
THE CHANGING ROLE OF OLDER PEOPLE IN AFRICAN HOUSEHOLDS AND THE IMPACT OF AGEING ON AFRICAN FAMILY STRUCTURES

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The Ageing in Africa Conference, Johannesburg
18th to 20th August, 2004

Introduction

The role of older people in African households has changed significantly over time. Traditionally, their role was to advise, direct and lead their families and societies in those practices, rituals and ceremonies that ensured their survival, existence and continuity. They were involved in the socialisation of society and ensured the attainment and passing on of society's knowledge, values and norms. The advent of formal education, the Church and a modern way of life meant a change in the roles played by older people. However, the onset of HIV/AIDS has added another dimension to the whole scenario. Its devastating impact coupled with the effects of population ageing, means that older people are now key to the survival of an increasing number of orphaned and vulnerable children and those adults that are sick from AIDS. Older people play this very difficult role with no resources at their disposal and absolutely no recognition for their efforts.

Defining Older People

It is important that the definition of older people be understood, as there are many factors that may complicate the issue. The United Nations defines older people as those aged 60 years and above, but there are huge issues around the definition of older people. The chronological definition alone presents immense problems in Africa because of the following reasons.

- Many older people do not know exactly when they were born and tend to use events to determine their ages. That leads to their ages being estimated.
- Different societies define their older people differently. In some cases, these definitions are based on what people have achieved in life, their wealth, the

number of wives and children, the number of grand children, the ability to give birth, etc.

- Physical features are sometimes used – colour of hair, the stoop while walking, wrinkled face, etc
- The knowledge that one has of important events, rituals and traditional processes
- Retirement ages are also used to define older people. In Africa, these range from around 45 to 65 years.

Clearly, therefore, issues regarding the definition of older people are still critical in Africa. The Organisation of African Unity Policy Framework and Plan of Action on Ageing recommends that Africa also uses the UN definition of 60 to define its older people. That will certainly simplify operational issues but not the targeting of the needy. As of now, many needy older people are left out of programmes because their registration papers suggest that they are younger, and indeed, others are included when in fact they are younger (Nhongo, 2000; Kamwengo, 2004).

A big question still remains though, about what happens to the age group between 40 and 60, or even that between 50 and 60 whom no body is studying but who are classified as older people whenever situations to deal with employment redundancies or retrenchments do arise.

The Numbers

According to projections, the population of those aged 60 years and above, the world over is increasing rapidly. In 1950 it was 200 million, representing only 8% of the total world population, increasing by 75% to 350 million in 1975 and shooting to 630 million in 2002 (UN, 1991; UN Population Division, 1999; 2002). In 2000, the proportion of older people was 10%. Projections are that older people will number 1.2 billion in 2025 and 2 billion in 2050, representing 21% of the world total. The population of older people is growing faster than the rest of the population at the rate of 2% per year, but will jump to a growth rate of 2.8% between 2025 and 2030.

Developing countries are expected to experience the biggest of these increases. The estimate for 2002 is that nearly 400 million older people aged 60 years and over live in developing countries. This figure will shoot to 840 million in 2025, representing 70% of the population of older people worldwide (WHO, 2002).

According to the United Nations (2003), Africa currently holds 42 million older people, representing 5% of the world's population. Eight percent (8%) of these are over 80 years. By 2050, the projections are that the population of older people in Africa will shoot to 205 million.

In nearly all countries of the world, women, currently standing at 55% of older people, are in the majority and they will remain so. Among the “oldest old”, those aged 80 years or older, women constitute 65%.

Population ageing is attributed to a number of reasons, some of which are listed below.

- Declining fertility rates – falling from around 4.5 children per woman to 2.7 in 2002.
- Increased life expectancy – increasing from 45 years in 1945 to 69 years in 2000 and projected to reach 73 years in 2050.
- Advances in nutrition, medicine and lifestyle

4. The effect of HIV/AIDS on the population of older people

Africa, particularly sub - Saharan Africa, is badly affected by HIV/AIDS. According to the 2002 UN population revision, 53 countries (up from the 45 in the 2000 revision) are affected by the pandemic and their population is projected to be 84 million fewer than would have been without HIV/AIDS. The global population is now projected to be lower, 8.9 instead of 9.3 billion, a difference of 0.4 billion.

A number of publications, particularly those focusing on the HIV/AIDS issue, have insinuated that since AIDS will reduce life expectancies, then the population of older people in Africa will not increase. That unfortunately, is a fallacy. It is absolutely critical to note the following.

- The populations of the world are expected to increase despite the lower levels of fertility and increased mortality in some countries. In fact if fertility levels remain the same, the population of the world will more than double from 6.3 in 2002 to 12.8 billion 2050 (UN, 2003)
- The world population is growing at a rate of 1.2% per, 77 million people every year, and this is expected to be sustained.
- Whereas the population of the developed regions is increasing at the rate of 0.25%, that of less developing regions is growing at 1.46% (nearly 6 times) while that of the least developed countries is growing at an even faster rate, 2.4%.
- Populations of such countries as Uganda, Burkina Faso, Mali, Niger, Somalia and Yemen are projected to quadruple, from 85 million to 369 in total.
- The most populous countries are expected to post large increases – India, Pakistan, Nigeria, the United States of America, China, Bangladesh, Ethiopia and the Democratic Republic of Congo, in that order.
- The average life expectancy in the world is expected to increase from 65 years to 73 years by 2050, despite the reduction in life expectancy in countries mostly affected by HIV/AIDS. That of the more developed regions will increase from 76 to 82 years, that of the less developed countries will increase from 63 to 73 years while that of the countries most affected by AIDS will increase from 50 to 67 years (UN, 2003).

- *“The deeper reductions in fertility projected in the 2002 Revision result in a faster ageing of population of developing countries than in previous revisions. Globally, the number of older persons (60 years or over) will nearly triple, increasing from 606 million in 2000 to nearly 1.9 billion by 2050. Whereas 6 of every 10 of those older persons live today in less developed regions, by 2050, 8 of every 10 will do so. An even more marked increase is expected in the number of the oldest – old (80 years or over) at the global level: from 69 million in 2000 to 377 million in 2050. In less developed regions, the rise will be from 32 million to 265 million, again implying that oldest old will live in less developed countries by 2050.” (UN, 2003: ix)*
- It must also be noted that such countries as Uganda have managed to reduce significantly the number of new infections and that such West African countries like Senegal, Mali and Burkina Faso, which have very low rates of infection, have already embarked on huge education programmes that are likely to minimise the impact of the pandemic.

Hence, the population of older people on the African continent will continue to increase despite the effects of HIV/AIDS.

The role of older people within the African Family

Historically, the elders provided care to the children who in turn provided care to them in their old age, hence the *Shona* saying, “*karere kagokurerawo*” (Look after it and it will look after you). The more children one had, the more chances there were of receiving better care when one was no longer able to provide for himself/herself. There was a system that ensured that the needs of individuals were catered for within the family. Nobody would starve when other members of the family had plenty. No children would live alone even if all the direct (or biological) members of their family died. The concept, “***It takes a village to bring up a child***”, was applicable.

Inheritance of human beings (men and women) and wealth had a big role in the African family setting. It ensured that the widow remained in the family so that she could be cared for together with her children. The inheritance practice was not a selfish way of getting a woman and then the wealth of the deceased, leaving the family to suffer.

In the traditional setting, roles and relationships were very clear, well understood and passed on from one generation to the other. It was like a relay race, where the baton was passed on from one team member to the other until the race was won. It was the role of older people as the custodians of tradition and cultural practices to pass this knowledge on. Older people had a special place in families and communities to guide, advise and pacify.

With the advent of formal education and the Church, these new institutions overtook the central role of older people in socialising families. New values and norms, redefining the way families related with one another were ushered upon the African

population. Older people began to be viewed negatively, their status diminished and their roles undervalued (Nhongo, 1998, Nyanguru, 2000).

This situation has significantly changed, however. The major effect of population ageing and HIV/AIDS is the burden they place on older people in terms of filling the gap left by other population groups in providing care and support to other family members. At a time in their lives when they might normally have expected to be recipients of care and support, many older people have no option but to become **'Africa's Newest Mothers'**. Older people are caring for the sick, the dying and the children orphaned or made vulnerable by the HIV/AIDS pandemic. Older people, mainly older women but also including a good proportion of older men, are providing economic, social and psychological care and support for a large number of family members. In sub-Saharan Africa, 12.3 million children have been orphaned by AIDS (UNAIDS/UNICEF, 2004) and projections are that this number will continue to increase in the next 10 years. The majority of these children are being cared for by older people.

There is a significant body of evidence that has been gathered to support this view over the years.

- Many adults who are sick with AIDS related illnesses return to their parents' homes when they are no longer able to manage by themselves. In a study carried out in six districts in Uganda, parents were most commonly cited as the principal caregivers of AIDS patients (Ntozi, 2001). In many cases, older people shoulder the responsibility of caring for their children when they become ill providing physical, economic and social support. The greater the care needs, the less the time available for older people to participate in income generating opportunities. At the same time, "older people, because of their ignorance about the disease, will run from one traditional healer to another trying to find a cure. They will sell all their wealth, possessions and strip themselves economically naked. At the end of all this, their reward is the burden they face in caring for the orphans - fending for them, providing food, clothing and school fees" (Nhongo, 2002).
- In South Africa, Namibia and Zimbabwe 60% of the orphans are living with grandparents, while in Botswana, Malawi, Uganda, Ghana and Tanzania 50% of the orphans are said to be under the care of their grandparents (UNICEF 2003)
- In Zambia, Uganda and Tanzania, grandparents made up the single largest category of carers of orphans after the surviving parent with 38, 32 and 43% respectively.
- In Uganda a HelpAge International programme supporting older carers in Kampala found that 8 older people (aged 63-79) are caring for a total of 44 orphans between the ages of 2-16. (HAI 2004)
- HelpAge International (2000) found that older people have to shoulder the burden of caring for orphans ranging from 12 to 17.

- In 1992, a survey conducted in Zimbabwe (Jazdowska, 1992) found that 90% of those caring for orphans were older people and most of them were women.
- In a study carried out in the same country (FACT, 1996) it was found that 143 out of 292 people caring for orphans were those aged 50 years and above. In fact, 125 of them were those aged 60 years and above.
- A study involving 20,000 households in rural Tanzania (Urassa et al, 1997) found that virtually all orphans and foster children (children with one or more parents alive but who are not living with the parents) were cared for by members of the “extended family”, often the maternal grandparents.
- Research in Uganda (Williams and Tumwekwase, 1999) found that it was impossible to focus only on HIV/AIDS. In the village, 30 older people were looking after 58 grandchildren, of whom two-thirds were orphaned for reasons other than AIDS.
- In Kenya, K'Oyugi and Muita (2002), highlighted that older people were not only taking care of children orphaned by AIDS but orphans in general.
- A WHO survey in Zimbabwe (2001) found that 71.8% of those providing care to the sick and to orphans were over the age of 60 years.
- In a study in Tanzania, Dayton and Ainsworth (2002) found patterns similar to those presented by the WHO in the Zimbabwe study.
- In the Cape Flats, South Africa, a study of older carers found 156 grandchildren below 19 years of age living with 43 older people. Of the children, 19 had AIDS (Ferreira, 2002)
- The work of HelpAge International in Tete, Mozambique (2004) has found that 4804 older people were caring for a total of 10 392 orphans.
- An analysis of Demographic and Health Survey Data from sub-Saharan Africa found that orphaned children are more likely than others to live in grandparent headed households (Bicego, forthcoming)
- For the first time ever, UNAIDS, in its 4th global report, has acknowledged the fact that a large number of orphaned and vulnerable children are being taken care of by older people.
- Studies being undertaken in South Africa (HAI, 2003, Ferreira, 2002) indicate that the pension that older people are getting is proving to be important in providing support to family members and sustaining many households.

Thus, there is evidence to show that older people are playing important roles in taking care of the sick, the orphans and family members in general. Unfortunately, in the majority of countries in Africa, they perform all these tasks with no support at all.

6. *The Impact*

Older people remain one of the poorest groups in every community of Africa. A study commissioned by the Ministry of Gender, Labour and Social Development to analyse

the available data in relation to the poor and vulnerable groups found that 64% of older persons (60 years and above) fell below the poverty datum line. When these older people have to take on the role of providing care to the sick and the orphans, then the burden is really huge.

In a study carried out in Zimbabwe (HAI, 2003) older people described the burden of care as the need to provide medication, cleaning materials, lifting, washing, feeding, cleaning the sick, fear of infection, fetching of water, and because they worry about leaving the sick behind, older people miss the opportunity to work in their fields. Older people added that the sick people made comments when they saw the caregivers using gloves. In addition, some of the sick were mentally affected and shouted at the caregivers.

Caring for orphans provided several challenges for the older people. While some issues were the same, caring for boys was different from caring for girls. This related to the different needs between the boys and girls and also issues of discipline and abuse by other family members. Whilst boys can be left half dressed, it will be considered a form of abuse if girls were to be found in that condition. Older people felt that they needed to spend more to take care of the girls since their needs were more.

The problems of older people caring for disabled orphans were found to be more difficult. *Mercy Nyakaskwa is 52 years old and has 7 orphans from two children. One of the orphans, a 12 year old is disabled and uses a wheel chair, which was donated by a local Samaritan. Living in a polygamous marriage, she is the 5th wife to a man who cannot support her and the orphans. She ploughs her land alone with the support of the orphans. She said, "My main problem is food and clothing for the children. They are growing fast and need clothes every now and then". The disabled child is not also mentally stable and any clothes he puts on he tears them". She added (HAI 2003).*

"I have to struggle looking after these children. We receive nothing from the government or NGOs. I have to work for their survival". An older woman caring for 17 orphans in Uganda (HAI 2002).

"To be left with these children was a greater shock than the death of my son. I am struggling to feed, educate and clothe these children". Denis, 78 years, who takes care of four grandchildren in Kenya (HAI 2003).

A report by WHO (2002) talks of older people having '**taken on new roles by providing care and financial support to orphaned children and playing child-rearing roles within their extended families**'. However, the idea that the role is 'new' is debatable. In many communities, older people, particularly older women, traditionally played an important role in the care and upbringing of children. Studies

from Tanzania (Urassa et al, 1997) provide evidence of the many and varied care arrangements that existed within the community, with orphaned children cared for by various family members and 'foster-care' arrangements common when one or both parents moved away for work or other reasons.

What is not debatable, however, is that in communities hard hit by the HIV/AIDS pandemic, the magnitude of the task has changed and older people are no longer assured of support in their role as care providers. ***"In the past, grandparents would have cared for their grandchildren some of the time and, in many cases, would have received support from the parents of the child in return – either through remittances if s/he was living elsewhere or through the provision of food and care if the son/daughter was still living in the same community. With HIV/AIDS however, many older people are now the primary carers of many grandchildren with absolute responsibility for their welfare"*** (HAI, 2001). As Ntozi (1997) notes, in the long run, the relationship of mutual obligations and concerns is being changed by the disease. The family has been weakened by the epidemic and will probably not be the same in the post-epidemic era.

The trauma of the death of their child is followed by feelings of desperation as to how to adequately cope with the surviving orphans at a time when resources have dried up and other forms of support are not available (HAI, 2002 (a)). Whilst caring for the sick, many older people use all available resources and sell assets to meet the costs of medication and treatment, only to be left with the economic challenge of caring for orphans. The costs of feeding, clothing and paying the school fees for orphaned grandchildren have proven to be major concerns for older people across the continent. In research carried out in South Africa, older women caring for children affected by HIV/AIDS, ***"referred to a scarcity of food and a day to day struggle to procure food to feed the family."*** Ferreira (2002) comments, ***"they walk a tight rope between survival and starvation"***.

Large numbers of older people simply do not have the resources to cover the cost of bringing up several grandchildren and meeting their own needs. The economic burden is not only a cause of concern for older people, but is also a source of dissatisfaction for some of the children in their care. Research in Tanzania (HAI, 2001) highlights that some orphans feel they are not well supported and that their needs are not met by their grandparents. Older people echoed these sentiments, saying that as they care for the sick and later strive to generate sufficient income to meet food and other basic needs, they are unable to care for the grandchildren in the way they would like.

Even where resources are allocated for supporting the care of orphans, older people often have difficulty accessing them. In South Africa for example, older people caring for orphaned children may be eligible for foster care or child support grants but take-up rates are very low. Not only are there stringent eligibility requirements, but older

people face discrimination from social workers who deem many older people 'too old' to be the carers of the children despite the fact that they are already undertaking this role.

'We need nothing less than a dramatic reorientation of attitudes, ideas and policies towards ageing. Rigid and dismissive notions of 'age' and 'ageing' have no place in today's world.' Kofi Annan, Secretary General of the United Nations, 2000

Accessing services provided by NGOs is often equally difficult. Misguided beliefs and ageist attitudes serve to exclude older people from development programmes that could help support them and the children they care for. For example, older people are routinely excluded from credit programmes on the basis of their age and the assumption that they will not be able to manage. Yet, evidence from income generation programmes supported by HelpAge International demonstrates that older people can implement development programmes effectively and that credit repayment levels are comparable to other age groups

Consultations with older people in many countries have found that although they are aware of AIDS, many are misinformed about its causes. This is hardly surprising given that almost all HIV/AIDS prevention campaigns target the youth and the middle-aged groups and exclude older people (HAI, 2003). As a result, older people do not receive information and education that would help promote behaviour change and so they remain at risk of HIV infection. With the lack of accurate information, older people may perpetuate misconceptions about HIV/AIDS and contradict prevention messages targeted at the youth in their care. Furthermore, in most societies, older people play an important role as advisors to their families and communities and so there is enormous potential for older people to play an important role in HIV/AIDS awareness and prevention campaigns. However, this potential remains under-utilised as most HIV/AIDS organisations exclude older people from their work.

A number of publications produced by several organisations to create awareness on HIV/AIDS were assessed during a project implemented in Zimbabwe in 2003. The assessment revealed that most of the HIV/AIDS communication tools are designed for the so-called sexually active age group with little consideration given to the older people. The materials are mostly written in English and pictures used only feature children, the young and middle-aged people. Even if these materials are written in local languages, very few older people can read due to low literacy levels.

"As older people, society considers us more knowledgeable about issues and people in general will listen to our words of wisdom. We want to be part of the prevention of HIV/AIDS", An older man in Zimbabwe, 2002.

There is absolutely no doubt that older people in Africa have become **‘Africa’s Newest Mothers’** entirely responsible for the economic, social and psychological welfare of many grandchildren. Whilst ensuring that the rights of the child to food, shelter, care and education are protected, older people often compromise their own rights. Equally, in some cases, the rights of children have been eroded as older people struggle to satisfy their own rights. The failure of governments, NGOs and society at large to recognise and support older carers serves to exacerbate the erosion of the rights of children and older people.

In HelpAge International’s work across Africa, older people seldom say they are not willing to care. They simply ask that their efforts be recognised and supported so they can protect the rights of the children in their care and, at the same time, enjoy their own rights.

7. Recommendations for Action

Accept population ageing as an issue for Africa

It is absolutely critical that African governments, donors and NGOs accept that the population of older people in Africa will increase and that the effects of population ageing are not only relevant to the West but to Africa as well.

Recognise the Impact of HIV/AIDS on Older People.

Governments, NGOs and society at large must recognise the fact that older people are caring for increasing numbers of children and must incorporate older people into their HIV/AIDS strategies. Failure to invest in older people will not only adversely affect the older generation, but also those they care for.

Implement the African Union Policy Framework and Plan of Action on Ageing and the UN Madrid Plan of Action on Ageing

Governments are urged to use the AU Policy Framework and Plan of Action on Ageing and the Madrid Plan of Action on Ageing to guide the development and implementation of national policies for older persons and to inform the revision of national HIV/AIDS policies. The AU Policy Framework and Plan of Action on Ageing, in particular, has a section on the family. This section has recommendations and actions that call for the development of policies that aim to reposition the family so that it can respond to the current problems it is facing. For example, it calls for the identification and support of those traditional support systems, norms and values to provide care to its members.

The AU Policy Framework and Plan of Action on Ageing also has a section on HIV/AIDS and some of the actions are as follows.

- Ensure that policies and programmes relating to HIV/AIDS and other epidemics recognise that older people are major providers of care for those who are sick and for orphaned grandchildren.

- Provide a budget allocation to support older people caring for those affected by AIDS and other epidemics.
- Strengthen community based care mechanisms to ensure that older people who are carers of those affected by AIDS and other epidemics receive support.

Harmonise policies

There is need to harmonise those policies that address the different groups within the family so that they are complementary to each other and can provide for the whole family rather than only a few segments of the family.

Review and revise national HIV/AIDS and orphan care policies

Governments, UN agencies, donors and NGOs should come together to review national HIV/AIDS policies to ensure that the needs of all people affected by the pandemic are equitably addressed. Furthermore, orphan care policies should be reviewed to take into account the role of older people in the care of orphans and other vulnerable children.

Include older people in the fight against HIV/AIDS

There is a need for an integrated, intergenerational approach to prevention, treatment and support to mitigate the impact of HIV/AIDS on families, communities and society as a whole. Governments, NGOs and local communities need to work together to meet the needs of the whole community. In doing so, they need to include older people in policy development and programme planning.

Support older people caring for PLWHA, orphans and other vulnerable children

Community based programmes should be implemented that provide older people with support to care for the sick and the orphaned. Older people should be provided with skills that will help them cope with the challenges of caring for children. Collaboration between child-focused and older-people focused organisations should be promoted as a means of sharing and developing best practices. The negative policies and attitudes of many donor organisations that currently preclude funding of work with older people need to be changed.

Target older people in HIV/AIDS awareness campaigns

Older people should be targeted in HIV/AIDS awareness campaigns so that they can:

- Reduce their own risk of infection
- Care more effectively for PLWHA
- Provide orphans and other vulnerable children with accurate information about HIV/AIDS

Avoid Institutionalisation where possible

The issue of the institutionalisation of both the children and older people should be handled carefully. Research over the years has shown that these are not ideal for either group. The UN (1994) asserts as follows:

“While these institutions are necessary and respond to very real need, particularly for physical care, many studies indicate that none of these institutions has proven to be an acceptable substitute for the family in providing emotional, psychological and social support.”

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