

PLEASE NOTE: Paul Kowal suggested that I submit this abstract under Session 1301 for a special session with other analyses of WHO-SAGE data. If such a session is not created, please consider this under session 903: Aging and Well-Being: Social, Economic, and Psychological Dimensions.

Gender, pensions, and social wellbeing in rural South Africa

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Short Abstract (150 words):

We explore relationships of sex and age to measures of social wellbeing among persons age 50+ in a high HIV-prevalence area of rural South Africa. Older South Africans' HIV-infection rates are low; AIDS affects them primarily through illness of adult children and caregiving for the next generations. In addition, high levels of unemployment and poverty and increasing rates of non-communicable disease may decrease overall social wellbeing. Due to gendered roles, women often have greater caregiving burdens; and pre-pension eligible (under age 60) elders have fewer financial resources on which they and their kin can rely. Using WHO-Study of Global Aging survey data from the MRC/Wits Rural Health and Health Transitions Research Unit (Agincourt), we consider multiple social wellbeing indicators. We hypothesize that social wellbeing is lower among women compared to men and among pre-pension-eligible compared to pension-eligible adults; further there may be an interaction with family experience with AIDS.

Expanded Abstract:

Purpose of analysis: There is evidence from other work in this region that self-rated health, and composite measures of functional ability (WHODASi) and quality of life (WHOQoL) are worse among women than men (Gomez-Olive et al. *forthcoming*). South Africa provides a means tested non-contributory pension to all adults over the age of 60 (Case and Deaton 1998; [SADSD] 2002), providing financial resources to those over age 60 not accessible to those aged 50-59.¹ Evidence from qualitative work in the study site suggests that those without access to the pension worry more about making ends meet (Ogunmefun & Schatz 2009). We seek to explore whether these same patterns emerge for individual social wellbeing indicators, some of which contribute to the WHOQoL, collected as part of the WHO Study on Global Aging and Adult Health (SAGE) in the MRC/Wits Rural Health and Health Transitions Research (Agincourt) site in rural South Africa in 2005. Further, we explore if there is an interaction with family experience with AIDS.

¹ The age-eligibility for both men and women as of 2010 is age 60. Since the data we analyze were collected prior to this change, we retain the earlier eligibility ages of 65 for men and 60 for women to define "older" persons and heads of household. We use age as a proxy for pension-receipt as virtually all households in the study area meet the means test.

Background: The United Nations (1999) predicts that 14 % of the South African population will be over 60 in 2050, compared to just 6 % in 1999. Changes in age and cause-specific mortality have shifted in South Africa, with significant increases in mortality rates among children under five, men 30-49 years old, and women 15-29, 30-49, and 50-64 years old (Anderson and Phillips 2006; Kahn 2006; Zuberi, Sibanda, and Udjo 2005). Much of the mortality increase among children and prime-aged adults is due to AIDS, whereas the mortality increase among women in the 50-64 age group is primarily due to non-communicable diseases: stroke, diabetes and hypertension (Kahn 2006; Kahn et al. 2006; Mayosi et al. 2009; Thorogood et al. 2007).

While the infection rates among older persons are low, the effects of HIV/AIDS on the older persons are multi-faceted. One key aspect is their roles as caregivers to grandchildren after the death of their own children particularly in the context of multigenerational households (Møller 1998; Møller and Devey 2003; Munthre and Maharaj 2010). Older persons, more often women, who become caregivers for adult children living with HIV/AIDS and AIDS orphans, experience increased emotional, economic, and physical strain (Ferreira 2004; HelpAgeInternational 2003, 2008). A second aspect is that they must cope with the loss of income and support previously provided by those who become sick or are lost to AIDS (HelpAgeInternational 2005; Williams and Tumwekwase 2001). A third issue is that the death of prime age adults is likely to alter household composition and in particular, the positioning of older persons in the household (HelpAgeInternational 2004a, 2004b; Monasch and Boerma 2004). In this context, elements of social wellbeing (operationalized in this paper through measures of interpersonal activity, affect, and subjective wellbeing and quality of life), may be greatly impacted both by the gendered expectations (e.g. caregiving for those sick with or orphaned by HIV/AIDS) and financial obligations (e.g. more easily met by individuals receiving a pension).

Data & Methods: The WHO-Study of Global Aging and Adult Health survey was conducted in 2005 in the Agincourt study site as part of a multi-country longitudinal survey program to better understand health and wellbeing of adult populations in developing countries (<http://www.who.int/healthinfo/systems/sage/en/index.html>). This paper will make use of the “Short” version of the questionnaire, which was conducted with all persons over the age of 50 in the Agincourt site (N=4085). These data will be available to the lead author to begin analysis by the end of September. [See more details on the sample and data collection at Gomez-Olive et al. *forthcoming*.]

The measures that we will use to explore issues of social wellbeing come from a number of different constructs in the survey—interpersonal activities, affect, and subjective wellbeing and quality of life. These constructs are often put together, with a number of others, to determine overall quality of life. Here we examine a few of these constructs separately to assess if some measures are more sensitive to age and sex differences than others. Regression analysis, with separate models for each outcome question listed below, will control for a number of individual

characteristics (e.g. marital status, education level, occupation status in previous year, nationality of origin-Mozambique or South Africa, self-rated health) and household level variables (quintile of household assets score, household size, number of children in the household, etc.

After exploratory examination of each measure, we will determine how to group responses to maximize understanding of differences over categories.

Interpersonal activities (1 question): Overall in the last 30 days, how much difficulty did you have with personal relationships or participation in the community? (none, mild, moderate, severe, extreme/cannot do)

Affect (2 questions): Overall in the last 30 days, how much of a problem did you have with feeling sad, low or depressed? (none, mild, moderate, severe, extreme/cannot do)

Overall in the last 30 days, how much of a problem did you have with worry or anxiety? (none, mild, moderate, severe, extreme/cannot do)

Subjective wellbeing & Quality of life (2 questions): Taking all things [satisfaction with self, ability to complete ADLs, personal relationships, living conditions] together, how satisfied are you with your life as a whole these days? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)

Taking all things together, how would you say you are these days? (very happy, happy, neither happy nor unhappy, unhappy, very unhappy)

Discussion: While the statistical analysis might uncover age and sex differences in the above mentioned indicators, the discussion of the results will make connections between age and pension-receipt, and between sex and gender roles, that will provide insight into the mechanisms and practices that might be the foundation for these differences. Further this section will provide an in depth discussion about the mechanisms through which AIDS might interact with age and gender to increase the differences between age-groups and men/women in terms of these social wellbeing indicators. The discussion will also highlight policy implications of the results.

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