

# **The influence of family support on experiences of ageing and HIV/AIDS in rural Malawi**

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## **Extended Abstract**

### **Background**

The lack of well-developed public sector safety nets in most parts of Africa means the family and household, supplemented in many cases by wide kinship networks, play a central role in the management of economic, social and health shocks and the care of older people. With the exception of South Africa, Namibia and Botswana where social pensions play a considerable role in supporting older people (and their households, see (HelpAge International 2007)), the family remains the primary source of care (Weinreb 2002). These familial support systems are associated with households that are typically fluid, diverse and based on large social and economic cooperating groups (Hosegood et al. 2004; van de Walle 2006; Coast et al. 2007). Mechanisms of support may include inter- and intra-household economic and human resource allocation, temporary changes in household composition and household dissolution and formation within these cooperating groups.

Although these mechanisms have shown great resilience to economic and social change, they are expected to be under increasing strain. Changes associated with modernisation such as increasing rural to urban migration of young people (Adamchak 1996), and rising economic hardship (Aboderin 2004), have been associated with a decline in material support for older people. In Malawi, older people have identified a parallel decline in social support associated with nuclearisation of families (Kaler 2001), consistent with findings elsewhere in Africa (Cohen et al. 2006). Plans to introduce social pensions in Malawi that would counter some of the effects of this decline are still under development and are being challenged by those who feel their introduction will undermine the familial support system.

It is against this backdrop that the HIV/AIDS epidemic is likely to affect older people in sub-Saharan Africa through infection and mortality and morbidity within their social networks. As such the epidemic threatens to increase demand on the familial coping system, while at the same time weakening its functioning, the majority of HIV infection being among working-age adults. The family, and in particular older people, must find the resources to care for those infected with HIV/AIDS and respond to the social, economic and emotional consequences. At the same time infected and uninfected older people may experience the further erosion of familial support. At present, little is known about older people's expectations and receipt of support from the family or how this is changing. This study explores transfers to, from and between older people in rural Malawi and considers the implications of this support for older people's health and wellbeing, and the development of national level policy and programming.

### **Data and research methods**

Data collection will be conducted in each of Malawi's three distinctive administrative regions under the auspices of the Malawi Diffusion and Ideational Change Project (MDICP), run by the University of Pennsylvania. The main method of data collection will be a series of in-depth interviews with the older parents (those aged over 49) of

MDICP respondents (women aged 15-49 in 1998 and their spouses). These will be supplemented by key informant interviews with health and care providers (including traditional and biomedical health practitioners, NGOs, CBOs and FBOs), government and non-government document data and observations and field notes made over 10 months.

These data will be complimented by secondary analysis of quantitative and qualitative data collected by the MDICP. Longitudinal survey data (including HIV biomarker data) collected from MDICP respondents (the children of this study's respondents) since 1998 and cross-sectional survey data collected from the parents of MDICP respondents in 2008, will be used to quantify aspects of older people's experiences of HIV/AIDS according to hypotheses that emerge during data collection. Observational field journals kept by local observers since 1999 will be analysed to access contextual data on older people's experiences.

### **Expected results**

Between June and September 2008 pilot in-depth interviews were conducted with 42 older people co-resident with their adult children. Initial analyses of data from a subset of these interviews (n=8) indicate that the familial safety net appears to be continuing to function. Respondents were supported by children, grandchildren, siblings as well as elderly parents, for their daily needs and at times of crisis. These transfers of support are multidirectional and in a constant state of flux. Although expectations of support were strong, they were based on shifting resource availability rather than predetermined rolls.

However, there is some indication from the data that longer illnesses (such as AIDS-related illnesses) and very old age require more support than the household and community can (or will) provide. This will be investigated further through forthcoming data collection in October 2008 -May 2009.

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