

The request is submitted by HelpAge International.

DHS collects a wealth of information across a range of crucial health, social and economic issues. This data is important in building a comprehensive evidence base on these issues to inform appropriate policy and programmatic responses. With the survey currently only administered with people up to the age of 49 a data gap exists for people in their 50s and older, leading to their neglect in policies and programmes. DHS needs to be expanded to include people over the age of 49 to fill this gap.

As the DHS template has been expanded to include new questions and new sections, its relevance to people aged 50 and over has increased. While some of the survey will remain restricted to younger women, the majority of the sections should be asked to women and men over the age of 49. The following sections are of most relevance to people in the older age group:

Women's survey:

- Respondent's background
- Reproduction (some questions)
- Marriage and sexual activity
- Husband's background and woman's work
- HIV
- Other health issues
- NCDs
- Domestic violence

Men's survey:

- Respondent's background
- Reproduction (some questions)
- Marriage and sexual activity
- Employment and gender roles
- HIV
- Other health issues
- NCDs

Some specific examples of why these sections are relevant:

Respondent's background: the inclusion of questions on educational attainment and literacy rates are relevant to all people. It is important to have data on literacy levels for both younger and older people. Data that does exist shows lower levels of literacy among older people than younger, highlighting a need for targeted interventions to address the challenges older people face. For example, data from Mozambique shows literacy for women aged 15-60 is 36.5%, compared with 6.4% for women 65 and over.

Marriage and sexual activity: women and men remain sexually active in their 50s and beyond and have sexual and reproductive health needs in older age. Increased data is needed to understand

and be able to respond to these needs.

Husband's background and woman's work/employment and gender roles: people continue to work into their older age - more than 70 per cent of men and nearly 40 per cent of women aged 60 and over. Data suggest the majority are engaged in the informal economy. Data is limited on this issue and DHS could provide an additional source of information on the extent to which people in their 50s and over work and the type of work they are engaged in.

Questions of gender roles and women's empowerment are also relevant to older people. The need to promote gender equality, women's decision making, participation and broader empowerment, does not stop when a woman reaches her 50th birthday.

As noted by UNAIDS in 2013 an increasingly significant trend in the global HIV epidemic is the growing number of people aged 50 years and older, who are living with HIV. UNAIDS notes that this trend has important implications for HIV responses, yet it remains a largely hidden dimension of the epidemic. It is hidden because of the lack of data available. With DHS the source of data for prevalence estimates and a number of the GARPR indicators, a huge amount of HIV data has been restricted to people between the ages of 15-49.

With growing numbers of people aged 50 and over living with HIV, we now face an ageing epidemic and much more comprehensive data is needed to inform an evidence based and age-appropriate response. Expanding DHS to include men and women over the age of 49 is necessary to achieve this.

NCD: WHO highlighted the rise in NCDs and its association with population ageing in World health statistics 2008. Data projections showed that, as populations in LMICs age over the subsequent 25 years, the proportion of deaths due to NCDs will rise significantly. Many NCDs have a disproportionate impact on people in older age.

Data on mortality due to NCDs is rarely published for all older people, due to a focus on monitoring the so-called premature mortality. This is defined as death between the ages of 30 and 70 (HelpAge challenges the use of the term "premature mortality", however, because it suggests that mortality is acceptable at an older age). Data tools need to fully reflect changing trends and patterns of disease as populations age.

Violence and abuse: Older women are frequently subjected to one or more forms of violence, abuse and neglect based on their age, gender and other characteristics. This can be driven by ageism, sexism, the intersection of different characteristics or as a result of accumulated discrimination across their life course. WHO Global and Regional Estimates of Violence Against Women report (2013) found lifetime prevalence of intimate partner violence among women over 50 years old to be 20.6%. This is likely to be under-reported as less is known about patterns of violence against older women than those between the ages of 15-49.

File Attachments

1) [General submission 11.03.docx](#), downloaded 417 times
