Counted and Visible

Bridging the data gap: women 50 years and older

New York, 26-27 February 2020

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Agenda 2030: ‘leaving no-one behind’ and ‘reaching the furthest behind first’.

Life expectancy increases – longer life but also potentially longer time of dependency and need.

Ultimate ideal is active and healthy ageing for all.

Variation between regions and countries in when demographic transition takes place.

Mismatch between development assistance for health and health problems in that most interventions are aimed at persons 45 years and younger (Skirbekk et al. 2017)
WHO healthy ageing trajectories and the life cycle

- High and stable capacity
- Declining capacity
- Significant loss of capacity

Functional capacity
Intrinsic capacity
Lack of data that can be disaggregated by age

If data collected e.g. labour force survey, not analysed for persons older than 59 or 64

Household surveys exclude people living in institutions

Few surveys specifically designed to capture the specific needs and problems of older persons.

International Surveys such as DHS and MICS focus on women aged 15-49

Census includes people in institutions, but with limited variables

Survey design limitations

15-49 age limit for DHS and MICS
Number of countries in WHO regions with cross-sectional and longitudinal data on older persons

<table>
<thead>
<tr>
<th>Region</th>
<th>Cross-sectional</th>
<th>Longitudinal</th>
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<tbody>
<tr>
<td>AFRO CS</td>
<td>15</td>
<td>27</td>
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<td>AFRO LT</td>
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<td>AMRO CS</td>
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<td>28</td>
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<td>EURO LT</td>
<td>8</td>
<td>25</td>
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For more information: www.who.int/ageing/commit-action/measuring-progress/en/
Countries that conducted and published DHS or MICS reports 2015-2019
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Only women 15-49 years???
Non-sampling errors: age measurement

- Accuracy of biological age as per respondent’s records (CRVS)
- Low levels of numeracy and literacy – inaccurate responses to questions on age
- Content and phrasing of the question – a combination of date of birth provides much better quality data than only age
- Data collection methods (proxy versus self reporting and household record method)
Overcoming the gaps: Examples from Africa

Include
- Include age as a variable in all national collections without upper age caps e.g. labour force surveys and income and expenditure surveys.

Analyze
- Analyze existing data that do not have age caps and publish disaggregated data e.g. Women Count supported work in Uganda, Kenya and Tanzania.

Remove
- Remove age caps for international collections such as the MICS and DHS. The DHS in South Africa did not have an age cap.

Ensure
- Ensure that non-sampling errors related to age measurement are minimized.
• 1998, 2003, 2016 no age cap on the men’s and women’s modules
• Adult health module included females 50+ and males 60+
• Bio markers included females 50+ and males 60+
• Additional costs estimated at 24% more of survey costs if age limit was kept at below 50 years for women and below 60 years for men
Data from administrative sources

CIVIL AND VITAL REGISTRATION
HEALTH SURVEILLANCE
SOCIAL SERVICES
SOCIAL SECURITY
CLINICAL DATA
PERSONAL DATA
Sources Consulted

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Sources Consulted (cont)

University of Southampton, 2019. Developing a toolkit to monitor the implementation of the Madrid International Action plan on ageing. https://www.unescap.org/resources/developing-toolkit-monitor-implementation-madrid-international-plan-action-ageing-context


Thank You

More information: https://data.unwomen.org/women-count