 40 percent of older persons depended on someone to carryout ADL for more than eight hours a day.
- It is likely that those who provide care for eight hours a day are the adult children who live within the same households with older persons.
- 81 percent of older persons reported that they were primary care-givers to an older person
- 19 percent were secondary care givers.
- This shows that older persons take care of themselves.
- Older women (83 percent) were more likely to provide care to older persons than older men (77 percent).
- Seven in ten older persons were the primary care providers offering HIV and AIDS related help.
- About 45 percent of older persons financial assistance (cash, paying for bills, school fees) was for HIV/AIDS related help.

### 13.1 Introduction

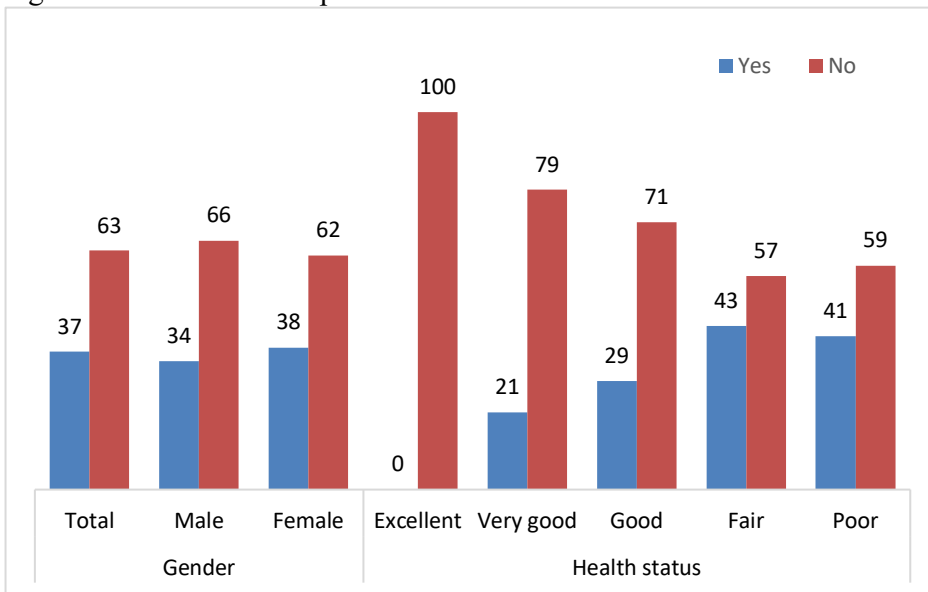
Traditionally, in Malawi as is the case in sub Saharan Africa, African lives have revolved around extended family system, which has provided co-residence with older persons. As older person age, appropriate care and support for them is a priority. The National Policy for Older Persons also notes that older persons age without any form of social security system, consequently family members and the community carry the responsibility of providing care to them.

### 13.2 Support and Help Received and Provided within the Household

Caregiving questions in MISA 2017 refer to the assistance older persons sought from someone with activities of daily living and time in provision of personal care to older persons. The survey asked older persons “*Thinking about the last twelve months, has any adult member of your household age 18 and older, including yourself, needed care or support for any reason?*”.

Figure 13.1 shows the extent of care giving to older persons within the household. In the survey, the proportion of respondents which needed personal care was 37 percent. Slightly more older women than older men needed care. There was a linear relationship between the prevalence of caregiving and health status; lower percentages were observed among older persons who reported excellent health status. Only 41 percent of older persons in poor health depended on someone.

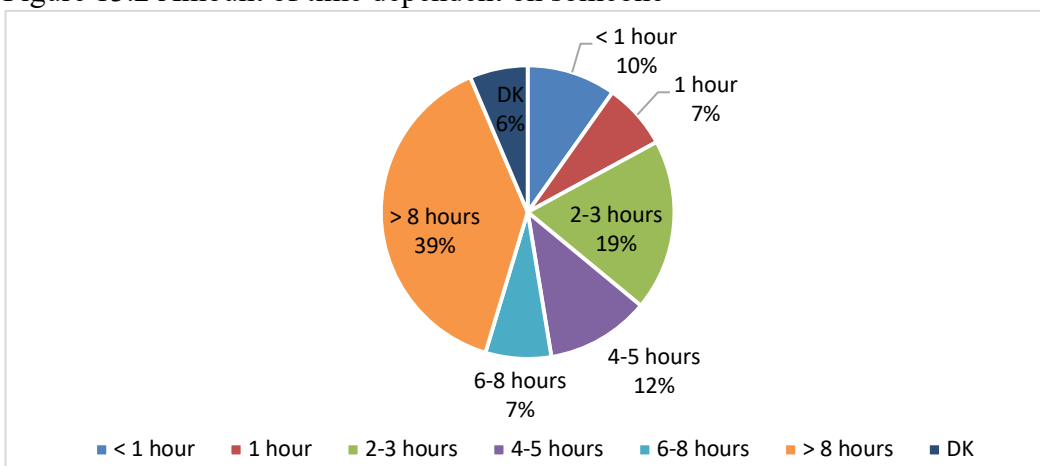
Figure 13.1 Functional dependence



### 13.3 Time Dependent on Someone Carrying out Daily Routine Activities

As older persons become frail, they rely on someone to carry out activities of daily living. For those who relied on someone, they were asked for the time care assistance was provided to them. Figure 13.2 shows that about 40 percent of older persons depended on someone to carryout ADL for more than eight hours a day. It is likely that those who provide care for eight hours a day are the adult children who live within the same households with older persons. Close to 20 percent needed care assistance for 2-3 hours in day.

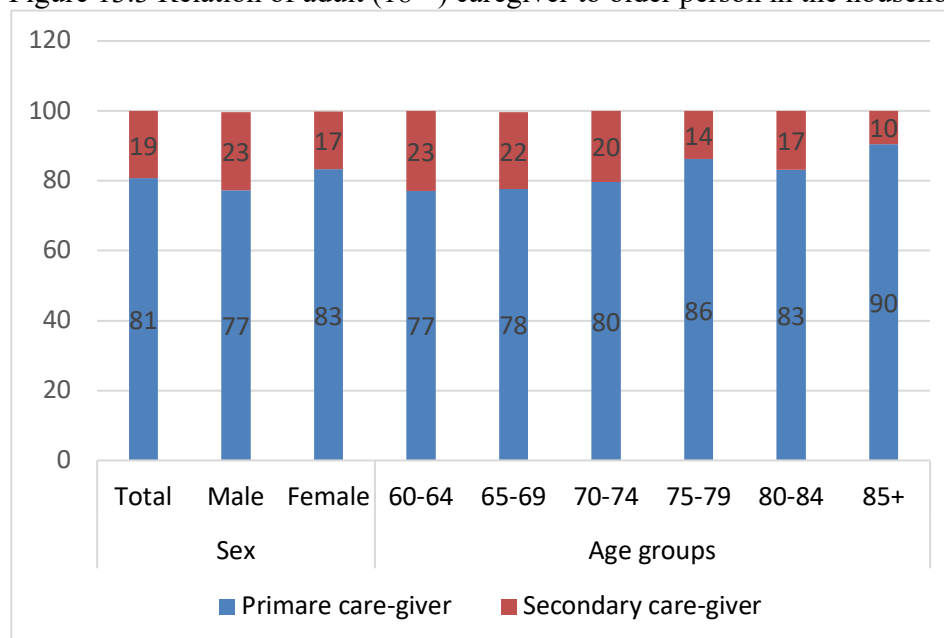
Figure 13.2 Amount of time dependent on someone



### 13.4 Type of Support and Main Adult Caregiver Providing Support

As illustration in Figure 13.3 show, 81 percent of older persons reported that they were primary care-givers to an older person, while 19 percent were secondary care givers. This shows that older persons take care of themselves. Older women (83 percent) were more likely to provide care to older persons than older men (77 percent).

Figure 13.3 Relation of adult (18 +) caregiver to older person in the household



The proportion of care-giving to an older person increases with age; 77 percent in the age category of 60-64 years reported providing care to an older person in the households, but the proportion increased to 90 percent for age 85 years and older. This finding could suggest that older person look after themselves.

Older persons were asked who was the main was the main person (person primarily responsible) for providing care to an adult in the household. Table 13.1 shows that seven in ten older persons were the primary care providers offering HIV and AIDS related help. About 45 percent provided financial help (cash, paying for bills, school fees) for HIV/AIDS related help. Out of those who provided help related to old age and with household chores, half each came from someone else in the household, while among those who provided dementia mental problems, 40 percent constituted people outside the household.

Table 13.1 Type of support by main person providing support for an adult

Type of support	Myself (respondent)	Someone else in the household	Someone else outside of the household	Total
Financial help (cash, paying for bills, school fees)	44.6	29.7	25.7	84062
Emotional help (social support, counselling)	41.7	34.8	23.5	11503
Help with household chores, transportation	29.8	50.9	19.3	18118
HIV/AIDS related help	70.0	16.9	13.1	4628
Physical disability help	36.3	25.2	38.5	2203

<i>Old age</i>	28.8	50.9	20.3	19109
<i>Dementia mental problems</i>	38.1	21.9	40.0	829
<i>Health care related help (administering medicines, applying bandages)</i>	37.8	44.3	17.9	23650
<i>Personal help (bathing, eating, dressing)</i>	29.5	51.2	19.3	4762
<i>Other reason (not health related)</i>	38.5	21.2	40.3	1434

## 13.5 Summary

The chapter has shown that older persons are primary care givers, mainly providing care to themselves. As shown, seven in ten older persons were the primary care providers offering HIV and AIDS related help. As demonstrated in this chapter, just under half of older persons (45 percent) provided financial help in the form of cash, paying for bills, and school fees, which indicates they take quite amount of responsibilities over other family members. This is intriguing because most of older persons do have means of steady means of income, including pension scheme. In many instances, due to high mortality rate of adults with HIV/AIDS which has produced millions of orphans whose care has largely been left to grandparents and other relatives, older persons have been expected to resume the caregiving responsibility to their orphaned grandchildren. The findings from this study confirm this; about seven in ten provide HIV and AIDS related help.



---

## 14. Abuse of Older Persons

---

### Key findings

- Slightly more older persons (14.2 percent) than older women (13.4 percent) had a positive score on the EASI screen.
- About 15 percent for whom suspicion of abuse was reported were older persons in age 65–69 years.
- Emotional/psychological abuse (36 percent) is the most pervasive form of abuse experienced by older persons
- Psychological abuse includes actions or behaviours that undermine an older person’s self-worth or wellbeing such as name calling, scaring, threatening, ridiculing, or blaming.
- Talking to an older person in a way that made him/her feel ashamed/threatened (30 percent)
- Using non-verbal behaviour to threaten or scare an older person (24.9 percent)
- Accusation of being a witch or using witchcraft (23.8 percent) was third.
- Calling unkind names (19.1 percent) was fourth in use of abusive verbal words to older persons

### 14.1 Introduction

The World Health Organization (WHO) defines abuse of older persons as a ‘single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person’. Older persons are one of the subpopulation groups most vulnerable to abuse. Abuse can be physical (e.g. beating), emotional/psychological (e.g. name calling), financial (e.g. misappropriation of money or property), sexual (e.g. forcing a person to take part in any sexual activity without his or her consent), neglect (failure to provide basic needs) and abandonment (leaving a person who is endangered alone). Some types of abuse of older adults involve violation of their rights. This chapter concerns with various forms of abuse perpetrated to older persons.

### 14.2 Elder Abuse Suspicion Index

This section describes the proportion of positive responses to each of the items in the elder abuse suspicion index (**Appendix**). A suspicion of abuse index was created for older persons who responded a positive response to each of the following questions:

*Q1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?*

*Q2. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?*

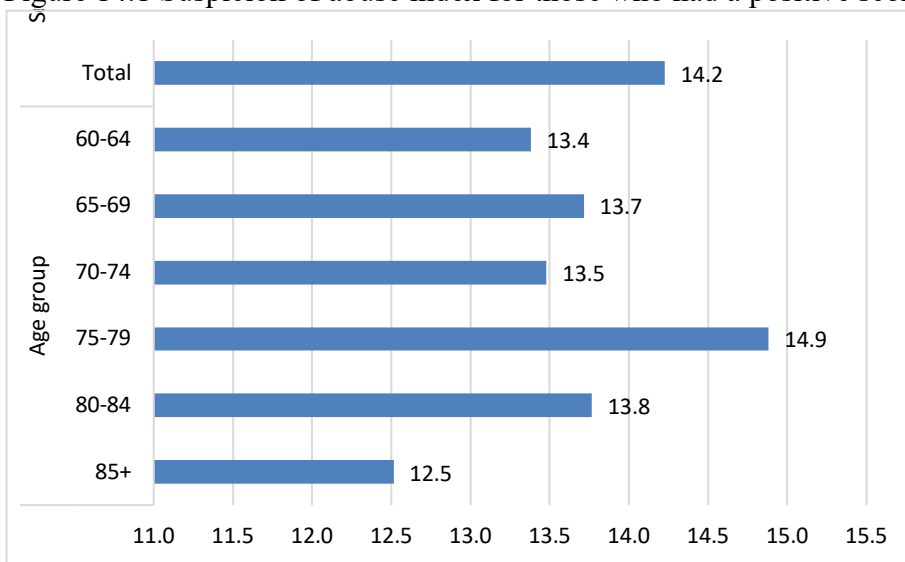
*Q3. Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you?*

*Q4. Called you unkind names or put you down?*

*Q5. Accused you of being a witch or using witchcraft?*

Figure 14.1 shows that older persons' suspicion index was at 13.7 percent. Slightly more older persons (14.2 percent) than older women (13.4 percent) had a positive score on the EASI screen. About 15 percent for whom suspicion of abuse was reported were older persons in age 65–69 years.

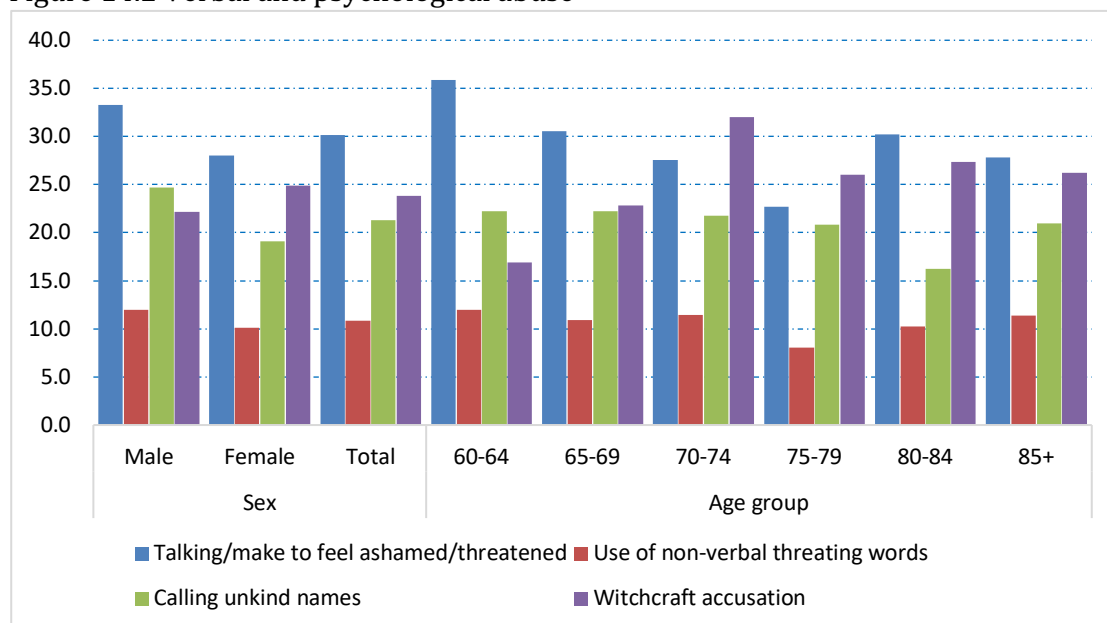
Figure 14.1 Suspicion of abuse index for those who had a positive score



### 14.3 Verbal and Psychological Abuse

Figure 14.2 describes the proportions of positive responses to each of the questions in the elder abuse index score. The highest proportion (one in three older persons) was observed among older persons who were upset because someone talked to them in a way that made them feel shamed or threatened. The second highest positive response was observed among older persons who whereby non-verbal words and threatening actions were said to them (24.9 percent). Accusation of being a witch or using witchcraft (23.8 percent) was third, while calling unkind names (19.1 percent) was fourth in use of abusive verbal words to older persons.

Figure 14.2 Verbal and psychological abuse



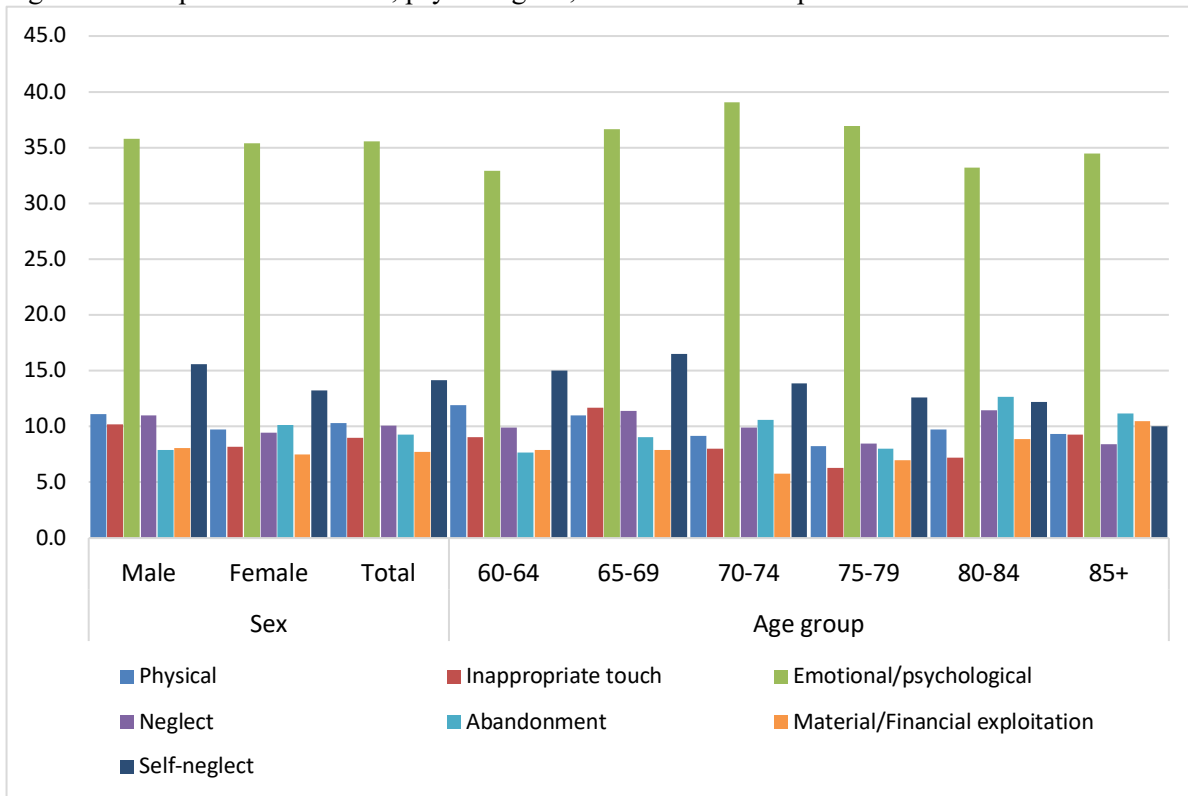
## 14.4 Verbal and Psychological, Financial and Interpersonal Abuse

This section presents excessive interference from other people in daily life of older persons which include, verbal, psychological, financial and interpersonal abuse. Psychological abuse includes actions or behaviors that undermine an older person's self-worth or wellbeing such as name calling, scaring, threatening, ridiculing, or blaming.

The results from the 2017 MISA survey indicate that emotional/psychological abuse (36 percent) is the most pervasive form of abuse experienced by older persons in Malawi. Older men (35.8 percent) were as likely as older women (35.4 percent) to report experiences of mistreatment in the previous 12 months, in particular emotional/psychological and interpersonal abuse. In addition to psychological or emotional abuse, other important types of abuses experienced by older persons are self-neglect (14 percent), physical abuse (10 percent), neglect (10 percent), sexual abuse (9 percent) and abandonment (9 percent).

People aged 70-79 years and aged 80 years or older experienced similar levels of overall mistreatment, double that of people aged 65-69 years (Figure 14.3). Those aged 70-79 years experienced more interpersonal abuse, while financial abuse was more common in the other two age groups. Financial abuse increased in the 80 years and older age group.

Figure 14.3 Experience of verbal, psychological, financial and interpersonal abuse



## 14.5 Summary

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. Most of them suffer abuse and exploitation as well as degrading, treatment from the relations who are supposed to treat them with dignity. However, the expectation for a fair treatment in their living environment is not always met, and requires interventions.

Issues of neglect, abuse and violence are highlighted in the Sustainable Development Goals, which call for action to elimination of all forms of neglect, abuse and violence on older persons, 2) creation of support services to address elder abuse. However, the findings indicate that these forms of abuse are prevalent, with emotional/ psychological abuse the most evasive form of abuse. Accusations of witchcraft practicing are also high in the country as a whole, which often result in older persons' property often stolen or destroyed, and they are banished from communities or are even killed. It has to be acknowledged that since elder abuse is a significant societal challenge, a large number of older persons might not have reported, which suggests that the proportions could be much higher.

Therefore, prevention and timely interventions aimed to address to address such rights violation through public awareness on the old persons' rights, promoting empowerment of older persons so that they can report such incidence and sensitize the police to provide protection to them.

---

## 15. Social Engagement of Older People

---

### Key findings

- Half of older persons expressed a positive attitude as they felt that they were often in tune with people around them.
- Older persons are socially integrated as measured by the responses
- Only eight percent of older persons appear to be socially isolated
- The mean number of participating in social events was 16.3.
- On average, older men reported participating in a greater number of total events (18.7) in the previous year than older women (14).
- Older persons were involved in a number of social gatherings including: attending a funeral, drama performance, a beer place, a place where people dance, market, a wedding, political meeting and a church/mosque/a place for religious gatherings/ a praying room.
- Church/mosque or prayer room was the most attended activity (3.3 times)

### 15.1 Introduction

There are many ways of describing older adults' engagement in social activities and the type and number of social connections they maintain. This chapter focuses on older persons' social engagement as demonstrated by participation in specific leisure activities and contact of community leadership.

To facilitate the understanding of social participation and loneliness, 2017 MISA survey asked respondents a set of questions that captured: (1) feeling in tune with the people around you, (2) feeling lack of companionship, (3) feeling left out, (4) feel lonely and feel isolated from others. The response categories were never, rarely, sometimes and often.

Table 15.1 shows the distribution of older persons who expressed how well they were integrated in the society by age and sex. Half of older persons expressed a positive attitude as they felt that they were often in tune with people around them. Expressed in reverse response (those who responded "never"), lack of companionship (42.8 percent), feeling left out (40.7 percent), feeling lonely (40.7 percent) and feeling isolated from others (48.2 percent). The proportions indicate that older persons are socially integrated as measured by the responses, but approximately eight percent of older men and older women reported "often" to the questions, suggesting that they were socially isolated.

There are not significant differences between older men and older women by sex. Lack of large disparity may be attributed to the fact that older persons reside in the rural communities, which integrate older persons well. However, some differences were identified in some aspects of social engagement by two extremes of age; the proportion of older persons age 60-64 years was slightly higher than age 85 years and older.

Table 15.1 Percentage of older people who rate their integration by sex and age

	Male	Female	60-64	65-69	70-74	75-79	80-84	85+	Total
<b>Feeling in tune with the people around you</b>									
Never	12.1	12.9	11.4	15.6	10.9	12.2	12.1	11.9	12.1
Rarely	12.7	13.0	10.7	13.7	15.3	13.7	10.7	14.0	12.7
Sometimes	25.0	23.2	23.7	25.0	21.2	23.5	27.2	24.0	25.0
Often	49.7	50.2	53.9	45.0	51.4	50.6	50.0	48.5	49.7
Don't know	0.5	0.7	0.3	0.7	1.2	0.0	0.0	1.6	0.5
Total	100	100	100	100	100	100	100	100	100
<b>Feeling lack companionship</b>									
Never	42.9	42.7	43.8	43.9	40.7	45.7	42.7	35.5	42.8
Rarely	29.2	27.4	28.8	30.9	29.8	22.9	26.0	26.0	28.1
Sometimes	20.8	21.6	20.6	20.4	20.9	23.1	22.0	22.9	21.3
Often	6.9	7.9	6.8	4.6	8.1	7.8	8.8	14.7	7.5
DK	0.2	0.4	0.0	0.2	0.4	0.4	0.6	1.0	0.3
Total	100	100	100	100	100	100	100	100	100
<b>How often do you feel left out?</b>									
Never	39.3	41.7	38.9	40.1	39.6	45.1	44.8	39.1	40.7
Rarely	30.7	25.9	29.4	28.5	27.7	26.2	28.5	23.8	27.8
Sometimes	21.1	22.2	22.8	22.0	23.7	18.3	17.6	24.1	21.8
Often	7.6	9.4	7.9	8.1	8.3	10.0	9.1	11.0	8.7
DK	1.3	0.8	1.0	1.3	0.8	0.4	0.0	2.0	0.9
Total	100	100	100	100	100	100	100	100	100
<b>Feel lonely</b>									
Never	41.8	40.0	37.3	41.6	42.2	46.3	42.2	35.9	40.7
Rarely	34.3	30.0	36.2	33.4	27.7	26.8	31.7	28.0	31.7
Sometimes	17.0	20.1	18.5	17.3	20.7	19.7	16.2	22.7	18.9
Often	6.7	9.2	7.6	7.5	8.1	7.1	9.9	12.1	8.2
DK	0.2	0.7	0.4	0.2	1.3	0.1	0.0	1.3	0.5
Total	100	100	100	100	100	100	100	100	100
<b>Feel isolated from others</b>									
Never	46.5	49.4	49.2	47.5	51.0	50.9	42.3	43.5	48.2
Rarely	25.7	23.1	24.3	25.9	23.1	20.7	28.4	23.0	24.2
Sometimes	19.6	18.2	18.2	17.7	20.7	18.3	18.6	20.5	18.7
Often	7.7	8.1	8.1	7.8	3.8	9.8	10.7	9.7	8.0
DK	0.5	1.2	0.2	1.1	1.4	0.3	0.0	3.3	0.9
Total	100	100	100	100	100	100	100	100	100
<b>Number</b>	<b>83093</b>	<b>126611</b>	<b>58404</b>	<b>50177</b>	<b>33677</b>	<b>30673</b>	<b>17558</b>	<b>19215</b>	<b>209704</b>

## 15.2 Social Participation

MISA 2017 assessed social participation of older persons using a set of social activities that are among the most common in rural Malawi. Older persons were asked “How many times in the last year have you been to: (1) a funeral, (2) a drama performance, (3) a beer place, (4) a place where people dance, (5) a market, (6) a wedding, (7) a political meeting and (5) a church/mosque/a place for religious gatherings/ a praying room. The information was from the number of times in the last year that respondents have attended the activities.

Table 15.2 shows that the mean number of participating in social events was 16.3. Older men reported participating in a greater number of total events (18.7) in the previous year than older women (14), on average.

Religion is another way in which people engage with their communities. This can occur through active participation in religious services, prayer, or volunteering with religious-based organizations. Church/mosque or prayer room was the most attended activity (3.3), although there are not substantial differences between older men and older women. Participation declines as age increases. This could be attributed to physical limitations that increase with age.

Table 15.2 Mean number of social participations in various activities in the past year

	Funeral	Drama performance	A beer place	Place where people dance	Market	Wedding	Political meeting	Church/mosque	Total Events
<b><i>Sex</i></b>									
<i>Male</i>	2.9	1.4	3.2	1.9	2.5	1.4	1.6	3.7	18.7
<i>Female</i>	2.6	1.1	1.4	1.5	2.0	1.3	1.1	3.0	14.0
<b><i>Age group</i></b>									
<i>60-64</i>	2.8	1.1	2.1	1.8	2.3	1.5	1.4	2.5	15.4
<i>65-69</i>	3.0	1.2	3.0	1.5	2.3	1.2	1.7	3.2	17.2
<i>70-74</i>	3.0	1.4	2.6	2.1	2.2	1.3	1.3	2.5	16.3
<i>75-79</i>	2.4	1.5	2.1	1.6	1.9	1.4	1.1	4.6	16.7
<i>80-84</i>	2.5	1.3	3.6	0.9	2.1	1.1	0.9	5.5	17.8
<i>85+</i>	2.0	1.2	1.7	1.5	1.5	1.3	0.9	3.3	13.4
<b><i>Total</i></b>	<b>2.7</b>	<b>1.2</b>	<b>2.5</b>	<b>1.7</b>	<b>2.2</b>	<b>1.3</b>	<b>1.3</b>	<b>3.3</b>	<b>16.3</b>

Figure 15.1 and Figure 15.2 assess social participation by sex and age, respectively. It is not surprising that older persons spoke most to the village headman (2.8) followed by the traditional (1.1) authority. The findings are consistent with community leadership hierarchy in Malawi. When a dispute arises, the first contact persons in the community is the village headman, and if issues are not resolved, they are escalated to the traditional authority.

A member of the district assembly, members of parliament and police are less spoken to. This may be attributed to the fact that these officials reside outside communities of older persons and the frequency with which they are in contact with them may be reduced, but it also suggests that distance involved in access them may pose physical limitation.

Figure 15.1 Number of times older persons spoke to community leaders/government official in the last year by sex

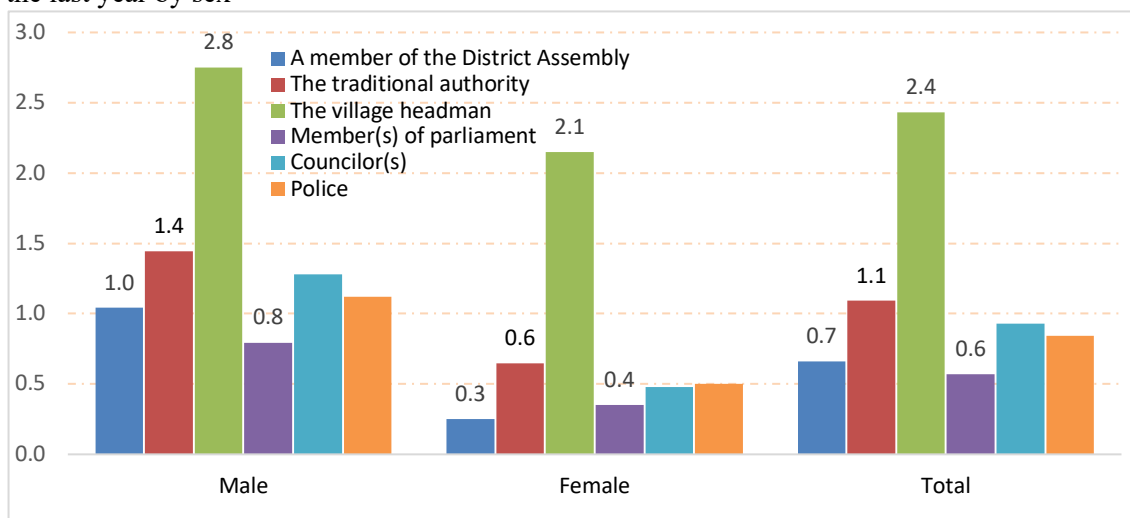
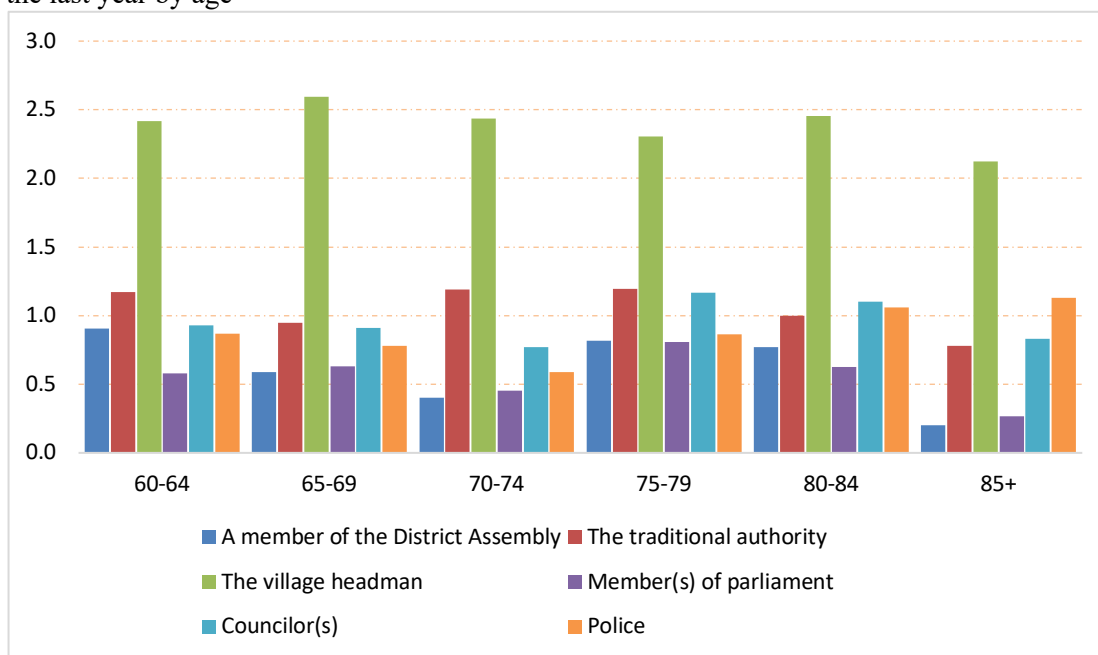


Figure 15.2 Number of times older persons spoke to community leaders/government official in the last year by age



### 15.3 Summary

The chapter analyzed older persons in the context of the number of activities engaged in their social life and the feeling of how well they are integrated in their neighborhood networks. Although only about eight percent reported socially isolated, better interventions must be developed for those who are isolated and lonely for inclusive living. The aim of the Madrid Plan for Action on Ageing is “to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights”. This is a central theme in the empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies. To this end, achieving the integration and participation of older persons in society are important elements.



---

## 16. Conclusion and Recommendation

---

The present section provides the broad conclusions from the 2017 MISA survey findings, which can be used to guide section implementation of the National Policy of Older Persons. The findings from MISA 2017 cannot come at any better time than this because they provide the empirical evidence on the situation of older persons in the survey districts, which could be the same for the country. Also, for older persons to live an eventful and enjoyable time, it calls for enacting policies and implementing programs that are friendly to them, hence the findings of the 2017 MISA survey will go a long towards meeting the needs and addressing the challenges of older persons in the country.

### *Housing and Living Environment*

The survey reveal that lack of clean water is a crucial problem for older persons in the study areas, which might be the case for the country. Furthermore, it was noted that most older persons use tube well/bore hole as the main source of water, while a small fraction reported using piped water into dwelling yards. The findings also indicate that a small proportion of older persons treat water. Dependence on unimproved source of water puts their health at risk.

With reduced mobility, having toilet facility within the dwelling is preferable. However, the Survey has revealed that most of the households have toilet facilities which are located outside their houses, which may be a major daily living problem that confronts some of the older persons. It is also important to note some of older persons reported not have any type of toilet facility, although this was a small proportion.

Most older persons live in structures, usually grass thatched ones with mud walls; the state of the houses they occupy may put them and their dependants under danger as they threaten to collapse over them especially during the rains.

While the National Population Policy Priority Area number two stresses promotion of access to health, water and sanitation services – the evidence suggests that older persons face challenges in accessing health, safe and clean water as well as improved sanitation, which is a fundamental human right.

### *Education and Training*

The findings of the survey highlight the general phenomenon among older persons – lack of education opportunities in their youth. For example, the proportions of older persons who reached secondary education shrank substantially for those who completed secondary education, which reflects the lack of education opportunities in their youth generation.

### *Support for Social support system in old age*

One of the most important implications of an increasingly female older adult population in Malawi will be the prevalence of widowhood among women. Higher female life expectancies and higher average male age at first marriage are sharply increasing will contribute to the population of widowed females. Women whose husbands have died may also spend more years of their lives as widows. Most notably, widowed females may suffer from income insecurity due to inheritance traditions. This is highly significant because in many Malawian

communities, widowed women have historically suffered from social stigmatization and discrimination, although evidence exists for improvement in the treatment of widows in the country as a whole as a result of enactments of family and child law.

### *Neglect, Abuse and Violence*

The results from the 2017 MISA survey indicate that emotional/psychological abuse is the most pervasive form of abuse experienced by older persons in Malawi. Psychological abuse includes actions or behaviours that undermine an older person's self-worth or wellbeing such as name calling, scaring, threatening, ridiculing, or blaming. Older persons who face such abuses are likely to be segregated and marginalised leading to loneliness, loss of self-esteem and economic deprivation.

The findings also demonstrate high prevalence of accusation of witchcraft practice perpetrated against older persons. This is concerning considering that there have been cases in Malawi where a number of older persons lost their lives and property or were maimed for life. There are no mechanisms in place to protect the rights of older persons resulting in their continued abuse.

### *Poverty*

While surveys in the country simply take the household as the unit of observation, in which case any analysis of differential treatment of certain members in the household becomes impossible, this survey has provided an opportunity to assess the economic situation of older persons, which included their source of income, asset accumulation and access to debts and loans.

The findings showed that the family remains the main and most appropriate form of support for older persons; son or daughter play a vital role in meeting the needs of older persons suggesting that older persons do not have a regular income. While family is the main source of income, and that some older persons have access to social welfare, the evidence suggests that older persons' households are currently struggling financially. Others also suggested that the household income had worsened compared to the previous year. Nearly three quarters of older persons reported in debts and had loans of about MWK50000. This finding suggests the need for financial services industry that should include older persons.

### *Food and Nutrition*

Reliable access to a sufficient quantity of affordable and nutritious food is important for the health of older persons. As the findings indicate, due to lack of income or food insecurity, some older persons were unable to access the diet or food they usually eat. Specifically, over nine in ten older persons had to cut size of meals or skip meals because there was not enough money for food. Low income and limited access to land exacerbates the food and nutrition situation. Disruption to access to food places older persons to an increased risk of poor nutritional and health status. Thus, lack of a balanced diet leaves many emaciated and exposed to diseases that could be avoided.

### *Health situation of Older Persons*

Despite the impacts of the pandemic being known, prevention and awareness campaigns almost exclusively target younger people and adolescents. HIV prevalence rates among older persons virtually do not exist since the focus is for the ages 15-49 and for 15—54 among women and men, respectively. As demonstrated in the study, older persons have elevated HIV risk factors. The findings show that older persons have limited access to HIV medication which declines gradually with increasing age of older persons. This may result in them starting treatment late. Late diagnoses can occur because health care providers may not always test older persons for HIV infection, and older persons may not consider themselves to be at risk of HIV infection or may mistake HIV symptoms for those of normal aging and not consider HIV as a cause. Late health seeking behavior was also confirmed in the study whereby half of older persons reported seeking HIV testing was "because I wanted to find out," followed by "illness," and "suspected of HIV positive."

The post-2015 agenda also calls for the need for a better understanding of the magnitude and underlying causes of ill health and morbidity among older persons. Goal 3 ensures healthy lives and promote well-being for all at all ages. With the proportions of older persons expected to increase, there will be a need to understand the magnitude and the implication of changes for older persons, their families and patterns of health utilization over time. Specific reference in Goal 3 mentions prevention of premature deaths from communicable diseases and HIV and AIDS.

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.

### **16.1 Recommendations**

The best approach is to avoid abuse before it happens. Prevention strategies may include awareness raising in society about appropriate behavior and available services. Support services may help to mitigate risk factors that are located with older people who live alone or depend on an abusive family member or with an abuser who is overburdened with the care responsibilities.

There is need for a heightened awareness of older persons' abuse and organized responses to the problem, both which should evolve rapidly given the evidence from the 2017 MISA report. A negative attitude towards older persons has led to their exclusion from important services such as education and training, health, loan facilities from financial institutions, among others. These need to be countered through awareness raising about the important role of older persons in development and in the community as a whole, the more so as Malawi does not have a social welfare and a pension scheme.

Education and literacy. There is a need to invest in older persons education and adult literacy systems as well as create a favorable and enabling policy environment for the aged skills'

development. Ensuring that education, health and employment systems can meet the needs of older persons and absorb even larger numbers of the aged in the future will help support more sustainable development. Helping older persons develop skills which they can use in retirement relevant to the job market and start an independent livelihood are critical to ensure they can positively contribute to the community and to the development of Malawi. These investments will not only protect the health and well-being of older persons and equip them with the knowledge and skills to positively shape their families and communities, but will also lead to greater social and economic development at the national level.

With falling fertility and improvements in mortality, the number of older persons will continue to grow, there are major planning implications for social services such as health care and their well-being. To protect and promote the health of the country's current and future generation of older persons, Malawi must intensify its efforts to combat malaria and HIV/AIDS and ensure the availability of services and programs that target older persons.

## **16.2 What needs to be done**

- There is need to undertake awareness raising campaigns to sensitise professionals and educate the general public on the needs and rights of older persons.
- As mentioned previously, the capacity of health-service staff to provide geriatric care is limited both in their number and skills mix, and until recently there were no public-sector training programmes in caregiving skills and medical care for older people.
- The health well-being of Organisations working with and for older persons (i.e. MANEPO) need to have their capacity strengthened to create a strong voice for the rights of older people and to call for the actions as stipulated in the National Policy on Older Persons.
- Relevant stakeholders are urged to analyse information from the 2017 MISA Survey data and thus increase understanding of the state of older persons ageing in the country.
- Existing policies and programmes of the academia, government, donor community, civil society and private sector need to be reviewed to incorporate issues of older persons in relation with the study findings.
- More research on ageing is therefore needed to provide essential evidence for the formulation of relevant policies.

## Appendix 1: Sampling procedure

In order for the sample estimates from the Malawi Survey on Aging to be representative of the household-based population age 60 years and older in each district, it is necessary to multiply the data by a sampling weight, or expansion factor. The basic weight for each sample household is equal to the inverse of its probability of selection (calculated by multiplying the probabilities at each sampling stage).

As indicated previously, the sample EAs for this survey were selected within each district with PPS from the 2008 Malawi Census frame. The measure of size for each EA was the number of households with at least one person aged 52 years or older in the 2008 Census frame. Following a listing that identified all the eligible households with at least one person aged 60 or older in each sample EA, at the second stage 12 eligible sample households were selected with equal probability from the listing. Therefore, the overall probability of selection for the sample eligible households can be expressed as follows:

$$p_{hi} = \frac{n_h \times M_{hi}}{M_h} \times \frac{m_{hi}}{M'_{hi}},$$

where:

$p_{hi}$  = overall sampling probability for eligible households selected for the survey in the i-th sample EA in district h

$n_h$  = 40 = number of sample EAs selected in district h

$M_{hi}$  = total number of households with at least one person aged 52 years or older in the 2008 Malawi Census data for the i-th sample EA in district h

$M_h$  = total number of households with at least one person aged 52 years or older in the 2008 Malawi Census data for district h

$m_{hi}$  = 12 = number of sample eligible households with at least one person aged 60 years or older selected in the i-th sample EA in district h

$M'_{hi}$  = total number of households with at least one person aged 60 years or older listed in the i-th sample EA in district h

The basic weight for the sample households is the inverse of this probability of selection, expressed as follows:

$$W_{hi} = \frac{1}{p_{hi}} = \frac{M_h \times M'_{hi}}{n_h \times M_{hi} \times m_{hi}},$$

where:

$W_{hi}$  = basic weight for the sample eligible households in the i-th sample EA in district h

Following the survey data collection, it was necessary to adjust the basic weights to account for non-interviews, as follows:

$$W'_{hi} = W_{hi} \times \frac{m_{hi}}{m'_{hi}},$$

where:

$W'_{hi}$  = adjusted weight for the sample households in the i-th sample EA in district h

$m'_{hi}$  = number of sample eligible households with completed interviews in the i-th sample EA in district h

## Appendix 2: Elder Abuse Suspicion Index

<b>ELDER ABUSE SUSPICION INDEX © (EASI)</b>			
	<b>1. Yes</b>	<b>2. No</b>	<b>3. Did not answer</b>
<b>EA1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</b>			
<b>EA2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?</b>			
<b>EA3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?</b>			
<b>EA4. Has anyone tried to force you to sign papers or to use your money against your will?</b>			
<b>EA5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?</b>			
<b>In the past 12 months, has anyone ever:</b>			
<b>EA6. Taken things away or threatened to take things away from you?</b>			
<b>EA7. Abandoned or threatened to abandon you?</b>			
<b>EA8. Harmed or threatened to harm someone or something close to you (kids, pets, etc.)?</b>			
<b>EA9. Used non-verbal behavior such as shaking a fist, pushing, poking, or slapping, to threaten or scare you?</b>			
<b>EA10. Manipulated you by withholding affection and love?</b>			
<b>EA11. Behaved in ways that frighten or intimidate you?</b>			
<b>EA12. Confined you against your will?</b>			
<b>EA13. Prevented you from contacting family, friends, or community resources?</b>			
<b>EA14. Kept things from you or lied about things that you should know about?</b>			
<b>EA15. Called you unkind names or put you down?</b>			
<b>EA16. Accused you of being a witch or using witchcraft?</b>			
<b>EA17. Felt entitled to use your money on themselves?</b>			

## References

- Arriaga, E. E., et al. (1994). Population analysis with microcomputers, United States Bureau of the Census.
- Ashforth, A. (2015). "Witchcraft, justice, and human rights in Africa: cases from Malawi." African Studies Review **58**(1): 5-38.
- Boutayeb, A. (2009). The impact of HIV/AIDS on human development in African countries. *BMC Public Health*, 9 (1), S3.
- Chilimampungu, C. and G. Thindwa (2012). The Extent and Nature of Witchcraft-Based Violence against Children, Women and the Elderly in Malawi, Sociology Department, Chancellor College, University of Malawi, Zomba
- de Wagt, Arjan & Connolly, M. (2004). Orphans and the impact of HIV/AIDS in sub-Saharan Africa. *Food, Nutrition and Agriculture*. 34.
- Dixon, S., McDonald, S., & Roberts, J. (2002). The impact of HIV and AIDS on Africa's economic development. *BMJ: British Medical Journal*, 324(7331), 232.
- GoM (2016). National Policy for Older Persons. Lilongwe, Ministry of Gender, Children, Disability and Social Welfare
- Gouvernement of Malawi (2006). Malawi Growth and Development Strategy (MGDS). Ministry of Economic Planning and Development. Lilongwe: Government of Malawi.
- Gouvernement of Malawi (2018). Malawi Growth Development Strategy (MGDS III) (2017-2022). Ministry of Economic Planning and Development. Lilongwe: Government of Malawi.
- Government of Malawi (1994). The Constitution of the Republic of Malawi, Lilongwe, Malawi.
- ICF International (2012). Demographic and Health Survey Sampling and Household Listing Manual. Measure DHS, Calverton, Maryland, USA: ICF International, [https://dhsprogram.com/pubs/pdf/DHSM4/DHS6\\_Sampling\\_Manual\\_Sept2012\\_DHSM4.pdf](https://dhsprogram.com/pubs/pdf/DHSM4/DHS6_Sampling_Manual_Sept2012_DHSM4.pdf).
- Malawi Parliament (2011). The Malawi Gazette Supplement: Pensions Act 2010, Malawi. Lilongwe.
- National Statistical Office (NSO) (2010). Population and Housing Census Population Projection. Zomba.
- National Statistical Office (NSO) [Malawi], and. ICF, (2017). Malawi Demographic and Health Survey 2004. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF.
- NSO (2012). Integrated Household Survey 2010-2011: Household Socio-economic Characteristics Report. Zomba: National Statistical Office.
- Phiri, K. M. (1983). "Some Changes in the Matrilineal Family System among the Chewa of Malawi since the Nineteenth Century." The Journal of African History **Vol. 24**(No. 2): pp. 257-274.
- Boutayeb, A. (2009). The impact of HIV/AIDS on human development in African countries. *BMC Public Health*, 9 (1), S3.
- Sneeringer, S. E. (2009). Fertility Transition in Sub-Saharan Africa: A Comparative Analysis of Cohort Trends in 30 Countries. DHS Comparative Reports No. 23. ICF Macro Calverton, Maryland.
- UNDESA (2017). World Population Prospects: The 2017 Revision. New York. **Volume I: Comprehensive Tables (ST/ESA/SER.A/399)**.
- United Nations Statistics Division (2005). Designing household survey samples: Practical guidelines. New York: United Nations, Department of Economic and Social Affairs, Statistics

Division, Studies in Methods, Series F No. 98,  
<http://unstats.un.org/unsd/demographic/sources/surveys/Handbook23June05.pdf> .