

Malawi on findings and implications for Agenda 2030 of country pilot of the MISA - multiple indicator survey on ageing

9 July 2019

Karoline Schmid

Population Division/DESA

www.unpopulation.org



Ageism & discrimination

Selected findings from the Multi Indicator Survey on Ageing (MISA) piloted in Malawi

- I. Ageism: myths debunked with data
- II. Ageism, discrimination and abuse – empirical evidence as a basis for action

Ageism: myths debunked with data

Myth 1: older persons are economically dependent

Facts: older persons continue to work in agriculture

- 69% of older persons (60 years or older) were engaged in agricultural work;
- Over two in three persons who reported to be in poor health were still working in agriculture;
- 34% reported to provide financial assistance to a family member suffering from HIV/AIDS.

Ageism: myths debunked with data

Myth 2: older persons are dependent on health care

Facts: older persons are major care providers:

- 81% of older persons (60 years or older) reported to care for other older persons;
- 7 in 10 older persons were primary care givers offering HIV/AIDS related support to a family member;
- 34% provide care to HIV/AIDS orphans under age 18

Ageism: myths debunked with data

Myth 3: older persons are frail and in bad health

Facts: older persons are quite often in good health:

- 40% of older persons reported to be in good health;
- 15% reported to be in very good health;
- 3 % reported to be in an excellent state of health.

Ageism, discrimination and abuse – empirical evidence as a basis for action

Fact 1: education & poverty – gender gaps

- The distribution of income quintiles among the older persons as 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 older persons household heads had no education. The proportion of household heads with no education was higher for females than for males.

Ageism, discrimination and abuse – empirical evidence as a basis for action

Fact 2: Older persons suffer from food insecurity

Older persons employed several mechanisms to avert the hunger situation:

- 93 percent of households with older persons 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 (over the last 12 months);
- 13 percent of older persons ate less monthly because there was not enough food, while over half (55.1 percent) could not afford food occasionally.

Ageism, discrimination and abuse – empirical evidence as a basis for action

Fact 3: Health service & care provision at times not appropriate

- Health service provision is at times not older persons friendly and fails to cater specifically for older persons' health needs;
- Often lack of medication for old age diseases;
- Non-availability of long-term & palliate care services and lack of financial resources to cover health care expenses;
- Distance to health care facilities often far & thus limiting access of older persons to care facilities.

Ageism, discrimination and abuse – empirical evidence as a basis for action

Fact 4: Various forms of abuse prevalent

- 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 were self-neglect (14 percent), physical abuse (10 percent), neglect (10 percent), sexual abuse (9 percent) and abandonment (9 percent).

Summary and conclusion

1. Including older persons themselves in empirical evidence collection is critical to debunk ageism myths and to assess the scope of discrimination and ageism;
2. Including older persons in the conversation to develop approaches to combat and eliminate discrimination and ageism is critical to be successful;
3. More research needed that focuses on older persons themselves (no proxy-interviews);
4. It is important to understand the social, cultural and economic background;
5. There is no 'one size fits all approach'!