

*The Elderly,  
in particular,  
The lone Elderly Women*

February 2010-October 2011

**“ I am old, I am poor, I am a woman and I am alone ! “**

(Quote from a Sudanese woman delivered at the 2<sup>nd</sup> World Assembly concerning the elderly. Madrid 2002)

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According to the statistics of the United Nations we observe a “feminization” of old age, due to the fact that women live generally longer than men. This report contains received testimonies of the various members from Crescendo and relates to the following countries:

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# AFRICA

## Algeria

### **THE LITTLE SISTERS OF THE POOR**

## SITUATION OF THE AGED WOMAN IN ALGERIA

### ANNABA JUNE 2010

The observations that we can make on the subject of women in Algeria aren't based on any study or statistic, but on what we live in our home and what we sometimes see in society.

Here in Annaba, our home for the elderly welcomes 10 ladies and 20 men. We notice that the men come more often to ask for a place. For the ladies, it is usually when they are infirm that someone asks us to welcome them. Of the ten women, 6 are widows (2 of whom have no children), the other three are single. Society is changing, but for the moment the elderly have a very hard time eating in the same dining room, men and women together. Even in clinics there are two waiting rooms : one for women and another for men. In our home, it is only the infirm who eat together in the same dining room.

In the past, women mostly worked at home, and because of this most do not receive a pension, and if they have one, it is usually social aid, due to a handicap or a precarious situation. Today more women work outside the home, but there are still cases where, once married, the husband no longer wants them to work.

Because of the media and tourism, women are beginning to have the same habits as those from other countries. The manner of dress is modern, but at the same time, women are almost obliged to wear the veil, or else they are considered vulgar. In our home, all of the women wear at least a small veil.

For what relates to marriage, women traditionally have to marry and have children. Remaining single is not normal. They marry even when older and sometimes according to the choice of the family. However, little by little, women take their place, and when there are problems in the couple, they can ask for a divorce.

A man can have several wives, but this is less and less accepted by the younger generations. We sometimes see men who are advanced in age come to our home to ask a woman to marry him. They want someone to take care of their home.

Usually grandparents stay with their children. Retirement homes are looked down upon, and if they exist it is for people with no family and no resources. Families who have relatives in a retirement home are criticized. People do not understand that in certain cases of illness or in certain social situations it is much better for the elderly person to stay in a retirement home than with their family.

From a very young age the young are taught that they must visit abandoned persons.

We hope that these reflections can give an idea of the life of women in this region. The situation isn't the same everywhere: it depends on if they live in a large city, in the country or in the desert.

## **ORAN**

Some brief reflections :

In general, the place of women in Algeria is very inferior to that of men, in spite of a slight amelioration in recent years, following the revision of the « Charte de la Famille », but the man remains always the boss, the woman having little or nothing to say.

As for elderly women, their economic condition often depends on their situation as widow or single. Single, they had to work all their life to earn their living. Arriving at the age of retirement, their pension, as little as it might be, allows them to live decently as long as they are in good health. But with the decline of this, their only option is a retirement home. For a single woman, if she doesn't have a brother or nephew that looks after her a little bit, she has no other support or security. Sometimes nieces and nephews surround her with affection, but they won't take her into their home to live, since she isn't their mother. She is often looked down upon, for in the Muslim religion, the vocation of woman is to have children. Married women without children are often repudiated, which leads to a great solitude when old age arrives.

Very often, married women are confined to the home, only going out with the authorization of their husband. Having grown old, they find their place in the home as long as they can still render service: look after the children, help with the cleaning or cooking, help with the costs of the household with their pension. This gives them the opportunity to stay with one or another of their children, in spite of the risk of conflicts with the daughter or son in law. If these conflicts reach the point of being insupportable, the solution for her is also a retirement home. We must underline, however, that in the home of the son the mother in law is the queen, for the husband will usually support his mother over his wife.

Compared with women, men adapt more easily to living together in a community. Most of them were married more than once, as the Muslim culture permits, and have several children, of whom they took little care and who – now that they are old – have rejected them. Since they have worked, they receive a suitable pension, but, alone, they have no one to take care of them, which leads them to also seek refuge in a retirement home.

## **Cameroon**

<b>Anne BEMMO,</b> National President AIC Cameroon
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### **THE ELDERLY IN CAMEROON**

#### **THEIR CONDITION OF LIFE**

In our country the elderly live very poorly, isolated and rejected by society. They are for the most part often accused of having been sorceress or vampires during their adult life. They are often widows or celibate without legitimate children. They sometimes live off of crumbs they find on their path to the market ; often they steal from the surrounding countryside

#### **FAMILY TIES**

The family ties can be cut due to the demeanor and behavior of the elderly person face to face with members of the family or due to extremely difficult life conditions.

Most often, the elderly are not visited during the day, nor in the evening by neighbors. Their nights are extremely long for they go to bed at sundown. When they are dead, the family argues amongst themselves about the land that they have left.

#### **HEALTH CARE**

In cases of sickness, if they do not have children who are able to help, they do not have help from the society or even from their neighbors. Water heaters remain a priority for them.

#### **SOCIAL AID**

There is no social aid allocated for elderly people, to those who drag themselves on the edge of the road searching for food.

#### **THEIR RETIREMENT**

Only the employed elderly people can take a retirement under the guidelines that they are workers next to the CNPS (House of retirement). They receive a pension once quarter.

The others receive no pension

## **THEIR SPIRITUALITY**

They pray always for they have nothing to do outside of trying to survive.

The Catholics recite the Rosary that stays around their neck through the day, helping them find a moment of prayer. For the Muslims, the 6 daily prayers happen 10/15 times a day.

## **WHAT ARE THE ACTIVITIES OF THE VOLUNTEERS CLOSE TO THE ELDERLY?**

Even though it is difficult to contribute, the volunteers content themselves with aiding the elderly in all their needs:

Medical care, heating water, visiting friends and conversation, sharing bread, home reconstruction, roof repairs, constructing bathrooms, partitioning of land, and sometimes assistance at the tribunals about abuse of trust, making of vestments for religious holidays, burial cloths for Christians with coffin .....

## **ARE THERE PROJECTS FOR SMALL WAGES?**

The AIC volunteers have not developed projects for these people for they are unstable in their ideas and their reasons.

**IN CONCLUSION** the elderly in our country are rejected by society and the family.

## Madagascar

**Rose of Lima Ramankavana,**  
Coordinator of the African Region  
International Association of Charities  
AIC Madagascar

### THE SITUATION OF ELDERLY WOMEN IN MADAGASCAR

#### TRADITIONS

In the Madagascan civilization, the elderly have always had a privileged respect: it is they who have always been the guardians of good ethics and morals, of history and of customs.

It is a “sacred” duty to be responsible for the elder relatives, the aunts or the uncles and it is the same within traditional families, the elderly have always had their place.

With difficult times and changes in contemporary life, habits have begun to change. Despite a their desire to help their elderly relatives, certain families find themselves forced to abandon or to not take care of their ageing parents who, in turn, sometimes find themselves in precarious situations.

Nevertheless, the family bonds still exist for it is an established value for everyone in the country to: “respect the elders”.

Sadly, there exist cases where elderly women:

-find themselves abandoned and living for themselves, unable to benefit from any health care, social aid , or retirement (unless they had been a former civil servant!). They then go therefore searching for local support from charitable associations or result to begging in the streets.

- are obliged to replace a daughter, die in bed with sickness, or still to leave for a husband . It is there that she must completely occupy herself with the small children, their meals, and taking them to school or to Mass....

The AIC volunteers work often with elderly women, working with them to educate the children. These women participate in biweekly formational meetings of spiritual and health, helping with preparations at the school cafeteria of the AIC home, gardening (only according to their physical capabilities). They are the ones who replace the mothers in all things.

Some have enrolled themselves in small projects for small charges to meet their needs. In AIC's group in the South of Madagascar , it is the elderly women who pick plant leaves in order to make paper (AIC project) and who collaborate with the volunteers in cultivating food-producing fields.

These women have already faced problems in their lives and find themselves now faced with other problems of education, and relationships with children, and with the young.

As a coordinator in Africa, I can conclude that other African women share this reality. In

## **CONCLUSION**

Mozambique, for example, the quantity of elderly women who have replaced deceased mothers (who have died from Aids, malaria, or other causes) is numerous.... The women have always proven to be a moral force and a determination no matter what arises!!

**EFFORTS OF NON-GOVERNMENTAL ORGANIZATIONS (NGOs) TO ERADICATE VIOLENT AND DEHUMANIZING CULTURAL PRACTICES THAT VIOLATE THE HUMAN RIGHTS OF WOMEN; AN EXAMINATION OF THE SITUATION OF WIDOWS IN NIGERIA.**

**EXPERIENCE OF WIDOWS**

Without a doubt, one of the greatest tragedies in life is the death of a loved one. However, this becomes an even greater tragedy when a wife who has lost her husband finds herself confronted by discriminatory cultural and traditional practices that are both degrading and painful for the already traumatized widow. Unfortunately, it is the family of the recently deceased who, under one pretext or another, are responsible for these dehumanizing practices.

That is why our goal is to share our work experience with widows to raise public awareness about these dehumanizing treatments that widows endure in our society, in the hopes that many will join us to relieve some of these problems, if not all of them; especially those caused by traditions that do harm.

**CATEGORIES OF WIDOWS**

There are four categories of widows in Nigeria.

- 1.) Widows with adult children and educated children.** This group does not suffer from economic problems. Their children take care of them and they do not suffer from problems of loneliness. They benefit from the strong family ties that are inculcated by African traditions.
- 2.) Widows with young children and non-educated children.** They suffer the most from cultural taboos and dehumanizing treatment. Their property is taken from them, especially if they do not have a male child.
- 3.) Young, sterile widows.** Individuals in this group are treated very poorly by the “umuada” – the female population – as well as by other members of the families of their husbands. They are often sent back to their maternal families, where they are also

poorly welcomed. Sometimes they are nothing more than children who left school early to get married. As widows, they will never reenter society, never find a place there.

- 4.) Old, sterile widows.** Individuals in this group are labeled as witches, and are generally abandoned and isolated. Sometimes their houses are burned; they suffer in different ways, and are left alone if they become ill. They are even victims of ostracism.

In Nigeria, as in most African countries, widowhood can be described as a time of great emotional violence against the widowed women. Most of the time the widow – who is the top suspect in the death of the husband – is obliged to silently endure a humiliating and burdensome punishment in order to make amends for her “sin.” She can be deprived of all she owns and thrown out of her home. For example, in southwest Nigeria, customary law does not always recognize a woman’s right to inheritance. When a man dies, what he leaves behind is for his children or his brothers and sisters; not for his wife. In most cases when the woman is young she becomes the property of one of her brothers-in-law.

Although the government does not allow such practices, they still persist today, even though people are supposed to be more enlightened. These practices can be different from one state to another. However, any resistance by the widow to spare herself from these rituals is severely repressed. In certain parts of the country – especially among the Ibo and the Ijaw/Edo/Urhobo – women are forced to take an oath exonerating themselves from any participation in the deaths of their husbands. Others must drink water that has been used to wash the body of the deceased. There are other practices, such as solitary confinement or the disfiguration of the widow, which can include the shaving of the widow’s head. There is also the long mourning period, in which the widow is obliged to wear black or white – depending on the case – and to scream and cry during a specific number of days, whether she wants to do so or not. In the eastern part of the country, a widow can even be forced to sit on the naked ground to symbolize the decline of her own status. She is also a victim of ostracism, because she is considered impure and capable of infecting others, who avoid her. She can be prevented from eating a healthy diet during the mourning period and forced to sleep near the body of her dead husband, eating from dirty dishes with an unwashed left hand, or even forced to walk naked to the market or the village, which is part of a cleansing ritual to cut ties between the woman and her husband. Some widows must even relinquish guardianship of their children to cruel members of their families and are denied all rights to inherit the land or property of the deceased.

The situation is much different for the husband who loses his wife. Society supports men who lose their wives, but persecutes women in the same circumstances. Widowers are never submitted to dehumanizing practices. They are never accused of being responsible for the deaths of their wives, even though the deaths are often caused by AIDS. The man who loses his wife acquires her possessions without any resistance from her parents. He is even encouraged to remarry as early as possible to chase away the spirit of the deceased woman. By contrast, most widows are deeply traumatized by the poor treatment they receive after the death of their husbands, both immediately afterward and over the long term. The initial shock of losing a bread winner and the love of one’s life can create a deep-seated stress that can lead to hypertension, heart attack, and sudden death. Long-term psychological effects of widowhood can include emotional numbness, an increasing sense of emptiness in life,

financial difficulties, loss of self-confidence, and an inability to take care of one's children, who then end up outcasts or criminals.

### **EFFORTS BY THE INTERNATIONAL ASSOCIATION OF CHARITIES (AIC) OF NIGERIA TO ERADICATE THESE DEHUMANIZING PRACTICES**

Although there are laws on the books that forbid some of these practices, and others that affirm a woman's inheritance rights, in a country with weak political structures and strong cultural traditions, it's principally through NGOs that positive changes have been made. I would like to show this through the examples of Jacinthe, H el ene and Monica (the names have been changed).

**H el ene** was 18 years old when she was married. She was five months pregnant with her first child when her husband was killed in a car accident. Felix, her husband's brother, sold the husband's car under the pretext of using the money to pay for the deceased's funeral services. He took all the possessions of H el ene's husband. He also wanted to marry her, but she refused. The issue went to the Igwe (chief) and the elders. They decided that she should marry Felix because she was only 18 years old. When H el ene came to the AIC, the baby was already two years old. We gave her advice and a small amount of capital that she could use to start a business of her choice. We went to see Felix and little by little won him over, and insisted to the Igwe and the elders that she should be left alone. Felix returned her husband's remaining possessions to her and she now lives with her son on the microcredit that we provided her.

**Jacinthe** is a widow from a village in the state of Anambra, who was married at age 20 and has seven children. Twelve days after her husband's death, she was told to go to a place called the sanctuary of Ajani. Women are ordered to go to this sanctuary and to engage in sexual intercourse with the priest of Ajani, in order to pacify the spirit of the husband. The day of the rendezvous, four naked men showed up at her home at midnight. She was supposed to follow them to the sanctuary, where she would have sexual intercourse with the priest. A devout Christian, she refused and fled to the church, which sheltered her before the priest sent her to us. We intervened and after many arguments she was released from the obligation to perform this odious ritual. She is now part of a campaign that opposes such mortifying practices, and her efforts are bearing positive results.

**Monica** married a talented businessman who died from diabetes. Before his death, his sickness had cost him all his savings. When her husband died, her husband's brother began to take all of the deceased's possessions, which Monica needed in order to take care of their four children. She turned to her parents, but to no avail. She was kicked out of her home and came to see us to help her go to court. We told her that we could not do so due to a lack of money, but we gave her advice and promised to take care of the issue. We helped her find an apartment, where she still lives today. Later we went to see the chief and the elders of her village. They listened to us and joined us in meeting with her parents; and eventually the situation was worked out.

Thanks to the actions of AIC and other NGOs, our on-the-ground efforts to eradicate dehumanizing practices have yielded clear improvements:

- We encourage widows by offering them an education designed for adults, so they know how to read and write, and send their children to school.

- Putting widows in charge of their own economic circumstances restores confidence in their own abilities. We did this through microcredit, which we used to help women in both rural and urban areas. Other activities also proved effective in empowering these
- women, such as the creation of a farm cooperative for rice, cassava, and groundnut. We also provided them with funds, scrubland, and machines to process palm oil.

Another step towards *empowerment* is the combination of campaigns and the acquisition of knowledge. At the same time that we are leading campaigns against discriminatory cultural practices, we are teaching women how to produce soap and detergent, to make bread and doughnuts, etc. – all to equip them with the ability to have an income that will cover the needs of their families. We recently finished the campaign/knowledge acquisition project of 2008, which was sponsored by our international bureau thanks to the Jean Delva prize.

In addition to all that, our actions revolve around the concept “CARE” – *Comfort, Advise, Rebuilding, and Empowerment*; actions that take place early in women’s lives in order to protect them from discrimination and economic destitution in the case that they later become widows.

We also aim to educate the public by broadcasting information through the media; holding workshops, seminars and conferences; and distributing brochures, pamphlets, posters and stickers.

It is difficult to change cultural traditions via international conventions, even though they are critical for getting the attention of the governing elite (

approach consists of making women aware of their own transformative power through empowerment, education, economic independence, and information about their own rights. This cannot be done by neglecting local traditions, but by drawing public attention to women’s human rights, little by little, and reaching out to all sectors of society. As volunteers on the ground, we can do this, because we live and experience these traditions and we know the local structures and procedures of political decision-making.

However, NGOs such as AIC Nigeria need support from the international community, as well as financial support from individuals and organizations , to ensure that our public awareness campaigns are fully executed.

We are in need of centers for training, shelter, information and counseling, and places for informal meetings; places such as those described by the AIC project “Center for the Support of Poor Widows.” We are determined to persist in our quest to promote the value of women and the empowerment of women, especially widows. We are also dedicated to the promotion and protection of women’s human rights in our locale, in order to set an example for other communities and to increase respect for women’s human rights at the national level. There are no lobbying shortcuts, no cutting corners in the battle to promote these rights; after all, the laws established by the Universal Declaration of Human Rights are the result of tough fighting. Yet all that is needed is a serious effort to change public attitudes and make equality a reality. Peter Meyer of Amnesty International said it best: “The effort must be constant, the vigilance tireless.”

# LATIN AMERICA

## Brazil

**Marla BARROS**  
**Vice-President AIC,**  
**AIC Brazil**

### SITUATION OF EDERLY WOMEN IN BRAZIL

Brazilians today live nearly 3 years longer, compared to 1991. Life expectancy went from 65 in 1991 to almost 69 in 2000. This is due to the women. While men live on average to 65, women live to 73: 8 years longer. This is an enormous difference.

However, there are other significant differences. Once having attained the average age of 65, men can reach an age of 78. In the women's case, they reach an age of 89. What is the reason for this much greater longevity on the part of the women? How do they profit from this long life? The data shows that more than half of the women (55%) between 65 and 70 no longer have their companion. This does not depend so much on the fact that the men die before, but that most of the widows do not remarry. But why do the widows marry less than the widowers? Some say that women know that, in changing a spouse, this only changes the problem. Among men, this is the opposite for them. When they lose their wives, men do not want to remain alone: 76% of widowers between 65 and 70 remarry, generally to younger women.

Why younger? According to gossip, men love with their eyes, while women love with their ears...Elderly women also predominate among separated women and divorcees. They rarely have second marriages. These women teach us a lesson: they teach us via A plus B, that marriage is not an inevitable scourge...

Many affirm that the elderly person does not need a good income. This is not true. The goods and services that she consumes are more expensive than those for younger people, who purchase everyday goods whose prices fall every day, as is the case with portable items, - CD, battery-run radio, tennis, electronic games, etc.

Elderly people spend a great deal on medicine, orthopedic devices, glasses, acoustical devices, doctors, nurses, and physical therapists, which are very expensive. In fact, inflation is higher for the elderly person than it is for the young. Elderly women are not as educated as elderly men. According to the 2000 census, 43% of women older than 70 were illiterate. Among men the same age, 38% were illiterate. Among the more educated women, most did not take elementary classes.

With regard to work, the differences are also accentuated. Among elderly men (65 years), around 33% work, while among women the same age, only 8% work. Among the women who work, only 12% have a work contract and social insurance. The largest section of homes, where elderly women are the heads of family, lives on variable income which comes from

migrant work and from service, or from personal pensions or that left by the husband or companion.

Women who live alone tend not to eat well. Not only because of a lack of resources, but especially because of sadness from living alone. Eating alone, day after day, is sad, boring, depressing.

It is true that a significant percentage of elderly women still live with large families, dependent on sons, daughters, sons-in-law, or daughters-in-law.

However, all this is about to change. The Brazilian family is in the process of diminishing in number and changing its function. There are fewer children and grandchildren. On the other hand, the proportion of daughters and daughters-in-law who work outside the home is continuing to grow.

They say that “the liberal woman is one who had sexual relationships before marriage, and a job afterward...and always.”

The daughters and daughters-in-law have a strategic function for women. Traditionally, they are the ones who took care of elderly women. How ironic! The women who always took care of their families, today, when they reach old age, there is no one to take care of them...

In numerous families, the framework is inverted: it is the elderly women who take care of the grandchildren, while the mothers work outside the house.

The future of the elderly woman in Brazil is to remain alone or to take care of family members, without help from the man. This is also the same for the younger woman, for the single mother, for the woman abandoned by her husband, and for the woman who may have had a son by a married man, fiancé, or, unfortunately, by a career criminal.

“They say that men are more inclined to pay automobile-related costs than alimony to their ex-wives...or to the mother of their children.”

In other words, in most of the cases, the elderly woman is alone or heavily occupied. Yes, because, rightly, when they live with the family, they continue to assume responsibility for the youngest ones. It comes down to the grandmother to put the house in order, to do the laundry for the entire family, to prepare the food, do the dishes, to help with the sick, and to educate the children. Indeed often, the grandchildren are also busy. The oldest work during the day and study at night. The youngest, when part of richer families, go to school and, in addition, take various classes (swimming, dance, English...) In short, the elderly woman stays at the house, alone, and with a long list of chores to do. At this age, the woman's health is no longer the same. Physical, sensory, and mental deficiencies increase with age. Among the oldest, cardio ? problems?, blindness, paralysis, and other mental problems, especially Alzheimer's.

Such is the road reserved for elderly women in Brazil. They spend three quarters of their lives preparing the happiness of others. And they are mistaken by thinking they will enjoy this happiness during the last years of life... “Pleasures are for youth, joys for middle age, and the beatitudes for old age...”

Seriously speaking, solitude is one of the most agonizing sentiments. However paradoxical this may seem, solitude never comes alone. It is always accompanied by something. And even so, it does not succeed in filling the void that it causes.

Such company is unwanted. It is a case of negligence when an elderly person is not given the attention desired for basic needs, such as food, personal hygiene, medicine, clean laundry, security...

And one must sometimes add the lack of respect for those who no longer hear well, see clearly, or who walk with a cane. All this transforms the elderly person into a burden for the family. And it is because of all this that the elderly person is isolated. To stay in bed, isolated in a room, without any visits and without hope, is the worst of sufferings. Isolated persons suffer more than ill persons. Abandoned persons are sadder than persons passionate for life. It is for this reason that many elderly people ask that they be able to go to sleep today and not to wake up tomorrow... In richer countries, hospices and high-quality retirement homes manage to provide good physical security to elderly people. But they rarely offer emotional comfort.

Pietro Demo says that "the greatest punishment for the human being is not to die, but to get old." And I would add, especially for the women of Brazil.

Solitude is hard. Christmas, Easter, Mother's Day, anniversaries, including wedding, birthdays, the Day of Woman, and so many other holidays are occasions to enjoy for those who know how to fit in. But for those who live in solitude, they are painful things to bear.

It is said that when there is physical health, one can bear solitude. Pure illusion! The taste for life lessens quite a bit when one is forgotten in old age. The human being is eminently sociable.

It is here that one encounters challenges for the future. The population of those older than 65 is growing in an accelerated manner. In 1980, Brazil had 10 elderly persons for every 100 children; in 1991, this number rose to 17%; in 2000, to 20%. According to the opinion of experts in this matter, the volume of population older than 65 will have doubled in 2025. And, once again, will be composed of women.

The female population reaches a much higher age. In 1980, 18% of women died older than 85. Today, 26%.

Brazil counts 24,576 citizens older than 100; some 60% are women. The housewife Rita de Menezes da Silva, who lives in Tatui (Sao Paulo), was 113 years old in 2001; perhaps the oldest woman on the planet. When she was asked what to do to live so long, Mrs. Rita responded: "It's very simple, continue to breathe."

In Brazil, during the 90's, there was a tremendous increase in the number of families that had a woman as its head. Today, there are more than 11 million families, or 25% of the total. In 1991, they were 18%. But women today shine, whether in school or at work. This may be the beginning of another future for the elderly women of tomorrow. The woman is in the process of becoming even stronger, more educated, and more determined.

The schooling of little Brazilian girls compared to boys: in elementary school, the rate of graduation of girls is 81%; for boys, it is 78%. In secondary school, we have 88% versus 80%.

Among those who follow up with a partial university course, 55% are women, while 45% are men. With a completed university course, the women surpass the men: 51% to 49%.

During the last 15 years, more than 15 million women have entered the work force. In 2001, 60% of jobs were filled by women. Female work outside of the house is stimulated by market

demand, and by professional competence, fruit of a more driven educational preparation of women. In 1991, the proportion of women with a higher diploma was 21%; in 2000, it went above 26%.

In most cases, the salaries of Brazilian women are around 25% lower than those of men, with the same work day and professional level. This difference lessens from year to year. The purchasing power of women is growing at an accelerated rate. For example, during 1995-2000, sales of cosmetics and perfumes increased 70%, and this growth is due to the lower category of the population, through home purchases.

The increase of women who have private insurance is on the order of 4 to 5% each year. For most insurance companies, women already make up one third of the clients. These are women who are acquiring a new type of life for the future.

The 21<sup>st</sup> century is faced with the great task of creating institutions in order to organize generations. The young ones will have to learn to use this vision, the intuition and wisdom of the elderly. The energy of youth and the wisdom of the elderly taken together will be able to give rise to good surprises for all humanity. This will depend on good or bad realizations, and on a patient apprenticeship during several decades. The future is a new time which will encounter a new woman in Brazil. She will be more independent. She will be more able to provide for basic necessities. She will take account of being able to live her life and to enjoy love of her own.

These changes will not be instantaneous. They will take a lot of time. Perhaps two or three generations.

## **CONDITIONS OF ELDERLY WOMEN IN COLOMBIA COMPARED WITH MEN**

According to the various cultures, in mountainous, plain, or coastal regions, patriarchal heritage is very strong and has always influenced the way women are and how they age. The Church is primarily Catholic, traditional.

### **Colombia endures 60 years of violence**

The population is hardened, resistant, has learned to fight to preserve life over death, struggles in armed conflicts, and yet continues to pursue its hopes and dreams. The primarily female population which, for more than 20 years, is alert and claims its integral rights, organizes itself into several groups, movements, and networks; it has an unbelievable capacity to forgive.

The culture is patriarchal, in which it is difficult to obtain equal rights for both men and women, even though there is already a law on “the elimination of all forms of discrimination against women.” Law is applied in a mentality of exclusion, marginalization, and ignorance of women’s particular rights.

It is in this context that the Colombian woman must fit, whether in urban or rural settings, in the capitals or in war zones, right in the battlefield, acting personally or as a member of the civilian population.

### **Unfavorable Situations of the Elderly Person**

- Loss of status, poverty, loneliness, affliction in the face of bereavement, fear of illness and evidence of normal deterioration of health, and losing touch with the community;
- Currently in Colombia, according to the latest statistics, there are 2,905,318 displaced persons: these are families that had to abandon their homes, their land, their means of subsistence, to save their lives due to violence, and come into cities with children and elderly people, which aggravates poverty.

### **GENERAL DATA ON THE CONDITION OF ELDERLY PEOPLE IN COLOMBIA**

Reference Index: out of a total of 41,468,384 inhabitants: 51.2 % are women and 48.8% men.

Of the entire Colombian population, 2,612,508 = 6.3 % are older than 65.

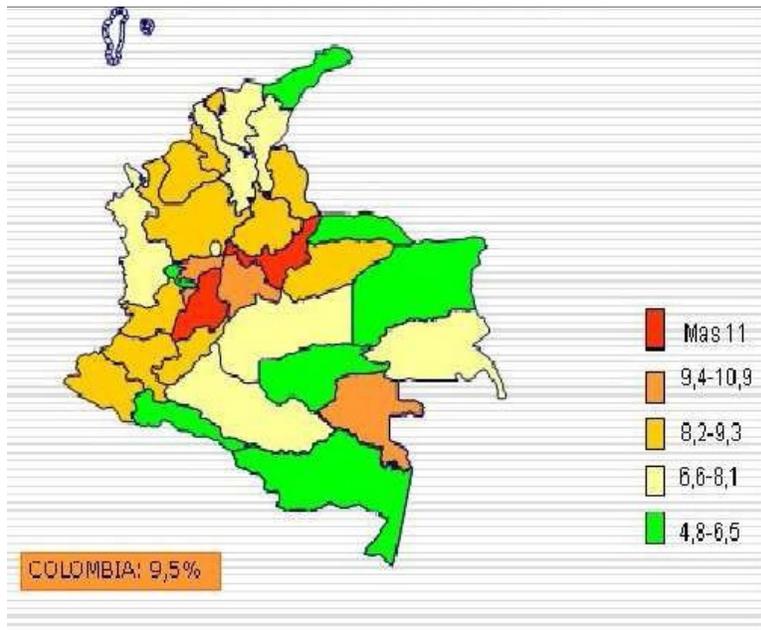
1,473,454 women: 54.6 %      1,186,050 men: 45.4 %

## OLDER ADULT POPULATION ACCORDING TO THE GENERAL CENSUS OF POPULATION AND LODGING-- 2005

The progressive increase in the Colombian people, particularly in the group of elderly adults, represents a challenge for policies concerning measures to take, the quality of life, the satisfaction of rights, and social integration.

In only one century, the country went from 4,355,470 inhabitants to a total of 41,468,384, of which 6.3 % (2,612,508) is older than 65; 54.6% of these are female and 45.4% male.

75% of the entire population lives in urban areas, although in the rural areas, rates of reproduction are higher, which would result in a natural increase in population in these areas. However, this result is thwarted by the elevated rates of migration (DANE, 1905 and 2005 Census).



Of the total elderly adult population, 63.12% is concentrated in Boyaca, Tolima, Bogota, Cundinamarca, Caldas, Antioquia, Vale del Cauca, Ouindio, Santander, Atlantico, and Bolivar. Moreover, 28.8% is in the principal cities: Bogota, Medellin, Cali, and Barranquilla (diagram #1).

Diagram #1. Percentage of elderly population older than 60, Colombia by Department. *Source: 2005 Census*

(1) For the initial development of this study, we used the document: Ministry of Social Protection.

(2) Saldarriaga Concha Foundation. Audit of Elderly Adults in Colombia. Bogota: mimeo 2007.

From year to year, the base of the pyramid obviously shrinks, with a simultaneous widening of the tip, thus emphasizing the decrease in young people and increase in older adults, particularly the most elderly.



One predicts that in 2050, the total population will be around 72,000,000, with a life expectancy slightly higher than 79 and with more than 20% of the population above 60, which will be reflected in a pyramid with a rectangular form. Moreover, residence in urban areas will continue to

predominate (Graph #1).

The aging of the population shows an obvious increase in elderly adults, particularly in the percentage of the most elderly; while the general population increases yearly by 1.9% (during the period 1990-2003), the population of those older than 80 is increasing at an annual average rate of 4%.

It is important to stress that Colombia currently has 4,450 centenarians, which is equivalent to 0.011% of the total population; with a clear predominance, as in the rest of the world, of the feminine sex: 61.9%. In addition, one notes that 95% of the centenarians are in private homes and that 26% of the total among them is spread out in the principal cities of the country: Bogota (9%), Medellin (6.1%), Barranquilla (3.6%), Cali (5.3%), and Carthagene (2.1%) (Graph #2).

## **CAUSES OF AGING**

The principal causes of aging of the population of Colombia are a rise in life expectancy, a drop in the death rate, the control of infectious and parasitic diseases, the drop in reproduction rates, and the process of emigration. Apart from the fact that the emigration abroad of persons older than 60 is lower than 2% of the total, it is the emigration of the youngest which is contributing to the aging of the country. It is necessary to add that the displacement to the interior of the country leads to an aging of the places of origin.

Life expectancy during the last 50 years has increased for all, primarily for women, because currently they live an average of 5.9 years longer. Moreover, the increase in life expectancy was much greater in the urban population, in areas having a higher level of education and more significant economic resources.

These differences might be partially explained by considerable inequalities in access to health services. With the increase in life expectancy for the general population, one predicts that after having lived 60 years, the Colombians will live at least two additional decades.

## **DEPENDENCE AND AGING**

The index of dependence as well as that of aging make it possible to see how the group of older adults increases more rapidly than the entire population and the other population groups: between 1995 and 2000, the number of people older than 60 increased 2.8%, rather higher than the increase in the entire population (1.9%); an increase that one foresees will continue in the next decades.

Moreover, the percentage of dependence has decreased due to the increase of older adults and to the decrease in the number of children younger than 12. However, some consider that Colombia yet finds itself in a stage of demographic opportunity, or that the economically dependent groups of population are in a 1:1 ratio with those that are economically productive and prepared or willing to work, with the aggravating fact that many of our young people have neither the training nor the opportunity to find work.

Moreover, it emerges that, to the extent that longevity has increased, primarily in the female sex, the masculine index has decreased. One of the reasons for this is the percentage of widowhood: while it is 13% for men, for women, it is 43%, that is – there are about three times more widows (than widowers) (Table #1).

<b>Indicator</b>	<b>1993 (%)</b>	<b>2005 (%)</b>
Life Expectancy	68.75	72.3
Life Expectancy to 60 (women)	20.8	24.3
Life Expectancy to 65 (men)	14.9	17.8
Aging index	13.1	20.5
Dependency index	0.47	0.45
Masculinity index	96.9	96.2

## **CONDITIONS OF LIFE OF ELDERLY ADULTS IN COLOMBIA**

### **Health Status**

Life expectancy at birth as well as at 65 increased for both men and women from 1993 to 2005.

- For men, life expectancy at birth increased 5.5 years and at 65, during the same period, 2.9 years.
- For women, life expectancy at birth increased 4.4 years, while at 60, 3.5 years (Table #3).

<b>Life Expectancy at Birth</b>	<b>1993</b>	<b>2005</b>
Men	64.3	69.8
Women	73.2	77.6

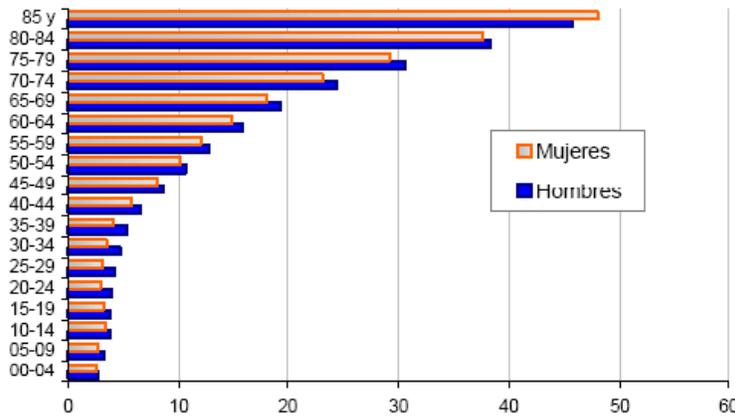
<b>Life Expectancy</b>	<b>1993</b>	<b>2005</b>
Men (65 years)	64.3	69.8
Women (60 years)	73.2	77.6

## **AGING, DISABILITY AND DEPENDENCE**

The OMS (World Health Organization (WHO)) defines disability as any restriction or absence (due to a deficiency) in the ability to carry out an activity in such a manner or within limits considered normal for a human being. On the other hand, functionality refers to an individual's ability to carry out his daily activities independently and his deteriorations or

limitations, without taking into account the age of the individual suffering from these deteriorations and limitations, which resulted in the disability.

Consequently, and even though this is one of the most frequent errors, we cannot assimilate aging with disability. While in the national average, for 100 Colombians, 6.3 present (or manifest) permanent limitations, in the departments of Cauca, Narino, Boyaca, and Huila, among others, the highest average oscillates between 7.5 and 9.5.



In a study done in the city of Medellin, one notes that, with regard to the aid required by an elderly person to carry out his daily or occasional activities, 68% used glasses and 10% a cane.

The other orthopedic aids used by elderly persons who lived in the city were the walker, wheelchair, and

crutches, to help them move and to gain a certain degree of independence and autonomy in their daily activities.

In order to improve ordinary life with the other members of the family, and with their friends and neighbors, 1% resort to auditory devices, and 2% to other types of orthopedic devices. 26% of elderly persons met do not use any mechanical aid.

The 2005 census reported a greater than 10% prevalence of permanent limitations in the 50 and over population, primarily with men, with the exception of the over 85 group. In the 50 to 54 age group, the limitations are 10.6% with men and 10.1% with women. In the 80 to 84 age group, 38.3% men and 37.6% women. For those older than 85, women, around 48% and men 46%.

It is necessary to note that the information obtained from the 1993 census is not comparable to that reported in 2005, which was sensitive to the International Classification of functionality, because this information referred to severe deficiencies.

## ECONOMIC SITUATION AND POVERTY

Colombia, like all the Latin American countries, tasked itself to reduce by half the poverty that afflicts it, thereby following one of the objectives proposed at the UN Millenium Summit. However, it has not been able to do this, given that the economic crisis of the 90's reversed the progress made between 1978 and 1998. Nevertheless, efforts were made to reestablish economic stability in order to grow and again take the road towards reducing poverty and indigence, thus going from 23% of Colombians who, in 2000, found themselves below the threshold of indigence, to 16% in 2003, and below the threshold of poverty, from 59% in 2000 to 51.8% in 2003.

## **POVERTY THRESHOLD**

More than half of elderly persons older than 60 are poor, as in the rest of Latin America. However, one has noted that families that include elderly persons are relatively better than those that do not. In 1997, in Colombia, one out of two elderly persons living in a rural area was poor, particularly the women, which was different from urban areas where poverty was equal in both sexes. During 2000-2003, one recorded a slight drop in population below the poverty threshold, from 55.03% to 52.68%, in the national total, and from 44.20% to 48.20% in urban areas.

The IBAM (Index of Well-Being of the Elderly Person) proposed by Del Popolo in 2001 varies between 0 and 1. Its indexes are longevity (life expectancy over 60); instruction (percentage of the elimination of illiteracy and the average years of study) and the level of dignified life (percentage of persons above the poverty threshold, social security coverage, and total average pension).

For Colombia, in 1999 it was 0.542, higher in urban areas. The highest index was found in Bogota – 0.90—while in Choco, it was extremely low – 0.05, reflecting a precarious situation compared with the rest of the country.

## **WORK, RETIREMENT AND PENSION**

In accord with the indicator of participation in the labor market, which records the dynamic of labor, the loss of work, and the ‘sous-emploi’, between 60 and 79 years of age, elderly adults continue to participate in the labor market for approximately 29.9% of persons in this age group. Beginning with the age of 80, this participation decreases. Most of the population older than 60 keeps active with work, although this does not always imply economic payment. Their participation in work helps them keep their place in the family residence and diminish poverty; for example, by taking care of grandchildren. The permanence of elderly adults in the working world is higher in rural areas, given the low social security coverage. The economic entries of persons diminish proportionally with age in Colombia. These entries are in the form of a bell: those persons between 45 and 50 get the highest; then they descend progressively until 80, when these persons receive entries lower by 40%. Those who work receive only 90% of what is received by those who are between 35 and 54.

## **TYPES OF LIFE**

### **Family**

In Colombia, most of the elderly people live in multigenerational homes (53%), which is confirmed by the CEPAL (the UN’s Economic Commission for Latin America and the Caribbean (ECLAC)) statement (1997) on the fact that the Latin American family continues to be the principal institution taking care of elderly persons, primarily because of a lack of resources and a shortage of institutional and community tradition of care.

However, one must keep in mind that it is not always by dependence of elderly adults who live in homes; quite often because of the economic situation, the youngest settle themselves in the main home, and this is why intergenerational solidarity can find itself reversed.

According to the results of the 2005 general census, 98.8% of people over 65 live with their families. This situation reflects the socio-demographic context later than 1993 according to which one elderly person lives in at least one quarter of Colombian families.

One third of men older than 60 live in homes of two generations (with their spouses and children), while one third of women the same age live in homes of three generations (generally with only their children and grandchildren); this is due to the much higher percentage of widows.

Marital status: 39% of persons older than 65 are married and 31% are widows or widowers; 14.1% are unmarried and 7% are separated or divorced. Although the loss of a spouse is more frequent among the women, it is important to mention widowhood as a social risk factor with the men, due to the dependence linked to the masculine condition, caused by the need for care, particularly in domestic matters; as also the feminine obligation to take care of elderly mothers and fathers, even in unstable circumstances.

## **RECENT STUDIES ON THE ELDERLY ADULT POPULATION**

During the last five years, various documents were published containing reviews of specific aspects concerning elderly persons and aging, such as communication and aging, the situation of elderly persons in Colombia and governmental guidelines for implementing their rights; rural aging in a region of the country with a higher percentage of elderly persons.

- *Colombia Ministry of Social Protection, Xavier Pontifical University (PUJ), Aging in Colombia: (Spanish) a policy on aging Bogota: Ministry, PUJ, 2006*

Offer, beginning with research on the balance between exercising rights and the framework of formal and informal restrictions, lineaments for the building of viable public policies that are realistically suitable, with respect towards old age and aging in Colombia.

Configure, starting with the perspective of rights, a manager or framework who/which orients/guides, organizes, and confers a sense to the situational, conceptual dimensions, to institutional expectations by orienting efforts towards an inclusive society.

- *Colombia Ministry of Communications, Center of Geriatric Psychology. Aging, communication, and policy. Bogota: Ministry of Communications, Cepsiger, 2004.*

Analyze the relationship between old age, communication, and policy, and stress all forms of communications, but especially the means of communication, with the goal of improving the quality of life of elderly people. Finally, it pleads that the perspective of entire life be integrated, like a transversal axis, in social policies and development plans and that one aim for the creation of a society for all ages.

- *Gomez, JF. Rural Aging. Monizales: University of Caldas, 2003.*

## NOTES FROM THE LITTLE SISTERS OF THE POOR IN COLOMBIA

### Women in Colombia Compared with Men

Every day, we receive 4 to 5 cases of elderly women and a much lower number of men. Faced with these situations, what hurts us the most is that it is impossible for us to welcome them all in our homes.

In the Atlantic Coastal region, this is what we noted at our home of Valledupar: the family suffers, nearly half of the population cohabits; the man, out of his first family, has children with different women, whom he cannot take care of because of his poverty; from this follows ill treatment of all the family members and the abandonment of the children. For the man, old age arrives and, in general, no one acknowledges him.

The same thing happens on the Pacific Coast: in the Istmina region, Afro-Colombian population, it comes down to the grandmothers to become the heads of family because:

- Of the violence which, in the history of Colombia, has resulted in the death of several men, fathers in the family.
- Of the cultural conditions in several regions – as is the case in Valledupar, Istmina, and Cartago – showing irresponsibility on the part of the man who abandons his wife and children.
- Of the widowed or abandoned mothers who must seek means of subsistence; they go to work, and it is in this situation that the grandmother plays a fundamental role in the social group and becomes “head of the family.” When the children grow up, they go away, and the grandmother is deprived of the protection of her daughter and her grandchildren. She suffers greatly, feels that she is an embarrassment and that she must leave.

These conditions are reflected in the composition of the residents in our houses:

Places	Total	Men	Women
Istmina	52	31	21
Valledupar	48	26	22
Tibu (guerilla zone)	37	24	13
Cartago	41	23	18

### Departments in the Central Part of the Country

In these regions, we note in our houses that the situation of the elderly woman is more painful, due to indifference and a lack of familial affection.

Places	Total	Men	Women
Bogota (capital)	76	51	42
Chapinero	58	28	30
Tunja	70	45	25
Medellin	105	38	67

Cali	76	35	41
Zipaquira	43	25	18

Despite its poverty, the indigenous population, in its culture, venerates its “elders;” in a primitive manner, it takes care of them until they die. In any case, the woman continues to be enslaved by the man.

With regard to ill treatment, the woman is victim at both the home and work, the man more at work than at home.

### THE ELDERLY IN GUATEMALA

From among the sciences in general, but particularly in the human sciences sector, has come, during these past few years, a specialized branch dedicated to the study of and attention to a broad and important sector of the population, or elderly persons; that is, gerontology and geriatrics, which concern health.

The increase in the population of elderly persons in industrialized countries has given rise to considerable interest in this area. It is estimated that the number of those older than 65 will more than double in the entire world and will go from 523 million in 2010 to around 1,500 million in 2050. This will mean that, for the first time in history, there will be more people 65 years and older than those less than 5 years, and therefore, the group with the most rapid growth in the world population and the aging of the population, a definite fact, with the outcome that one can predict for a part of the current humanity, each time more conscious of the implications for the future. All that precedes will have a very strong impact on social, political, economic, and cultural life, and several countries will not be in a position to cover the cost of pensions and health expenses for so many extra retirees.

Society in general will have to deal with the new and numerous challenges, given that aging, instead of being a natural fact, will become a social process. In Guatemala, according to DESA (Dept. of Economic and Social Affairs; World Population Forecasts, 2008 revision), the population of elderly people older than 65 for 2010 was 14,376, compared with the entire population (? %), 7,006 men (48.7%) and 7,370 women (51.3%). For 2025, it is estimated at 1,429,230, which represents 7.3%; and for 2050, it will be 3,625,000, which is 13% of the population. It is important to mention that Guatemala is a pluri-cultural and multi-lingual country and that the entire elderly adult population is divided up as follows: 36% from Mayan descendance; 0.17% from Xinca; 0.079% from Garifuna; and the rest from Latino. Location of elderly adults: 51% in urban area and 48% in rural, half men and half women, which indicates that the men still maintain their rural customs.

Guatemala, in a deplorable manner, is a primarily macho country, where thousands of young women trapped in a system of silence and complicity suffer bodily and spiritual abuse and violence, undermining their dignity and their rights. To be a woman in this country is a life sentence, but if, moreover, she is a native, poor, illiterate, in ill health, uneducated and elderly, her fate is a thousand times harder, and the load on her weak constitution is 100 thousand times heavier. Yet this is how the women of our country survive, producing wealth though their daily work and numerous children, for this beautiful country of injustice. One can see this in the fields, the markets, in domestic work, and in many other types of work, with pay that is not comparable to that given a man for the same kind of work.

Violence against women has increased. There is no political willingness, nor on the part of the State, to fight it. Each time justice is farther away from the victims and the law does not succeed in halting impunities. In 2010, 640 women lost their lives violently. In only 1 month, at the beginning of 2011, 104 were assassinated, and the forecast is worse than the previous year. Of the 35 rulings given in 2010, only 25 were condemned – the others were absolved.

Elderly persons are, moreover, a rising percentage in our country, a population that already needs all types of special services. What do we have to offer them? Who is prepared for this? With what political willingness to do it? Must we conclude that we are not prepared? Yes, this is so, we are not prepared to deal with this situation; for several reasons, and it would be profitable that this lead to less poverty and suffering. What can we do as AIC volunteers to see that these elderly people's lives are more positive and pleasant and that this opportunity that life has given us can be converted into something desirable and satisfactory and not into a burden?

There are responses, but we need resources to see them through, and for today, they don't interest anyone because the priority in Guatemala is the children who lack food, health, education, and many of them must work. Consequently, it will be necessary to wait a long time before there is a change towards concerning oneself with the elderly. This is obvious when one sees the thousands of pediatricians, compared to some tens of geriatric physicians, many of whom are not specialized; they appropriate the title of geriatric physicians because they have worked in homes for the elderly or are concerned with the elderly person. Nor are there any more specialists in other neighboring disciplines.

From all the above, I must conclude that this process of becoming involved with the elderly in Guatemala is still in its infancy in that any work or investigation in this area is completely new and, generally speaking, has not previously been brought up. Even less so, information concerning single elderly women.

## **MY CREDENTIALS**

I became a widow a year ago. I'm 76 and am an active volunteer of the Association of the Ladies of Charity of St. Vincent de Paul (ASCASVIP) A.I.C. I did nursing studies in the U.S., taking advantage of my stay in this country because my husband had a grant to continue his studies there. Currently, I am the Coordinator of the Home of Elderly Persons, one of the two for which the Association is responsible. I arrived at this Home 26 years ago, in 1984, to do my thesis and obtain my license in clinical psychology. I successfully completed my experimental work which lasted several months, during which I became involved with and fond of the people in the Home, and I continued as a collaborator, without becoming a volunteer. A few years later, I agreed to enter as a St. Vincent volunteer.

During 1987, the first team of professionals was established for the two Homes and I was given the opportunity to work, as a psychologist in the two Homes during the mornings; during the afternoons, I worked in my private clinic. In 1989, moreover, I took charge of directing the team of professionals who worked in the two centers. I continued this work for 10 years, which made it possible for me to learn quite a few things about the elderly. During these 10 years, I obtained a Master's and doctorate in clinical psychology. The day that I obtained my doctorate, I left the Center and the Association for various reasons.

Three years after leaving the Association, I returned to the Center, not as a psychologist, but

as a Coordinator. This is a more administrative job, which was better for me with regard to the schedule, and I believe also for the experience and affection that I feel for the Center; moreover, it makes it possible for me to fulfill myself in helping others.

I believe that God prepared me to work in this Center because the association of nursing and psychological work made the work very easy and gratifying for me. This also helped me in my private life, taking care of my husband during a very long and painful illness which ended in January 2010. Without any doubt, this work as volunteer in the Center and the Association has been very meaningful for me. I believe very much that when one gives, one receives 100-fold... and this gives a great feeling of transcendence. I spend a good deal of time alone, but I have much to do, so this solitude does not bother me. Now, I am studying Theology and I am on the Association's Formation team. Having previously been in the stage of Integrity, I feel obliged to give all that life and experience have given me, because I am "not" representative of the women of the people of Guatemala, since "only 2%" of the female population has access to education.

Economically, I have far fewer resources, since the widow's pension I've been given has been reduced by half. I also do some medical care, because I do not want to refuse it to those who ask. I think about the future, and I am a bit fearful of becoming dependent and an invalid, which may come with the years, but I try to live in the present, the "here and now," and to be content with what I have, putting all my trust in God. Thus, I find internal peace and I give thanks for all He has given me and for the life He kept for me. Today, my life, there are my five children and my 11 grandchildren, plus the 12th grandchild who will be born this month (January 2011). I know they will help me if I need it, but for the moment, I am independent and I hope to be able to continue as such, during the time that God has allowed me. In truth, I feel completely fulfilled and am satisfied with life. In peace!

**STUDY BY THE NATIONAL INSTITUTE OF PUBLIC HEALTH OF MEXICO.**

**Gender and poverty; indicators of health in ageing**

Old age is a social construction that is largely based on life (participation in economic and social activities) as well as societal and cultural norms of which many subjective according to gender.

In almost every country in the world women make up the majority of the elderly population, therefore feminization of the elderly. According to the studies done by the NGO in 2000 the ratio of men/women was 190/100. For those between 80-89 years of age it was 181/100, for those between 90-99 years of age it was 287/100 and for those who are 100 or older it was 386/100. In addition, more than half of the women of ages 60 and older live in developed countries (198 millions and 135 in developed countries). Until recently very few research was done on the elderly who are poor. In the world we have little studied the link between ageing, gender and poverty in view of a better quality of life.

The inequalities of ageing and gender are closely related to poverty, those inequalities are largely responsible for the continuation of different social experiences that start as soon as childhood. In general women are poorer as a result of social discrimination.

Gender is a social construction that affects all of society and that covers a variety of characteristics, possibilities and attempts that a social group attributes to certain people who accept them as normal by basing their biologic distinctiveness on their sex. These roles are instilled from childhood by education, school and family. Also, in ageing, men and women suffer different vulnerabilities according to their social and cultural role and the institutional protection that the society grants them. From a historic point of view the lack of recognition of gender differences as a fundamental element of the social hierarchy has hindered what we tackle as the problem of equality between men and women and in particular ageing.

Fewer women than men live alone, like in general in couples the man is older and that the widowed men are more likely to remarry. In this way, single women are more vulnerable from an economic and social viewpoint and often depend on their children.

In Mexico there is a gap between the traditional role of man and woman and the elderly population pull together profoundly. The women are more vulnerable because of a lower level of education and limited participation in economic activities that offer them less institutional protection in advance. Men participate in economic activities more than the

women but understand the health system less. It is therefore important that public services take account of this difference between men and women.

## **SOCIAL SECURITY AND ECONOMY**

Ageing brings a decrease in economic activity as well as a decrease in revenue. In development countries only a minority can count on their retirement. Insecurity is then an important factor in particular for those who worked in the informal sector and never paid into a retirement fund, which is the case of many women who earned little and could never save. The support of families is often necessary.

According to a recent study in Mexico, on the troops of the elderly, 45% of men 60 and older in an urban area benefit from pensions but only 16% benefit in rural areas. When looking at the women the numbers are on 26% in urban areas and 10% in rural areas. The women, more than the men, depend on their children in rural areas.

## **PHYSICAL HANDICAP AND GENDER**

Women live longer without... Living in better health and the OMS says that women live longer than men with a decrease of their physical aptitudes. In developed countries men suffer precarious work conditions and are subject to handicaps that make the percentage the same for men and women in rural areas (14%).

## **HEALTH PROBLEMS**

The health differences between elderly men and women are largely attributed by life style and different societal roles. In urban areas men suffer from cardio and lung illnesses while women suffer from elevated nerves and diabetes. Men smoke two times more than women.

Other factors intervene in the quality of life such as: education, civil state. Women are rarely schooled and their access to social protection is limited.

According to a Mexican study, 10% of men and 13% of women live alone while 35% of men and 45% of women live with their extended family.

## **HEALTH SERVICES**

In many countries access to health services are reserved to those who work in the formal sector. In developed countries the majority of women worked in the informal sector. Yet, it would seem that in Mexico the same number of women and men would have access to health services (77% in urban areas and 40% in rural areas.) It would also seem that at present the actual economic situation of persons ages 60 and older would be better than those in between 50 and 50 years of age.

In general, women use more health services than men due to their reproductive role and care for the children but take better care of their own health and think of prevention more than men.

## **POVERTY**

*According* to the Mexican Bank the divvying up revenue in Mexico is one of the more unequal in the world. 48.6% of Mexicans are poor (insufficient revenue to cover their basic needs). This poverty particularly manifests itself in rural areas (25 % of the countries population) because the metropolitan areas are very spread out and the services and available resources are insufficient. According to the studies.... In three states, incidences of infectious diseases were higher as well as nutritional insufficiencies that cause chronic and degenerative sickness to increase. The situation is aggravated because rural areas lack the means.

Recently two researches were successfully completed in Mexico to determine the state of health of men and women living in the middle of urban and rural areas. According to the results of these studies, the rate of morbid suffering among women multiplies especially in the case of the poor elderly women. Among whom use traditional remedies or generic prescriptions.

The health system hardly seems to meet the needs of this group of the population.

## **POSSIBLE SHORT TERM AND INTERMEDIATE SOLUTIONS**

The largest undoing of links between the elderly, gender and poverty is the inter-sectorial coordination and multidiscipline in research as well as in services and in public politics.

Here below are some strategies for a three-part solution:

## **ENCOURAGE RESEARCH ON THE LINKS BETWEEN AGEING, GENDER AND POVERTY**

The current research reveals persistent inequalities between men and women and has a negative effect on the health of the elderly. It still lacks systematic analysis of links between these three factors. The research needs to be intensified.

## **PROFESSIONAL FORMATION IN GERIATRIC HEALTH**

There are very few geriatric practitioners in developing countries. In Mexico there were only 250 geriatric practitioners for 7.3 million elderly. There is also a lack of specialized personnel. One needs to form personnel in all disciplines to be able to heal senior

In the formation of geriatrics there is also a need to take note of the different needs of men and of women. Which means that sufficient budgets must be preplanned for the elderly.

## **ADJUSTMENT OF SPECIALIZED INFRASTRUCTURES**

The clinical infrastructure of public services for the elderly living in poverty is altogether insufficient. There is a lack of access to dietary supplements, to vaccinations and to psychological services. Rural areas are particularly lacking in these areas.

## **ADJUSTMENT OF POLITICAL HEALTH CONCERNING THE NEEDS OF BOTH SEXES**

The life trajectory of men and women in Mexico places them in two grave and different vulnerable situations and there is a need to differentiate the needs of the men and the women in light of their different behavior as well as their past social culture.

## **THE SUPPORT PROGRAM FOR FAMILIES OF THE ELDERLY**

It is predominantly the family's job to care for the elderly, in particular the women. It is essential to create institutional support services and in the field of mental health to help women in particular.

## **PROMOTION OF SERVICES**

From a young age there is a need to encourage the use of health services in order to better the health of the elderly. This is something that can just as easily be done in the workplace.

## **GIVE PRIORITY TO THE PROGRAMS IN RURAL AREAS**

More men than women are disadvantaged in rural areas in particular because of poverty. The rural areas should become a priority.

## **POLITICAL PREVENTION**

The difference in the health of men and women is largely determined by their different lifestyles. The politics of health should include an important prevention component particularly designed for support of the ageing. This prevention should be able to adapt to different generations since the young women in general are better educated than those before them. Families are smaller and large families are in the process of disappearing.

## **CONCLUSIONS**

The problem in Mexico is one of relation between ageing, gender, and poverty of the elderly in a context of insufficient social protection and of social inequalities between the urban and rural areas.

In the start of programs and politics viewing the well-being of the elderly it is essential to anticipate the prevention as well as the investment of future generations so that the young may be better prepared to resolve the problems of the future. There is a need to plan cross-disciplinary and cross-generation programs.

The ageing of populations affect all developed countries before the developing countries which could help offer support/advantages to countries with fewer resources. The collaboration between countries can allow one to avoid errors in order to ameliorate the life conditions of those most in need.

Improvement programs and of infrastructures, of the formation of the personnel and the changing of attitudes in regards to ageing and problems of gender, are long term programs that need to be foreseen and take place immediately.

## **AIC VOLUNTEERS IN MEXICO**

In Mexico, the increase in the number of elderly persons is an important problem. It is so sad to see the elderly without basic resources to live, especially the abandoned; more so the increase in immigration of the young to the United States increases each day leaving parents and grandparents without protection

In a certain way we have tried to work alongside the federal government and with Mexican Vincentian Volunteers where we have 25 retirement homes and 4 day-centers to welcome the elderly. We have made an effort to help a little but we cover an insufficient amount of basic necessities.

Our project is to make the population aware of this strong need, through public campaigns for example. In some retirement homes we have already started an “adopt a grand-father or a grandmother program” the result of this project is to build children’s awareness of the elderly needs.

Another option we have promoted is to develop day welcome centers for the elderly, in this fashion the family ties are not broken which is good for them. Those hours typically run from 8:00am to 5:00pm

In Mexico there is a gap between the traditional roles of men and women and the elderly are profoundly aware of this gap. Women are vulnerable on a basic educational level and limited participation in economic activities, which gives them less institutional protection in their old age. Men participate in economic activities more than the women but do not understand health care as well. Therefore it is important that public services take into account the differences between men and women.

## **THE ELDERLY IN PERU**

I approach the nationwide survey on ageing in Latin America with worry and at the same time with hope.

With worry because our continent and our countries have, up until now, a predominance of a young population; which today is becoming more and more old and our poor countries do not have big possibilities to solve of all the problems they represent.

With hope, because in our country the elderly people are culturally well respected by their families and there is not a major tendency to exclude them from the heart of the family.

To emphasize: the concern of the Episcopal Peruvian Conference of working at which we work during some years and of which the work applies to all the dioceses in the country.

In the Association, there is a true engagement as much in the social domain as in the pastoral. Certain groups are working in specific ways for the full promotion of elderly people. At the same time, there is a group of our members who are working in the *Ad hoc* Commission of the Pastoral of Elderly People of the Episcopal Commission of the Apostolic Laymen.

### **Our engagements**

- To promote Pastoral care for the Elderly
- To put pressure on the local governments so that retirement pensions permit the elderly to live a dignified life.
- That at the State level we work on the projects in order to protect the integral health of the elderly people.
- To increase family awareness so that they consider the attention they give to their elderly as something sacred.

## **INFORMATION ON THE SITUATION OF ELDERLY PERSONS, PARTICULARLY WOMEN IN URUGUAY**

As life expectancy has been extended, Uruguay has an aging population, since moreover, it records a very low birth rate. Thirteen percent of the country's population is older than 75, and this implies that it needs to deal with this part of the population, according to various points of view.

The problems generated by this are complex, resulting from biological, sociological, and economic causes. In Uruguay, the elder adult from an independent social background, if health is good or acceptable and if he has average economic means, can have a peaceful old age.

Elderly couples benefit together from leisure activities without going abroad. Uruguay offers various options: pretty beaches, thermal waters, and several places of relaxation in the country or city.

### **TECHNOLOGY**

Technology frightens us, computer keys as well as mobile telephones scare us, and everything that is a game for children paralyzes us.

### **LEISURE**

On websites concerning elderly persons, we find a range of possibilities to use our free time, and we ask everything we think of about this topic. On the same websites, in the health information section, we find residences, psychomotor and psycho-diagnostic clinics, and places for discussions and conferences so that the sick elderly person and his family may be usefully informed.

One can count on the University of senior citizens (the over-60's) where one increases his knowledge or acquires it if one did not learn it during his youth. There are different places for leisure activity: choir singing groups; ceramic or pottery, weaving, painting, embroidery, and crocheting workshops; card playing groups; groups of senior citizen friends; talks and conferences on current affairs; interesting expositions; workshops on literature, history, art, and other activities. It is important to note that many are free or at an affordable cost.

One positive aid that should be mentioned is that the Montevideo Commissariat facilitates the leisure of elderly adults in various ways: lower entry prices for public shows; lower price or

free transport tickets on Sundays and holidays; organized guided walks and open-air shows in summer. There are city libraries and arts centers with interesting books and different types of workshops.

## **ASSISTANCE WORKS**

Another standard activity for elderly women is the aid provided by the assistance works. The social voluntary service is very involved in Uruguay and cooperates in several ways. Via this activity, the elderly adult feels useful when he participates directly in this work. *This is not a job or task, because it is to assist those who are in need.*

## **PHYSICAL CARE**

Elderly adults are aware that sedentary life is not good. Consequently, they go walking and exercise, and the ladies care a great deal about their appearance and frequently go to the hairdresser.

## **HOW TO DEAL WITH UNFORESEEN SITUATIONS REGARDING HEALTH**

This positive overview of how the senior citizens in Uruguay live changes when, for health and economic reasons, situations arise that need to be resolved immediately. There are not very many elderly people who plan their old age and see it through.

Unexpected situations alter plans and affect the entire family. Currently, there are not very numerous families, and if there are, some members have emigrated for various reasons, and the obligation for making a decision concerns children who have left their country and cannot give time to the elderly person because they have personal obligations.

What to do? What are the options? Three options come to light to resolve the problem: seek a home aide; go live with a child; or enter a residence.

1. If the person has financial reserves, she can take a home companion and continue to live at home. However, it is not easy to find a person who takes care of domestic tasks and, at the same time, acts as a companion, not to mention a nurse. This would result in demands concerning salary. Having a companion requires time to adapt, the need to be attentive in the presence of a stranger, and leads to the loss of private life and intimacy, all the more so since one was previously quite independent.

2. Going into the home of a child would lead to cohabitation of three generations not always accepted by one or the other; there will always be someone who will give in to the other party. Houses are no longer so large and there would no longer be independence because each generation lives in his own way.

3. The third option is also somewhat negative because, barring residences built for this purpose, which are very few and very expensive, the others are buildings that have been adapted. They were large houses of numerous families which today are used to house most of the persons. These homes may have two floors, with stairs at times inconvenient, with narrow doors, with different heights, with small bathrooms that are not convenient for the ill person. If he uses walkers, wheelchairs, or canes, moving in these homes is neither easy nor safe.

Another inconvenience of these homes is that the person hired to take care of the infirm adult is not always prepared for this post, which results in the service turning into an arrogant situation which the sick person notices and which the other residents must put up with. This is a sad situation which the family ignores or downplays.

## **DIFFERENCES BETWEEN OLD AGE TODAY AND PREVIOUSLY**

Our grandmothers used to say that old age was a stage of life which, in general, one enjoyed and where one harvested what one had sown. Today it is not the same, since life changes and the demands of life are such that each family member must work or study and does not have much time to devote to the elderly person. Not that there is a lack of love, but there are obligations that they need to carry out.

## **RELIGION AND COMMUNITY LIFE**

For senior citizens, there are religious organizations which help the elderly and faith live by dealing with the challenges of our time. They help us try to understand the breathtaking changes of the times and to live spirituality in service and prayer. If we integrate the groups, the solitude of the elderly is more tolerable. Rising Life (Vie Montante), parish groups of reflection, Church movement, outpatient department organizations, in picnic areas, and work tables in underprivileged areas can increase the spiritual life of the elderly person and give strength when it appears that life is coming to an end.

## **HEALTH**

Health in Uruguay is assured mutually for the large majority. Those who have mutual plans have their regulations, the costs varying according to whether one is placed in a private room or one shared with others. Medical assistance is good, emergencies are quickly accommodated, but one must wait quite a while to get consults from specialists. These are inconveniences which, for an aging organism, is prejudicial to the treatment of illness. For this, one often resorts to the usual doctor, provided the economic conditions make it possible.

## **PENSION**

Retirements or pensions are subject to an income tax, which is a charge in the monthly budget, when one has only one financial input -- the money from this contribution.

## **TRANSPORTATION**

Another negative aspect for the well-being of the elderly person is the capital's transport system. Most of the omnibuses have elevated steps, the conductors do not get close to the sidewalks, and getting up into or out of the buses is difficult. There are no longer seats for elderly persons whose more or less comfortable travel depends on the friendliness of the other passengers.

Group transportation is not convenient and individual transportation (taxi or other) is expensive. This makes outings of elderly persons difficult, whether for health reasons or for pleasure.

### **LACK OF SAFETY**

The topic of lack of safety concerns all ages, but elderly persons are easy prey for violence and rape.

### **LACK OF RESPECT**

The social problem with which we live on a daily basis is the lack of respect of elderly persons. We have to put up with vulgar language, the employee's use of "tu" or familiar language when we do our shopping, the failure to appreciate our experience, the lack of understanding and foreign television programs which have nothing to do with culture, which destroy values and whose form of relaxation or comedy are insolent. Briefly, the things that are difficult or painful to live with and to get used to.

To deal with old age with dignity is a task composed of several factors to which one cannot always be devoted. This itself is a stumbling block because we do not make an effort to accept the situation.

### **A GLOBAL LOOK AT THE ELDERLY**

The elderly problem is world-wide and there are some countries where governments include it in their action topics. First world countries are working to promote a dignified old age. Struggling for economic resources, the residences are comfortable, social assistance is efficient and effective, and the projects that have been improved tend to increase the quality of life.

### **ACTION OF INTERNATIONAL ORGANIZATIONS**

In 2002, the World Health Organization launched a political proposal for active aging. The program is composed of five lines of action:

1. Prevention and promotion of health
2. Cultural promotion of elderly persons and of their value in society
3. Support for a gradual and flexible retirement
4. Protection of the individual rights of elderly persons
5. Encouragement of inter-generational relationships.

It would be good if all countries put these into practice.

The Ibero-American intergovernmental network of technical cooperation favors the formation of inter-generational courses. In Latin America, seven countries work with this

network. Which ones are they? How do they work? There is a requisite interaction between groups of elderly persons and various situations which leads to close communication: feelings and thoughts shared in an attitude having meaning for the different generations which benefits not only the elderly but also the young. This is an adaptation to the era of understanding of old age in a cultural perspective of the cycle of life. It would be good if, in Uruguay, it would function in the residences, in public or private universities or in their own retirement homes. It would be good if some NGO or religious organization thought of this. Catholic University offers courses for the elderly, which are well-followed.

## **THE STATE**

The State is lacking on this very important topic. There is no policy of action that helps deal with old age with a positive spirit of acceptance. At the moment, making it possible for a dignified old age is between the hands of the family and of good-willed people.

## **JOYE OF LIFE**

If, on numerous occasions, old age appear difficult and solitary, there are many elderly people who live it with contentment. Joy flows from knowing that the time lived was not in vain, that one has acted in accord with the values relayed to us and that now one feels at peace. Not to mention those who have faith, who practice it, and continue to live.

## WIDOWS AND THE ELDERLY IN INDIA

This document was developed with research carried out by Dr. Indira Jai Prakash, professor of psychology at Bangalore University, for a series of articles she published on the status and the living conditions of elderly widows and other women living alone (including never-married women, the separated, and the divorced as well as widows.

The situation of women alone is hardly cause for envy. These women are generally left to their own devices whether through the death of their husband or through divorce. Almost half of women over 60 years of age spend the remainder of their lives without the support of a spouse. Widows have been identified as a particularly vulnerable group. Widowhood in India, from the religious as much as the social point of view, is stigmatized and considered bad luck: it is not even spoken about. The loss of a spouse has a negative influence on the status and role in the family and thus a negative effect on economic and living conditions and on mental health and care: a woman is considered as nothing but an appendage of her husband. The loss of a husband means the loss of identity. This alters physical and mental conditions, resulting in solitude and isolation that deprives widows of an essential social resource.

Very few systematic studies have been carried out on the situation of widows; even feminists seem disinterested. One might well wonder why the situation of widows should be so different from that of widowers – this is explained by the inferior status of women in general in India (which begins even before birth with the discrimination against the female fetus – such that at the present time there is a real deficit in the female population). As everywhere else, there is the feminization of old age as well as of poverty along with a lengthening of the duration of widowhood. Remarriage for a widow is a source of disapproval. According to religious texts, a girl should be married before puberty, and marriage is considered an indissoluble sacrament for life. Separation, for even the unhappiest marriages, is difficult. The existence of a woman independent from her husband is unthinkable, given that she only exists for him. The role that women play in caring for the family is hardly a factor. The only acknowledged role of the woman is that of reproduction. In every other respect women are universally disadvantaged by very low levels of education and training.

The Non-Governmental Organization's (NGO) Committee on the Condition of Women has acknowledged that elderly women are rarely the focus of development efforts.

Many older women do not have the means of subsistence and are dependent upon charity. In earlier times a widow was supposed to have been burned with the body of her husband (the practice known as *suttee*) and although it has been outlawed since 1829, the practice has not

entirely disappeared in the rural areas in the north of the country. It benefits the family of the deceased by enabling them to seize all remaining possessions.

Although in principle widows have rights to the property of their late husbands, those rights are routinely violated. Similarly, a woman theoretically has the right to inherit from her father but those rights as well are seldom recognized except under extraordinary circumstances.

A widow cannot count on the help of her sons and it is very rare that widows are brought into their children's households because they are viewed as unproductive burdens. The family thus is not a widow's haven in a heartless world during her elderly years.

According to certain Hindu tracts, a widow is commanded to abstain from eating twice a day and must wear certain colors, usually white. Often families send their widows off to certain holy cities where they simply vegetate in the streets, adding to health problems. When widows themselves have been consulted, they have proposed various measures to improve their situation in India. They know very well what they need most.

For the situation to change and for the government to act on behalf of widows, for example by providing pensions, strong pressure will have to be brought to bear by nongovernmental organizations and human rights groups. Above all, widows must be seen as full members of the human family.

Many women living alone end their days in institutions. A governmental system of social security could be one solution, a source of much criticism despite the fact that, following the 1947/48 partition of India and Pakistan, the government introduced such a system. At the moment, any such aid is left to charity. It must be understood that such women are capable of contributing to the societies in which they live.

### **The Gang of Women in Pink Saris**

In Uttar Pradesh for the past two years, one woman, Sampat Pal Devi, has been tracking injustice. She has gathered a group of peasant women from the lowest castes who are recognizable by the pink saris they wear (pink is one color not associated with any political party). Her goal is to demonstrate to women that they can prevail and that women need not submit to injustice. She battles against politicians' misuse of public funds, given that the Indian public services are often weak or nonexistent. She has made education and literacy one of her priorities and fights to raise awareness by illuminating the inequalities in Indian society and the dysfunction of the state.

In this same Uttar Pradesh state, a *dalit* woman from the caste of the untouchables was elected head of state, a genuine revolution, however the state of the poorest will hardly get better except through mutual aid, they themselves will lead the way to better development.

### **A REPORT ON JAPANESE SENIOR CITIZENS MERRY WIDOWS AND IONELY MENIN AGING JAPANESE SOCIETY**

According to the statistics of the Ministry of Health, Labour & Welfare, and the population in October 2009 was 12,751m and the number of senior citizens over the age of 65 counts total 2,901m, the ratio of which to population is 22.7%. The life expectancy in 2008 was man, 79.29 and woman, 86.05, and these will be estimated to rise up to 83.67 and to 90.34 in 2055.

The household whose head is over 65 years old is now increasing, and it takes 41.2% of the whole number of households in Japan. The elders mainly live off their pension but most of them have good savings at some banks. Average amount of saving counts 2,329m yen, which is equivalent to 280,600 USD.

90 % of those elders find themselves happy and life worth living: They have somebody to talk with, some neighbors and relatives, and if anything happens, they have people to consult or depend on. Particularly, women are happy and content when they can see their grand-children.

On the whole, the Japanese society is a family centered so that the parents are happy as long as their children visit them with grand-children. That implies their relation to neighbors and friends is quite fragile. All the priority is in the grand-children, and besides, the Japanese do not have custom to invite each other for tea or for dinner so that lonely elders are really lonely without friends.

Because of modern day's nuclear family, three generations do not live together, so the increase of lonely elders has become obvious. Particularly when the elder couple has only son and no daughter, the relationship between the mother and the daughter-in-law is severe. The old image of gentle Japanese woman has completely changed and it is the mother-in-law who should be patient and bear her circumstance lamenting.

Looking back to Japan's history, mythology tells that Japan is a country of the rising Sun, and the Sun is a lady goddess unlike in the West where a strong male- God, Zeus or Jupiter presides. Following a woman group in London in 18th century, when the first women group 'Bluestocking' appeared in Japan in 1930s, their slogan was "Once woman was a goddess!" The group lead the women to establish another woman's group, "Society of New Women" which grew to be a "Society for Woman's Voting Right or suffrage in General Election".

But their activities had been interrupted during the I & II World War, and they at last in 1945, culminated to send 39 Women Members to Parliament. Therefore the world image of obedient and willowy Japanese woman is a created image.

In feudal Japan when caste-like class system existed, both Samurai( worries) and Merchant class' had trusted woman and they had let his wife all the management of the household as well as the bringing-up children , so that man had given all his income to her. She was the one who "kept a close grip on one's purse", consequently the tradition of firm & stable image of woman has been handed down to salaried workers, who are the modern-day worriers and merchants. Indeed woman in Japan is really strong, particularly in their house. She is the queen of the house.

Man is sometimes regarded as only a workforce and the carrier of salary, so there is even such a proverb that "What is good is in that husband is healthy and he is away". Wife dislikes her husband to be at home every day after he is retired because workaholic Japanese men do not know anything about housework so that the wife has to cook three meals a day for him. Therefore the worst case is divorce when man receives his gratuity from his office at his retirement age and the money is divided into two shares. If not, after much patience when the husband dies, woman grows to be very active and merry, and they live very long time alone. In a sense, we must admit Japanese woman to be quite tenacious and indomitable. They can even flatter men into working for his pride as a strong supporter of the family.

Statistics show the ratio of lonely man and woman is 24.4% to 9.3%. Japan is the country where man is weaker and lonelier than woman. We can think many reasons for such miserable social phenomenon but young people have now realized and they started to be a good father and good husband helping his wife with bringing their children together. They have started to value family life talking and eating together as a family.

## **SOCIAL HEALTH CARE & NATIONAL INSURANCE AND HEALTH CARE FACILITIES**

Japan is a country where many Health Care Centres of both private and public exist and the young and the old enjoy natural hot springs and good care of massage and rehabilitation by using machines. In any local area, there are hospital and massage house, and anybody can get good service and care with minimum cost because Health Insurance covers the cost. Many elders go to such care centre and they receive so called "comfort treatment" under the name of rehabilitation, and the centre becomes like the places of socialization. Some elders go there to see their friends.

Under the slogan of the government that care for the elders should be done by their local community and in 2000 they started Care & Support Insurance. Residents over the year of 40 have to pay for the insurance together with National Health Insurance. The local governments have built good facilities all over Japan and accept the registered people over the age of 65 for Day Service which includes meals, bath support, or rehabilitation training. Young people work there to help the elders. The elders there are very happy. One of the young social workers told me: "I could not think of aging before. Getting old looked sad and dark but now I work here and I started to regard aging as not too bad. I can say that by watching the elder

people getting friends here!

## CONCLUSION

Elder people live long in Japan quite happily!

## RÉPERCUSSION DES DERNIERS ÉVÈNEMENTS SUR LES PERSONNES ÂGÉES

24 juin 2011

La raison de mon délai à répondre à votre demande est la difficulté de rassembler une information sur les personnes dans les zones affectées par le tremblement de terre et le tsunami.

Après le tremblement de terre du 17 janvier 1995, la ville de Kobe avait ouvert un centre spécifique de volontaires pour ces régions : on pensait que Kobe pourrait offrir son expérience du tremblement de terre, survenu il y a 17 ans. Mais le directeur de ce centre a déclaré que l'échelle du désastre est trop importante et vaste, et que les zones sont trop loin d'ici. Nous sommes impuissants à les aider, parce que l'information que nous pouvons avoir est trop limitée et nous ne savons rien de plus que ce que nous pouvons lire dans les journaux.

Ce qu'il dit est tout-à-fait vrai et ils comprennent la nécessité d'envoyer des soignants professionnels à la fois pour des soins physiques et mentaux, mais le nombre de ces travailleurs professionnels est très limité et de plus, les routes d'accès à de nombreux villages sont encore coupées.

Petit à petit, on a eu plus d'information, et nous constatons que les gens, particulièrement les personnes âgées, préfèrent encore rester dans les centres d'évacuation, plutôt que de vivre dans des habitations temporaires que le gouvernement a préparé pour elles. Il y a des raisons pour cela. Premièrement, les habitations temporaires sont bâties dans des endroits inconfortables et les personnes âgées ne peuvent pas voir les médecins dans les hôpitaux. Deuxièmement, elles ne veulent pas perdre leurs amis, qu'elles ont rencontrés dans les centres d'évacuation. Troisièmement, elles reçoivent dans le centre de la nourriture cuisinée. Si elles vont vivre dans ces habitations, elles devront aller faire les courses et se faire leur cuisine. En conséquence, les gens - particulièrement les personnes plus âgées - ont choisi le centre d'évacuation surpeuplé, sans beaucoup de 'privacy'.

Nous avons commencé à entendre des bonnes nouvelles, comme par exemple les bars publics et les Centres de Soutien où les gens peuvent aller à tout moment pour prendre un thé ou un café, et où ils peuvent aussi rencontrer des soignants professionnels pour troubles mentaux ou physiques.

La meilleure leçon que le tremblement de terre de Kobe nous a enseigné, c'est de ne pas laisser les personnes âgées isolées dans leur maison, seules avec leur télévision. Encore aujourd'hui - 17 ans après le tremblement de terre de Kobe, les personnes âgées meurent seules, une par une, dans leurs habitations temporaires isolées.

**SOCIAL CENTER OF THE DAUGHTERS OF CHARITY**

**Association “Louise de Marillac” in Lebanon**

The work of our “Louise de Marillac” association focuses primarily on companionship for elderly people, especially elderly women, who are often quite destitute but not homeless.

These women are part of the class of elderly, for the most part neglected, who are collectively referred to as the “left by the wayside,” those who even rummage and comb through the garbage in the hopes of finding some treasure. There are many such women in Lebanon, whether single, widowed, or single mothers whose children have died or moved away. As well there are smaller numbers of women who still have family but who represent for them a burden and an extra mouth to feed. They typically live in hovels consisting of one room which serves as bedroom, kitchen, and eating room; often the bathroom is located outside the living quarters and is shared with other lodgers. Living in an attic or in a basement where it is damp and humid in the winter and unbearably hot in summer, these people live in precarious conditions with a total lack of any safety net. They have no other resources beyond charitable aid, **especially since there is no legal framework in Lebanon for elderly, abandoned people.** (emphasis in the original). These people are alone and without any resources, and their survival depends on the generosity of benefactors. To fend off total disaster, they may resort to the local parish or medical center or even in despair to begging in the street or at the church doorstep.

The goal of our Association is to be able to provide these people, to the extent our resources will allow, some small monthly financial aid as well as other assistance every three months. The “Louises” frequently undertake home visits with the intention of easing day-to-day life and the fear of tomorrow with an encouraging presence and a listening ear. As such visits go along, bonds of friendship become formed and with them a clearer understanding of what is needed. It is worth pointing out that religion occupies a central place in the lives of these people who are profoundly faithful, pious, and attached to the life of the parish. As such, our Association has been able and will continue to pursue its mission despite the successive wars and conflicts which have shaken Lebanon, thanks to the dynamism of the sisters and the involvement of the members. Our fundraising is accomplished by means of theatrical evenings, ballet, or film screenings – raffles and luncheons refill our coffers as well. Confidence in the face of life’s winds and tides and better days ahead for our elderly clients remains always our motto.

## THE SITUATION OF OLDER WOMEN-THE MALAYSIA/SINGAPORE EXPERIENCE

This essay suggests that “*Older Women are more vulnerable than Older Men*” as perceived and observed by two Little Sisters having lived in Malaysia and Singapore. Findings by national/international studies would appear to be consistent with such a view. (See attachments). Insights have also been gleaned from a handful of Residents in the Home in Penang and a Eurasian volunteer. It should be noted, however, that their views are based on personal experience and may not necessarily be representative of the average Malaysian experience.

### ASIAN MIDSET<sup>3</sup>

It would be useful to note that the Asian mindset is still very much a “traditional” one. Men are viewed as the breadwinners and women as homemakers. Even in Asian societies where dual-income families are becoming the norm, the men are the principal providers while the women merely supplement the family income. They are also expected to put their families before their jobs/careers. It is usual to have working women take long unpaid maternity leave. Singapore, which is the only Southeast Asian nation, to have an ageing population finds it necessary to implement schemes that encourage women to leave the job market in order to have children and to have more than two. Malaysia’s population is still considered young although the trend is expected to change in a decade or so.

### FINANCIAL DEPENDENCE

Older women are generally financially dependent on their husbands and eventually on their children. In traditional Asian societies, children are seen as an asset both in financial terms and in the sense of being care providers in their parents’ old age. Those who are widowed and or childless would therefore be most at risk of financial hardship. The degree of this vulnerability depends to some extent on the marketability of the older women. Typically their low level of education may be a major obstacle to finding sustainable employment. Older men may be less vulnerable because they typically stay in the workforce longer than women and so can still depend on their earnings.

## **CHILDREN BY ADOPTION**

It has been observed at least among some of the female Residents in the Home that they have adopted children despite never being married. Whether or not it is particular to the Residents or otherwise, it is nonetheless interesting to note that the filial bond may not be very strong. The adopted children are much less inclined to provide for the needs of their older folk. This in turn impacts on the older woman, who being single, is left as vulnerable as a childless widow.

## **GRAND-PARENTING**

Women now typically juggle jobs and families in Singapore and Malaysia. Most families therefore depend on a number of caregivers for their children - their parents, in-laws and maids. It is not unusual for older women “retiring” to look after their grandchildren. This role – whether they prefer it or not in some sense assure their place in the family fold and so they are less at risk of being “put out” by their children. Older widowers may not be predisposed to helping to look after their grandchildren and so may be at risk of being left on their own.

## **DISABILITIES**

The role of grand-parenting also presupposes being sound of mind and body. The older woman who becomes sickly and needs constant care herself would add pressure on her children who have their own children to look after. Those who are widowed and childless would thus find themselves in a more precarious position if they were physically incapacitated.

## **MATERIAL FROM INTERVIEWS AT THE HOME**

Female Residents outnumber the men in our Home in Penang. There are also more Chinese than Indian Residents. There are currently no Residents of Malay or Bumiputra descent in the Home. The five Residents interviewed were asked mainly about their personal experience of poverty (material deprivation/spiritual freedom), abuse and their role in grandparenting.

The two male Residents, both Chinese in their early seventies, were financially independent. One ran a small business – a coffeeshop while the other was highly educated and was a well-paid, well-travelled professional. The former was left financially dependent on his wife and adopted daughter by a debilitating stroke while difficulties in his marriage which led to a divorce emotionally paralysed the latter. He lived an itinerant life, earning his keep mainly through his passion for rearing decorative fish, and finding shelter mostly in a temple until friends at his parish suggested he apply to live in our Home. His three daughters live abroad but only his eldest daughter keeps regular contact with him through email and sends him “coffee money”.

Of the three female Residents interviewed whom we will refer to as A, B and C, only one came from a privileged background. In her early seventies, Resident C reported that while her parents showed all the children love and affection, the boys were perhaps slightly more favoured. The Japanese Occupation impoverished the family and she found herself having to

sell fried noodles from age 7-10 to help the family. As a young woman, Resident C chose to publicly champion the cause of fellow workers against what she saw as an unfair and unjust employer. Her decision ended her relationship with a prospective suitor. Remaining single thereafter, she worked and adopted a daughter, who entered religious life and currently lives abroad.

Residents A and B are both widows and also in their seventies. Resident A has lived a very hard life. Abandoned as a child, she was adopted by the second of three wives. She lost her adoptive mother at age 4 and was brought up by an older sister who she says treated her like a servant. Resident A was widowed at 58 and is childless. She supported herself and her husband, who was 12 years her senior, by working in a canteen. She only stopped working while well into her sixties. Fiercely independent, she had not intended to live in the Home but only did so at the persuasion of her nephew. Her decision was also facilitated by what she described as the “bad attitudes” of her sisters-in-law and their ill-treatment of her. Her loyalty and fidelity to her late husband extends to the fact that she wants to die Buddhist like her husband despite professing to be Catholic in all ways but one.

Resident B knew poverty from a very early age. It was her mother who supported the family. The father did not contribute. Her education was only limited to night study having to do housework in the daytime. She has no biological children although she was married and widowed. She has two adopted children, both of whom are poor themselves. Her son is a hawker with an unstable income and her daughter is a widow with no children. It is her son and two grandsons who visit her once a year. They do not support her financially. She says she had paid for the marriage expenses of her two children.

We also interviewed a female Volunteer of many years with the Home. She is Eurasian, a mother and grandmother. She worked as an education officer until voluntarily retiring at 47. She is financially dependent on her husband (who is gainfully employed) and says she chose the option to retire early so as to have more free time. She admits to being an occasional grandmother who sees her role as principally sharing with her grandchildren their Catholic faith and family values.

## **BACKGROUND ON SINGAPORE**

Singapore and Malaysia have much in common. Both share the same corner of the world – Southeast Asia, both being former British colonies and both having been part of “Malaya”. Singapore became an independent state on 9<sup>th</sup> August 1965 upon separation from Malaysia. Both countries have a population that is ethnically diverse. The main ethnic groups are Malay, Chinese and Indian. The Eurasian community (descendants of the local population and European settlers) form a very small percentage of the total population in both countries and is typically listed under “Others”.

Singapore’s population is predominantly of Chinese descent, nearly 77 percent in 2000, followed by the Malays at 14 percent. Malaysia’s population is predominantly *Bumiputra*. The Malays, together with the indigenous people of Sabah and Sarawak (the two states in East Malaysia), and the aboriginal groups of Peninsular or West Malaysia (the Orang Asli) form the majority at 65 percent. Those of Chinese descent formed 26 percent of the total Malaysian population in 2000. The percentage of Indians in both populations was about the same at between 7 and 8 percent.

While Malaysia's economic development took place typically, that is, from being agriculturally based to being more high-value added, Singapore's economic experience has been somewhat different. With no natural resources, she had to take the road less travelled, springboarding from low-value added manufacturing industries. Economic diversification and deliberate investments by the state authorities in the populace notably via education, training schemes etc have been the main impetus to her economic growth. This has repercussions on the female population in Singapore. The trend presently is that Singapore women are either putting off marriage till much later or not getting married at all. The market place is saturated with schemes of all sorts to help such women lay aside a sizeable nest egg for retirement and beyond.

## **References**

<sup>1</sup>pp. 2-7, "Active ageing of Older Persons: The Case for Malaysia" by Ms. Sharifah Norazizan Syed Abd Rashid, Senior Lecturer, Institute of Gerontology, Universiti Putra Malaysia, 25 July 2007.

<sup>2</sup>"Are Older Women in Southeast Asia more vulnerable than the men?" by Ms Evi Nurvidya Arifin, 13-15 May 2009.

<sup>3</sup>p. 16 paragraph 1.03, "The Progress of Malaysian women since Independence 1957-2000" published by the Ministry of Women and Family Development, September 2003.

<sup>4</sup>A series of essays on "Women and Ageing" by Singapore NGOs AWARE and the TSAO Foundation.

## **ELDERLY WOMEN**

### **INTRODUCTION**

At present, in South Korea, elderly persons over 65 represent 8% of the total population and in 2019 they will be more than 14%, making our country an aged society . . .

The UN defines an aging society as one where persons over 65 make up more than 7% of the population; an aged society is one where persons over 65 make up more than 14 %.

In South Korea, the problem is not only that of becoming an aged society, but the problem of elderly persons losing their place in the life of the family.

### **ECONOMIC POVERTY OF ELDERLY WOMEN**

In Korea, the biggest problem among the elderly is economic; and, as society ages, the degree of poverty worsens. What is more, women live longer than men; many women are left widows. Compared with men, they have fewer possibilities for work and smaller retirement funds; their economic situation is unstable.

#### **1. Causes of Poverty among Elderly Women**

Most women do not benefit from an income; they are engaged in non-salaried domestic work. They depend on their husband's income which, according to present economic structures, remains separate, in the husband's name. These structures are the cause of poverty for women without a husband, women who are the head of a household, and women who are elderly and cut off from any income. The fact that women are economically dependent upon men is the direct cause for the discrimination they suffer throughout life.

#### **2. Evolution of the Role of Elderly Women**

Women over fifty years of age experience significant changes in personal relations and in their professional role because of life-altering events such as the marriage of their children, the death of their spouse or friend, or the need to assume or re-assume an employment.

To understand the changes in the roles of women, we should consider the following three points:

- (1) During the past few generations, the role of women has undergone dramatically more changes than that of men.
- (2) In the evolution after midlife, the differences linked to sex must not be ignored.
- (3) The role played by each person has repercussions in mutual relations.

According to the social panorama, women completing their family tasks and arriving at midlife have nothing left but the couple; they experience solitude and some are seized with unrealistic fears. According to psychologists, when the children grow up and the family seems to have no more need of the mother, aging women present symptoms of the “Empty Nest Syndrome.” The fact that society perceives the role of women uniquely in the light of motherhood causes the woman to suffer when she realizes that her role is about finished as the last child leaves home. Likewise for the grandmother who has devoted her whole life for her family in traditional tasks within the home—she suffers when she feels no longer needed.

### **3. Psychological Isolation of Elderly Women**

Solitude is an inevitable consequence of aging. On the other hand, the psychologically most influential factor in old age is contentment. The elderly have a strong tendency to become isolated and depressed.

Causes for depression in the elderly include: decline in one’s health, grieving over the loss of a spouse or family, isolation from society, lack of income, loss of one’s role, remorse for the past, and fear of death.

Elderly women have, above all, lived socially and psychologically anchored in the family, within a narrow frame of reference; their connections with society are therefore limited. Since activities to assure adaptation to retirement or to alleviate solitude are more limited for women than for men, elderly women are more vulnerable to isolation and depression.

Moreover, women tend to be more negative than men when it comes to accepting their children leaving home for marriage, for work, or for studies. Widowhood brings economic privation which, because of diminished social relations, provokes feelings of isolation.

Families that take into consideration the factors that cause social isolation, discontentment, insomnia, and depression might be able to attenuate these emotional problems. Elderly women immersed in these problems but lacking such a support system from their families are inclined to choose suicide as a last resort.

### **4. Abuse of Elderly Women**

In the 1980’s, South Korea became conscious of the extent of mistreatment of the older persons: “Elder-abuse.” More recently, there has been an effort to evaluate the degree and gravity of danger associated with intentional indifference, abandon, and even homicide.

In violence aimed at older persons, the typical victim is precisely the elderly woman in a state of physical and mental decline, with characteristic physical and economic dependence if she lives with the aggressor. An investigation of on-going misdemeanors in the mistreatment of elders showed that women who are dependent on family members are three times more likely than men to suffer continuous abandonment.

As a result of the discrimination because of their sex that they endured throughout life, most elderly women are dependent on their children and therefore exposed, without protection, to the dangers of abuse.

An inquiry made by the Korean Institute of Health shows that among the motivations for violence against aged parents, the principle one is the economic problem. We might conclude from this fact that the vulnerability of aged women is even greater than that of elderly men because their economic disadvantage is greater.

#### **4. Basic Orientation for the Social Assistance of Elderly Women**

- **Social Aspects**

Presently, a project could be set up for meeting the needs of elderly women: economic security, health care, affective support, social assistance.

Even beyond the concept of the family, the responsibility of the country must be reinforced. At the same time, the problem of elderly women must not be seen as a call to make them similar to men, but rather an appeal to understand their proper situation in the cycle of feminine life.

For aged women in need of assistance, a social support must be realized, including home care, social aid for the protection of the family, and long term healthcare. The next generation of women will be responsible to protect aged women within their families. This will become, from an ideological and practical point of view, an important task for all generations—to provide for women so that they will not be left in the precarious situation of physical, economic, and social privation.

**ELDER WOMEN IN SRI LANKA**

As a general rule most of the families like to keep their aged parents at home and look after, but there are certain situations permit them to leave their aged parent in a elderly homes.

The main reason for this is poverty. The children are not able to maintain them in their homes, despite of their desire to do so.

In Sri Lanka many of the women suffer ill treatment due to the alcoholic habits of the husband. The relationship between them becomes harder. No understandings, even sometimes they may have to endure beatings from them. This is very common in certain places. So the children and the mother left alone to fend for their livelihood. Sometimes the men do not care for the family.

Another reason the woman suffer is that their husband easily find another partner leaving their wife and children.

Divorce is also a major threat in our country now. The husband finds another partner.

Certain cases the women are treated like slaves. They have to submit for their husband.

Though the grandmothers loved by their children and grand children, sometimes due to poverty they enter in a retired home.

In certain region the family wants to keep their grand mother home in spite of their poverty because they afraid of the society and their self dignity.

As a whole in Asia the grand parents are respected and esteemed in their families.

Also in certain places the women are given the equal rights too. They have been educated like men. Holding important post in the work places etc.

These are few points I can think of about the situation of the women in our Country.

## **THE LIFE OF ELDERLY WOMEN IN VIETNAMESE SOCIETY**

First of all, we must realize that this life, the long journey on which we are all walking regardless of religion, race, or social status, leads but to one final destination and that, rich or poor, young or old, we are all the same when that road ends. We are all aware of the vital role that women play in social and family life: but in many countries, work remains to secure for women their more fundamental human rights.

Elderly women, more than elderly men, are likely to find themselves disadvantaged by virtue of being more likely to live alone and with fewer resources, and this is so in fact regardless of age. These realities ought to be kept in mind when formulating policies aimed at the elderly, especially women who, again, represent a disproportional share of the elderly in developing countries such as Vietnam.

### **VOLUNTEER ACTIVITIES OF THE AIC**

In Vietnam, retirement age for men is around age 60; for women, around 50. After that age, they are officially considered “old” and their life takes on different direction. Their world seems to shrink to the level of the family and to other older people.

Our charitable activities towards older people focus primarily on sick, injured, and poor people and above all those living alone who have often been abandoned by society. They have no one to provide practical or moral support.

Every time anyone asks them: “What do you want to eat? Who do you want . . . . “ they remain silent, sigh deeply, and stare off into the distance. We would guess that during these minutes of silence they are thinking about their very hard lives.

The traditional family focus on discipline and education is becoming rarer. It has been typical of Vietnam that three generations of family, grandparents, parents and children, live together and provide one another with mutual aid and encouragement. Elderly people have an important role to play and contribute to their communities to a considerable degree thanks to their life experiences and skills. The government gives great attention to the care of elderly people, a concern which is spelled out clearly in numerous laws. The Constitution of 1992 stipulates that “parents are responsible for educating their children and molding them into good citizens. Children are expected to show respect to their parents and grandparents and to look after their well-being in old age” (Article 64). “Elderly or handicapped persons and

orphans are the responsibility of the state and of society” (Article 87). According to the regulations under the laws regarding health care, “priority attention shall be given to elderly people in matters of health care that will give them the means to contribute to society to the extent their health permits.” (Article 41).

Since its establishment in May 1995, the Vietnamese Association for the Elderly has registered rapid growth: it has 6 million members and has intensified its activities in every community. Towards the goal of promoting the role of the elderly and of shoring up support for their care, the Ordinance Regarding Senior Citizens was approved by the national assembly on April 28, 2000. It marks the first time a political approach so complete had been undertaken to address questions of ageing in Vietnam. But despite all this, we are aware that elderly people find themselves increasingly alone. They lament, they complain about their daughters-in-law, not because they have been abandoned by them but for the lack of family tradition. For the “old,” family tradition is more precious than personal immediate comfort.

To ease the pain of elderly women, most of the AIC Vietnam volunteers are giving special attention to one area.

The volunteers of the Suoi Nho Group built, through their own contributions, a retirement home for elderly women. Based in the Mekong Delta, they offer these women nutrition, a small monthly stipend, basic care, and regular visits.

Each time we have visited this retirement home, upon seeing these elderly women, we quickly think about our mother. (I assume this is a reference to the Blessed Virgin, but there is no capitalization in the original.) We also reflect upon those who have daughters-in-law whose duty it is to safeguard precious family tradition. We have arrived at the conclusion that it is preferable for children to live with their grandparents, for young and old to hold mutual exchanges of experience and decision-making. It is obvious that things have changed. But it is also obvious that family life has become more burdensome.

From among our home visits, we will remember above all those we made to Madame Sau. She is in her 80s, lives alone in a dilapidated house; to make her living, she sells baked goods door to door. We will always remember her shaky voice telling us, “Early in the morning, I leave with a heavy load balanced on my shoulders. In the evening when I get back, the heavy load is gone but so is every ounce of strength. That’s why the burden is never really lifted.” Her words were soft but they weighed on our hearts, as we thought about this grandmother.

How unjust life can be! Elderly people have twilight years so weighted down with worry, working to the point of exhaustion. Just as the burning of the library at Alexandria wiped out the vast stores of knowledge of an entire epoch, such precious life experience that should be transmitted to the young generation instead disappears forever upon death.

## **HEALTH CARE**

Although the state of health for elderly people has improved over the course of recent decades, this remains a primary concern. In the 1999 study on the living conditions of the elderly, the percentage of people found to be in good health stood at 17.3% for the 60-64 year old age bracket and at 4.7% at most for those 75 and older, whereas the percentage for those found to be in poor health in those same brackets stood at 26.2% and 63.7% respectively.

According to the Ministry of Health, Vietnam has great need today for geriatric care, a need projected to double after 2010. “Unfortunately, there is not yet a geriatric service to take charge of the needs of elderly citizens. At the societal level, preliminary steps have been made but they are not yet the norm due to lack of sufficient numbers of qualified personnel. Worse, we are increasingly faced not only with issues of ageing but also with those suffering from mental illnesses and with abandoned infants. We must therefore place high value on establishing appropriate facilities.”

In general, an ageing population is at greater risk of developing chronic or degenerative illnesses as well as those tied to lifestyle choices. Certainly, such people receive different medical benefits from others but their health issues differ enormously from those of younger people.

According to experts, this situation represents a new challenge for public health. As elsewhere, older people in Vietnam are subject to new vulnerabilities where family solidarity has been weakened through urbanization and economic hardship. In Vietnam, 5% of elderly people live alone, without income, without social protection, and without the assistance of a retirement home or from living at home, and this figure is bound to increase. As family support systems progressively shrink, social support has got to grow correspondingly.

## **HEALTH CARE SYSTEM**

As is the case with the coverage of the retirement system, insurance programs for older people in Vietnam cover only the most infirm minority of this population segment. In the absence of universal access to the most basic health services, extending the necessary care for chronic conditions for the elderly has not been a priority.

## **EQUALITY OF THE SEXES SINCE 2000**

**Over the course of recent years,** women have come to represent not only a practically equal share with men of the economically active population, but also have acquired an increasing presence in national affairs. Vietnam now has the highest percentage of female members of parliament in Asia. At the end of the 1990s, women represented 26% of the National Assembly and almost 90% of them had advanced degrees.

According to government statistics, the 138 female deputies in the National Chamber of Deputies represent 27.4% of the total making that figure the highest for female deputy-level ministers in Asia as well. Among a population of 80 million, 49.2% of men and 50.8% of women are elderly.

The heavy burdens women carry often prevent them from participating in meetings. (AIC volunteers meet monthly.) The average woman works 16 to 18 hours a day, roughly six to eight hours more than the average man. Essentially, she has two jobs: mother of the family and her outside work.

Domestic violence and human trafficking in women and girls is also on the rise even though Vietnam has been a party to international declarations focused on the elimination of both. But violence persists especially in the rural areas and the largest cities.

The equality of women in Vietnam has noticeably improved in tandem with the overall socioeconomic improvements attributable to the economic reforms of the 1980s. Women are now at parity with men in terms of literacy, a remarkable improvement compared to the past when only two-thirds of women over the age of 50 knew how to read and write.

The inequality of the sexes remains however at many levels. Despite women's gains in literacy, their overall level of educational attainment is below men's, and the higher the educational level, the greater the disparity. The percentage of females 15 years old and older who have never been to school is almost triple that of males.

The participation of women in the workforce is comparable to that of men, and surpasses 80% for women between the ages of 20 and 30. Once a woman in Vietnam enters the workforce, her participation continues uninterrupted by family obligations. In addition there are women who have some sort of paid work who list "homemaker" as their primary occupation. Young girls appear to be entering the workforce sooner than boys, no doubt because they drop out of school earlier.

## **OBSTACLES TO INFORMATION SUPPORT SYSTEMS**

If it is true that the ageing of the population poses great challenges even in more developed countries, ours own country is seeing the collision of its own particular circumstances with the need to find successful strategies to meet the needs of a rapidly expanding population of elderly citizens.

In Vietnam, the care for elderly people has always been the responsibility of the family whether it be for health care or material support. However, in our time, this arrangement has come under new pressures from various quarters, for example through the decline of fertility (thus fewer young people to care for more old ones), changing cultural norms, greater longevity, and the exodus of young people who leave their parents behind in the rural areas when they go off to seek their living in the cities.

The impact on these systems of informal support can be traced to several tendencies. First of all, the proportion of elderly persons who are divorced or never married is likely to increase, reflecting the marital practices of young people today. As a result, the percentage of elderly people living alone, with their spouse (without an adult child) or in an institutional setting is also undoubtedly going to rise as a result of the decline in fertility rates, the changing norms of family support, the increased life spans, and perhaps increasing acceptability and availability of institutional care for the elderly. Finally, rapid urbanization and increasing exodus of young people from the rural areas will undoubtedly translate into more rural-based parents growing older with neither direct access to their children for support nor with ready access to social services.

## **FACILITATIN FAMILY-BASESD CARE**

Family assistance programs for the support of the elderly include financial incentives for caregiving, the hiring of care providers during the day, and home-based care. The establishment of communal housing for multi-generational families encourages and facilitates family support for the elderly.

## **ESTABLISHMENT OR REINFORCEMENT OF PUBLIC PENSION SCHEMES**

A small fraction of the workforce, primarily public sector workers and employees of large enterprises, are covered by retirement plans. Public pension programs, which essentially offer universal coverage for disability, represent a social safety net which permits the pooling of risk with the goal of reducing the costs associated with disability, bad investments, or insufficient personal savings.

However, the expansion of coverage in Vietnam will require political stability in Vietnam and may be difficult to administer, especially in areas with high percentages of self-employed workers or those in the agricultural sector and the informal economy. In other respects, these programs must be designed with the capacity to grow sufficiently to respond to the growing ratio between the elderly vs. the working age population.

# EUROPE

## France

### **THE LITTLE SISTERS OF THE POOR**

#### **ELDERLY WOMEN IN REGARDS TO DEPENDENCE**

G .Moulins, excerpts from an article LA CROIX April 23 rd, 2008

A study done by the national institute of demographics shows that in 2030 the dependent elderly will more likely have a close relative or family to care for them except in the case of women.

Solitude when faced with dependence is an innumerable inequality for men and women and without a doubt the most difficult to live with.

After 75 years of age, one in five women finds herself without a spouse or without children to support her in sickness or handicap; it is less than one in eight for men.

*“This is a blatant inequality, one that we can summarize like so: women age alone, men in pairs.”* Joelle Gaymu, a researcher and coordinator of the European study continues by asking, “how will the dependent elderly be surrounded in the year 2030?”

For the first time a study is focused on the evolutions of family context in which men and women will live, instead of, in the increasing number of elderly suffering from incapacities and need for aid... men and women are not on equal playing fields in regards to *“happiness from having a relative by their side”* *“in the year 2000, in Europe, the odds of having a spouse care for you after the age of 75 while being incapacitated are better for men than for women: 60% to 19%.”*

Currently, on the European Unions scale, the *major* risk of being elderly without family assistance is highest among women 85 years of age and older, and of that number 23% of those women are completely alone.

There are demographic and cultural reasons for this:

The life expectancy of women (84.4 years compared to 77.5 years for men) means that they are mathematically more prone to widowhood, all the more so as women tend to marry older men.

In the case of widowhood or divorce, women also seem to be penalized by the difficulty of restructuring a new union. *“For men it is easier to reconstruct their lives because they have a noticeably higher probability of meeting others...and in this case they often choose younger mates!”*

(The article then goes on to underline that in case of a couple where the women is crippled or sick, the husband is more disoriented and powerless to care for her and will therefore be more

inclined to place her in a home. It might be true, in principle, but it seems that we cannot be too general on this point and personally, I currently see many cases where the husband takes care of his sick wife with a total devotion capable of doing everything: personal care, managing the household etc... )

## **SOME FINDINGS IN REGARD TO ELDERLY WOMEN**

In our retirement homes we welcome elderly men and women across 5 continents with modest resources, giving priority to the poorest.

We have noticed, with some differences according to the country, that the percentage of elderly women who are received is much higher than that of the men.

In Rome, in a group of 59 name residents, there are 42 women and 17 men.

In the majority of our French retirement homes, the percentage of men is even less: in Paris, rue Notre Dame des Champs, the number of men has dwindled to only a few.

Reflecting on this fact, we have come up with two principle reasons:

- The universally know fact that women live longer than men (life expectancy in France is actually 84.4 years for women compared to 77.5 year for men.)
- The fact that many elderly women have only a minimal pension while men often have a greater pension. We also welcome a large number of single elderly women who do not reap the benefits, as widows do, their husbands' shared pension. A certain number were house employees once upon a time but unfortunately they often worked without having been declared or they didn't contribute for the appropriate number of years to be able to receive an adequate retirement fund.

## ELDERLY WOMEN IN ITALY

The Second World Assembly on Ageing organized by the UN in Madrid in 2002, concluded with a statement addressed to all member countries—take note: unprecedented demographic changes are in the process of transforming the world with explosive effects on humanity's socio-economic future. Before 2050, the number of elderly persons living on our planet will exceed that of young people.

Among all the countries that participated in the Congress's deliberations, Italy, whose "over 60" population already constitutes 24.5% of the whole and, before the middle of the century, will reach 37%, leads the world in this ageing process. In this context, it is above all women who run major risks of solitude, marginalization, and economic problems.

In fact, with a survival rate of 25% as compared with men, they find themselves alone, with few means of support, and lacking adequate health care. In addition, social benefits do not take domestic work into account.

The *Osservatorio Terza Età* asks therefore that a Bicameral Commission be created on socio-economic measures to be taken as of this point.

"The feminization of the elderly population is a global phenomenon," says Roberto Messina, Secretary General of the interdisciplinary *Osservatorio Terza Età*. "Right now, there are 328 million women over the age of 60, as compared with only 265 million men. Following the rhythm of the worldwide ageing of the population, this gap is constantly growing; ageing of women is accompanied by extreme poverty."

The statistics reveal that in Italy, women have a lifetime on average that surpasses men's by 20 to 25%.

"This aspect was not confronted in our country with the attention it demands," says Emilio Mortilla, who, as president of the *Ageing Society*, brought news of the Italian situation to Madrid. "Men are more likely to predecease their spouses, not only because women live longer, but also because in a couple, the man is older."

Women, because they live longer, suffer illnesses linked with age. In terms of health, studies done by the interdisciplinary *Osservatorio Terza Età* show that men are more likely to suffer from acute diseases requiring hospitalization, while it is often women who tend to suffer from chronic diseases which, without being life threatening, are nevertheless disabling. All this results in women in Italy, as in other industrialized countries—setting aside the tragic situation of women in developing countries—ending their earthly lives under conditions of severe marginalization and poverty.

Because of the continuing inferiority of their social status as compared with men, women neglect or remain unaware of their health needs. Paid less than average for the same jobs or working less lucrative jobs, they often face an unsalaried old age with small or nonexistent means of

subsistence. Social benefits, created to provide for the elderly, were established for those who receive a salary and according to a norm that does not recognize the value of domestic work, of raising children and caring for the elderly. Additionally, at the death of their husbands, widows often see their financial resources diminish greatly, as they stemmed from social benefits or from a pension they could count on only while their husbands were alive. Also, health care is generally designed to guarantee help for the most serious cases; it does not take into account the needs of elderly persons who could benefit more from nursing at home. Their only alternative therefore is a long hospital stay, not always covered, or a nursing home that, because of its cost, is not accessible to the majority of them; or worse still, the “*maisons-lager*,” in which privation and maltreatment are the order of the day, as the daily newspapers show.

“The situation of elderly women, especially of those who are poor and disadvantaged, is still ignored by those in positions of responsibility in national politics,” observes Robert Massimo. “Italy, with its tendency toward the growth of the elderly population, is still more exposed to the consequences of the social and economic system. The problem no longer involves a small minority of marginalized people but, as the statistics show, what is becoming a real majority. And it is certainly not a future problem to be left to our children, since the exigency is immediate and concerns all of us.”

Emilio Mortilla concludes for his part that “Italy must immediately adopt strategies, economic, social, and health programs to help the elderly. The creation of a Bicameral Commission, for which we are seeking the support of the whole public, represents a concrete first step in facing the problem with a comprehensive view of all its implications. If this does not succeed, an explosive situation and an extremely serious intergenerational conflict threaten to conquer all of us.”

### **“YOUNG OR OLD, FOR WOMEN LIVING ALONE THE RISK OF POVERTY IS GREATER”**

by Adele Grassito<sup>1</sup>

A study led by “*la Commissione Pari Opportunità*”<sup>2</sup> published in September, 2007 an article titled: “Young or old, for women living alone the risk of poverty is greater.”

The author, Adele Grassito, emphasizes how “the situation of women is the subject of numerous studies and much research done in recent years in our country.”

According to certain specialists, indicative numbers point toward the fact that, in many cases, being a woman exposes one to grave risks. Many of these specialists emphasize first of all insufficient interest in matters relating to the poverty of women.

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The different reports of statistical research done in recent years emphasize certain factors that mark the condition of women and expose them to special risks: the type and degree of dependence to which the woman is subject, the disparity in availability of socio-economic resources, particularly in the area of work and the family, etc. The most significant fact is that living alone entails double the risk of poverty for a woman than for a man.

The elderly women most exposed to the risk of poverty are those entitled to a pension.

That women's pensions are more modest than men's is the consequence of different difficulties in accessing the work world and a career, as well as of interruptions due to raising a family and of inferior salaries.

The situation becomes even more distressing when one thinks that 17.4% of elderly women living alone do not have telephones. Included in the category of "elderly women living alone" are groups at greater risk, like unmarried women and those separated and divorced, who do not have anyone with financial resources to protect them.

The conditions change little for younger women living alone if they are taking care of children.

Studies done in Italy confirm that the risk of poverty increases when a marriage breaks up and exposes the economic disparity between the spouses. The situation of single mothers today is becoming a serious social problem.

**“THINKING ABOUT TOMORROW :  
THE CHALLENGES FOR AN AGEING COUNTRY”  
by Giovanna Mazzoleni<sup>3</sup>**

Professor Giovanna Mazzoleni in her article, "Thinking About Tomorrow: The Challenges for An Ageing Country," analyzes and comments on the data published by ISTAT relating to demographic indicators of the ageing of the Italian population in 2005. She then suggests some strategies for confronting the problems connected with an elderly population.

Such proposals, according to Professor Mazzoleni, require "changes, as a key to public intervention, that are capable of:

- Initiating and supporting the development of new and more effective systems and methodologies of the intervention of care for population groups with the greatest need of medical, social, and economic care.
- Improving the quality of the services offered by creating new tools of regional social care.
- Differentiating the typologies of intervention: at home, through family networks, and through the community.
- Returning gradually to home care.
- Realizing new kinds of intervention for support, for formation, and for economic assistance that can furnish a viable response to transformations in the demand for care on the part of families."

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<sup>3</sup> Associate Professor, Department of Biomedical Science, General Pathology, University of Brescia.

The statistical studies done at the national and European level and at the world level by the UN show that Italy's population is the oldest in the world, with the "over 60" population making up 25% of the total. According to predictions, these percentages will increase in the next 20 years, so that in 2030, 28% of the Italian population will be over 60.

The data concerning the demographic evolution of our country, of Europe, and of the other continents, invites us to reflect, to carry out new apostolic endeavors, and to ask ourselves certain questions as citizens of the world and as Daughters of Wisdom.

Recall Mother Marie Louis, "a woman who knew how to live the cultural conditions of her time," a woman who knew how to grasp the needs of her contemporaries with deep intelligence and openness of heart, offering concrete deeds imbued with tenderness and love, above all to the frailest and poorest; she does not leave us indifferent and indeed stimulates us to show ever greater attention and sensitivity toward those who live in poverty, in marginalization, in solitude.

We, Daughters of Wisdom of the Province of Italy, seek to know and to grasp the problems linked to our socio-cultural milieu, in order to respond concretely to the situations resulting from the phenomenon of the ageing of the Italian population, with a diverse presence and in collaboration with the laity in certain regions in the north and south of the country (Torino-Mirafiori, Valperga, Bari, Vecchia, ...).

The sisters devote themselves to the elderly in different ways:

- within the member parishes, by providing opportunities to gather weekly to participate in spiritual and human enlivenment, with other meetings offered during the summer vacation
- in the region, with a network of nurses, either at home or in residential complexes. Some of these complexes belong to the Italian Province (the community of Castiglione Torinese and of Valperga), while others are private charitable complexes, where the sisters offer themselves as volunteers (community of Lugo, Marina di Ravenna, Bari-Vecchia, and Reggio Calabria).

Through "service" to the elderly person, we wish to:

- support those who are most frail and most alone and/or feel more the physical limitations imposed by age;
  - help the person to discover the meaning and value of their age, above all in those stages where the body weakens, or strength diminishes, and where the feeling of uselessness sometimes dominates;
  - live "together" the final stage of life, to lighten the burden of solitude and discouragement and to share the worries, anxieties, and fears.

## The Netherlands

### CONGREGATION OF THE DAUGHTERS OF WISDOM

#### ELDERLY WOMEN, ESPECIALLY ISOLATED AND DESTITUTE

- We, the Daughters of Wisdom of Holland, live in an environment where there are people of all ages.

The nursing home is next to the “*appartements de service*” where there is a self help and aid area. Lay women also live with us. In addition, certain sisters visit elderly persons in the parish, which is very much appreciated, as one can see (e.g. after someone’s death) by the family members’ reactions.

- In our community, an association works to aid elderly persons at all levels, e.g. administration, cooking, transportation to town for shopping, walks, tax information, etc.

Additionally, on the level of the religious, a work group invites helpers for a day of study on a subject relating to elderly women.

- On the national level, politics draws attention to the fact that ageing populations require and will require money and help from others. For young people, it is difficult to foresee this necessity, but it is a reality. Furthermore, on behalf of religious, we ask the attention and support of the Minister of Health, as well as of the newspapers and television.

#### “SPIRITUALITY OF THE ELDERLY PERSON”

Regarding the deepening of the spirituality of elderly persons, there are television programs for everyone on the spirituality of our time, and the same on the radio. Spirituality is returning!

The elderly follow these programs with interest. In our houses there are sometimes speakers who address topics such as “How does one live alone?”

“How does one live the faith of our time according to one’s experience, when children live differently, perhaps without going to Mass... etc.

### **THE SITUATION OF AGED AND IONELY PEOPLE IN UKRAINE**

The economic situation in Ukraine not the stable. There is a constant inflation, the prices for everything, especially food, are rising permanently.

The pensions for old people, especially for women are very low (about 600-800 grivna.). The prices for food, medicines and utilities exceed their pension 2-3 times. Older persons become useless because they can't contribute anything and they only demand their living and attention for their proper person. Young people in a pursuit of materialism, have no time for their aged relatives. Social services in Ukraine are calculated only on the elementary help (for money for the pensioner to help to purchases him).

Those old people, who live on the territory of a former collective farm, like it is the case not far from our Social Center and parish, have no running water in the house, which also strongly complicates a worthy old age. To have and to use running water, requests big monetary expenses which aren't present for older persons, and the city authorities aren't interest at all to change this.

In connection with low pensions sick people don't have enough means for medical treatment. In hospitals in Ukraine it is necessary to buy all medicines, and also to pay for all medical services and procedures. For old people every illness becomes complicated. As means for medical treatment aren't present – their status of health is often in a bad condition: they are exhausted, they are not well alimented and they live in houses or apartments which are often humid and not enough heated during the winter time. Sometimes they are nearly blind, because they can't afford an operation of their cataract or they can't leave their house any, longer because of the lack of a wheelchair.

To participate in the normal life of the society and to buy things in a supermarket is often nearly impossible for them, because moving in public as well as the public transport is not made for old and handicapped people.

## FRANCE OF OVERSEAS

### Réunion

MIAMSI

## LIVING CONDITIONS FOR THE ELDERLY IN THE REUNION

### LIVING CONDITIONS

The elderly person living at home in Reunion - links with the family

· Approximately 82,500 people aged 60 and over live at home: this represents 11% of the total population of Reunion

The average age is 70 ( give or take 8 years).±

In over half the cases, this is accounted for by women (56%). The proportion of women increases with age: they account for 56% of the population of 60-75 year olds, 60% of the 75-79 year olds and 66% of 80-year olds and over.

Distribution of people aged 60 years and over living in ordinary

homes, per age band, according to gender, in Reunion

Age bands	MEN		WOMEN		TOGETHER	
	Nbr	%	Nbr	%	Nbr	%
60-64 years	11,611	32.3	12,739	27.3	24,350	29.5
65-69 years	9,307	25.9	10,661	22.9	19,968	24.2
70-74 years	6,245	17.4	8,327	17.9	14,572	17.7
75-79 years	4,119	11.5	6,069	13.0	10,188	12.3
80-84 years	3,157	8.8	5,934	12.7	9,091	11.0
85 years and over	1,463	4.1	2,881	6.2	4,344	5.3
TOTAL	35,902	100.0	46,611	100.0	82,513	100.0

Source: AGEFIPH, DEPARTEMENT, DRASS, INSEE – Enquête HID 2004 Exploitation ORS

Source: [www.ors-reunion.org](http://www.ors-reunion.org)

## **Homes for the elderly**

As at 31 December 2007, the DRASS listed 19 medico-social or health facilities for the elderly in Reunion, of which 17 retirement homes and two long-term care units, for a total of 1,150 beds or residential places. The number of residential places for the elderly has increased by around 1.7% on average per year in Reunion since 2003 (1,073 places as at 31 December 2003). In 2007, the rate of provision for residential places for the elderly was approximately 48 places per 1,000 people, aged 75 years and over, in Reunion, that is nearly 3 times lower than that recorded in mainland France (134%).

## **HEALTHCARE**

**Basic Universal Health Cover** In 2009, Reunion recorded over 125,000 beneficiaries under the basic Universal Health Cover scheme ("CMU"), that is nearly 13,000 additional beneficiaries compared to the previous year.

Between 2008 and 2009, the number of persons benefiting from the basic CMU increased by nearly 12% in Reunion.

Approximately 16 Reunionnais out of 100 benefited from the basic CMU in 2009, against 2% on the mainland in 2008 (1,500,000 beneficiaries identified by the CMU fund in 2008). The percentage of beneficiaries on basic CMU varies according to the communes.

In 2009, approximately 48% of people on basic CMU were men.

In Reunion, nearly 19% of people under 20 benefited from the basic CMU in 2009, compared to 23% of the 20-25 year olds, 13% of the 25-50 year olds, 18% of the 50-60 year olds and 10% of those 60 and over.

### **Sources**

- INSEE [French Government Statistics Office] Results of 2006 population census

<http://www.recensement.insee.fr/>

- CGSS La Réunion: Number of beneficiaries on basic CMU in 2008 and 2009 broken down by commune, gender and age class.

- CMU: Activity Report 2008: Fund for financing complementary protection for universal sickness risk cover; p. 89

### **Access to treatments, offer of treatments and mortality**

More than 125,000 beneficiaries on basic CMU in 2009, that is approximately 16% of the population.

Close on 272,000 beneficiaries on complementary CMU in 2009, that is 35% of the population.

- More than 1,900 doctors in 2009, of which 1,054 were general practitioners and 892 were specialists.

· Over 1,300 doctors in private practice in 2009, or a density of 169 for 100,000 Reunionnais.

- 487 pharmacists practising in a pharmacy and 440 dental surgeons in 2009
- 20 healthcare establishments and 2,790 beds as at 1st January 2009
- 19 residential homes for the elderly and 1,150 beds as at 31 December 2007
- 24 residential homes for handicapped adults and 724 places as at 1st January 2009

#### Minimum old age pension (OAP)

<i>in euro</i>			
	2007	2008	2009
Allowance for elderly salaried workers (“AVTS”)	3,063.6	3,097.3	3,153.3
Supplementary old age pension			
Single person	4,391.7	4,440.0	4,972.3
Couple	7,246.9	7,326.6	7,459.1
Elderly Persons Solidarity Allowance (ASPA) (1)			
Single person	7,455.3	7,537.3	8,125.6
Married couple, Common-law spouses, civil partners	13,374.2	13,521.3	13,765.7
Minimum OAP			
Single person	7,455.3	7,537.3	8,125.6
Couple	13,374.2	13,521.3	13,765.7

(1): The “ASPA” is a new allowance which since January 2007 has been superseded the former minimum old age pensions for new beneficiaries.

#### Health Vouchers

In order to promote access to healthcare for people aged 60 and over, the *Conseil Général* of Reunion has introduced a new initiative since 2007, the Health Voucher.

Health vouchers are part of the attempt to minimise exclusion of old people not benefiting from the Complementary Universal Health Care (CMUC) scheme.

### ***Objective***

Health vouchers are intended to promote access to care by people on modest incomes by allowing them to acquire complementary cover.

### ***Features***

Depending on the person's income threshold, personal assistance of 30€ or 60€ per month is paid in the form of vouchers.

One voucher = 30€.

Each beneficiary receives a number of vouchers equivalent to the monthly payments to be covered over the calendar year in order to help them finance their mutual health insurance costs.

### ***Who is entitled to the health voucher?***

Persons aged 60 years and over, not benefiting from the Complementary Universal Health Cover (CMUC) and able to prove their income levels (means-testing, on the basis of the scale of Assistance towards mutualisation fixed by decree.)

## **SOCIAL ASSISTANCE**

The Personalised Living Allowance or Attendance Allowance, (APA) allows people aged 60 years and over who are unable to look after themselves entirely unaided, to receive the assistance and service necessary to do so.

APA is a financial allowance paid by the *Conseil Général*.

For the record: the CMU, health vouchers

## **PENSIONS**

The role of the Old Age Social Services Action Department

This department is called to lead local social action policy in response to the needs of the elderly. This policy is defined in accordance with guidelines from the CNAV (National Old Age Insurance Fund) and has two major aims:

Enable pensioners to stay in their own homes in the best conditions and for as long as possible

Finance residential places to accommodate the elderly unable to remain in their own homes.

### **Individual aid packages**

To accomplish these missions and accordingly finance the individual aid packages, the General Social Security Fund (CGSS) receives an annual endowment from the CNAV for pensioners on the general pension scheme who are thereby entitled to:

The personalised action plan (PAP) which encompasses:

Home help

Help with returning home after a stay in hospital, etc.

Help with holidays

Financial assistance grants for exceptional circumstances (theft, fire, flood., etc.)

Gratuity for centenarians.

Help with improving the home and refurbishment (repairs, adaptation, etc.) or improving amenities (installation of running water, electricity, lavatories, etc.).

These grants are allocated depending on the budget accorded to the CGSS.

Details of these services can be obtained from the Social Action Centre in your commune or from the Social Services and Health Action department.

Source: *Action Sociale Retraite – CGSS Réunion*

## **SPIRITUAL NEEDS**

A blend of cultures: it is marvellous to see the bell towers on church, the minaret of a mosque, a Chinese temple and a Hindu temple, all in the same town, rivalling one another in beauty, sometimes by their ornate “over the top” carving, sometimes by their discreet sobriety. All religions are practised freely. Christians, Muslims, Jews, Hindus and Buddhists engage with one another, shake hands, share a joke ... a lesson in universality. The sound of the muezzin’s call to prayer often echoes the sound of the church bells summoning the faithful.

The large majority of the population is practising Roman Catholic; the Reunionnais are fervent churchgoers and have erected many roadside shrines in grottoes and wayside chapels. Going on pilgrimage is one of the high points of life in Reunion.

## **THE ELDERLY AND LEISURE**

The elderly are able to meet up with one another to share leisure time and relaxation in senior citizens’ clubs. In 2004, 186 senior citizens’ clubs were affiliated to ORIAPA (Organisation for Information and Assistance to Pensioners and the Elderly in Reunion). The number of clubs has increased continuously since the 1980s thanks to the ageing population and the higher number of elderly present in the *département*. Every commune in the *département* has at least one such club. The micro-region in the South, which is home to a high proportion of senior citizens, is the area with the most clubs. 30% of the clubs affiliated to ORIAPA are located in this region. The town of Saint-Denis has the most (33).

The various senior citizens’ clubs offer a variety of activities focussing on board and parlour games, hobbies, artwork, craftwork, support and solidarity work and inter-generational exchanges.

ORIAPA organises “knowledge and skills swap” programmes. The objectives of these are to allow knowledge and know-how to pass from one generation to another, to restore links between generations and to break the cycle of old-age loneliness by involving the elderly in actions. These exchanges can take place in schools, integration and inclusion bodies (AREP, CERDASE, etc.), medico-social and childhood support bodies (CAT, “*Foyer de l’Enfance*”), neighbourhood organisations (working closely with the population) and day centres or residential homes for the elderly.

**Source :** [insee.fr/fr/insee\\_regions/reunion/.../familles\\_personnes\\_agees\\_retraite.pdf](https://www.insee.fr/fr/insee_regions/reunion/.../familles_personnes_agees_retraite.pdf)