PROPERTY AND BODY: AGEING WOMEN IN SOUTHERN AFRICAN CITIES

Ann Schlyter, Centre for Global Gender Studies, Peace and Development Research, Göteborg University

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McFadden (2002) identifies control over property and the own body as cornerstones in the struggle for women’s agency for full and active citizenship in Southern Africa. Property in terms of housing is central for an independent livelihood be it young or elderly women. While body is central for young women in terms of sexuality and fertility, it is the management over bodily decay that engages the old. Further more, increasingly in the era of HIV/AIDS, the elderly are not only recipients but also providers of care in their home. Bodily integrity is a central issue in care and sharing of domestic space.

This draft paper presents impressions from a first pilot fieldwork on living conditions among elderly women in Zambia. About a dozen interviews of various depths were conducted with women, some of them known by me from previous studies in George compound, a peri-urban area in Lusaka. As an exercise in qualitative methodology Zambian students contributed to my study by making interviews with elderly relatives. Using excerpts of interviews and summaries of life histories the paper identifies concerns of elderly women related to property and body. It further discusses the concepts of agency and generational contracts.

Ageing – an under-researched issue

The global population is ageing. In Africa the average proportion of elderly persons in the population is low, but with population increase and urbanisation, a growing number of elderly women and men are ageing in town. At the same time the economy is declining and few countries have more than very limited pension and welfare systems. Historically, the migrant labour system in Southern Africa made elderly people return to the rural areas when retiring from work in the towns. Hence, ageing in towns has not been an issue of much concern in research. Generally, in poor countries ageing is under-researched but has recently become a topical development issue (Risseeuw 2001, Ageing and Development 2002). On the global arena the volume of studies increases stimulated by the UN declaration of the year 2002 as the year of the elderly (INSTRAW 1999, Makoni & Stroeken 2002).

One study on generations, including the ageing that specifically dealt with urban life and had a gender perspective was based on studies in nine countries, whereof Zimbabwe was the only African country (Chant and McIlwaine 1998). Although the authors apply a multi-dimensional analysis they do not include much on property, housing and living conditions. The World Bank has lately shown interest in elderly people, or perhaps more adequately in pension systems. However, their model of private pension assurance has rather little relevance for the poor population in countries in Southern Africa.

Ageing is a gendered concern; nevertheless, with few exceptions old people are treated as gender-neutral in research and statistics. While in poor countries the dominance in number of women among elderly is not as big as in the rich countries, probably due to poor maternity care, there are, due to age difference at marriage, still more widowed women than men. Further more, widowed men tend to
In Zambia only three per cent of the population have reached the age of sixty-five, and this rate is not expected to increase during the next decade. Although Zambia, like several other African countries, is deviating from the global trend of an ageing population, there is still a growing number of elderly in towns. However, due to population increase and urbanisation the number of elderly urban residents can be estimated to increase with almost 200,000 individuals (UNDP 2001, calculated from the tables 2, 5 and 8).

Almost half of the Zambian population lives in urban area, but with the declining economy of the country the needs of the urban population in terms of housing and services have not been met, and a majority of the urban inhabitants live in informal or sub-standard housing. George compound is a peri-urban area, a former squatter area that has been legalised and upgraded. Their owners, who have a short-term lease, an occupancy licence, on the land, occupy most of the houses. In the formal parts of the city council, governmental and company houses have been privatised. Many poor families benefited from this as the houses were transferred to the sitting tenants. However, homeowners do not dominate the urban population. Even in presumably home-ownership areas, renters renting the whole or part of a house outnumber the house owners. Houses are the only form of property that often is in the ownership of poor people.

Bodily decline is part of the ageing process. In the popular discourse in George compound, you should have, as an aged person, the right to “sit and eat”. However, this is a luxury few aged people today enjoy. Poverty in Zambia has deepened during the nineteen-nineties, and the life expectancy at birth is as low as thirty-six years, a figure that reflects the impact of HIV/AIDS as well as of poverty. All people in Zambia are affected by HIV/AIDS in one-way or another; there are few families without victims.

The gendered experience of ageing is particularly manifest in the situation of widowhood. In Zambia, for example eighty-seven per cent of the widowed people are women (Owen 1996). Although, in
Zambia, a law of 1989 provided for widows to remain in their matrimonial home they are often stripped of all domestic property, sometimes also their personal property.

**Histories from George compound**

Five old women and their living conditions are presented, the first one to some length, the other very shortly. Focus is on property in terms of housing and on body in terms of caring or being cared for.

**Ms A – house owner with large family**

Ms A was born in 1942. She came to George compound in the sixties with husband and six children. Her husband worked in a construction company and they were advised to build in George compound. They built a two roomed mud house, which was replaced with a two-roomed house of concrete blocks during the upgrading project in the late seventies. The area was then provided with a standpipe, but it was closed after a few years due to water shortages and leakages. So they used a shallow well. Only during periods of cholera they bought drinking water. After the cholera in the nineties new standpipes were provided, but Ms A did not pay the fee but used the well again.

Ms A’s husband left her when her eighth child, born in 1972, was only two years old. He remained in George compound and started a new family. He never contributed to children. Ms A brought them up. She, and from early age her daughters, earned their living by cooking food and selling outside their house. It was good business as one of the large bars was situated just opposite their house. None of her children got more than a few years of schooling. Six of them reached adulthood, one son and five daughters.

At my visit in 1993, the son and two daughters had married and moved out. The household consisted of Ms A, and three of her daughters, one of them with a baby and a boyfriend living with them. A year later, the latter daughter who had been ill in tuberculosis died and the boyfriend disappeared, leaving two small children behind.

Ms A’s son with wife and two children moved back to her house after having started their married life in a rented room. The son offered to invest in his mother’s house. The house was extended to a four-roomed house, divided into two separate units. The son and his family lived in the back two rooms. Ms A and two daughters lived in the front room. During these years the son put all his money into construction while his mother and his wife catered for food and other costs of both families from their cooking business.

In 1996 the son was retrenched from his work. One of the married daughters was widowed and moved in with three children. This daughter had lived in a nice house Chaisa, in a middle-class area, and after having fought her deceased husband’s relatives in court, she was secured half of the income from the house that was put on rent. Further, she inherited a car, which she put into a taxi business until it broke down completely a year later. For a period this daughter brought an income to the house enough for all of them to live on, but not for completion of the house or for school fees. However, this daughter also passed away, the relatives of her husband sold the house in Chaisa. Ms A tried to claim a part of the sum for the three grandchildren but failed.

It was not an easy time. The son found it impossible to get a new job and he considered moving to the rural area. But to start farming he needed capital and he wanted to sell the house. He claimed that the house was his, as he had paid for the construction, and he had got the occupancy licence transferred into his name. Ms A claimed, with support of her daughters, that the house belonged to her, that in the future the son would inherit it but only as administrator of a family house. His sisters expected to be allowed to use it as long as they wanted. This conflict was never solved but the son developed a series of illnesses and was, before he passed away in 1999, too weak to plan for a move.
In 2003 the family consisted of Ms A, her daughter-in-law and seven grandchildren, aged between four and seventeen. Only the two children of her daughter-in-law went to school. Of the five orphans, children of Ms A’s daughters, three had never been to school and the other two only for a year or two. The only income now was from the cooking of food outside the bar. It was hard to keep two children in school, but the daughter-in-law, who did most of the work, insisted. The house needed reparation, but it was out of reach. The electricity had been disconnected years ago. They had no support from outside. Ms A had lost contact with her relatives forty years ago, and her daughter-in-law had only one relative, a young sister, as poor as herself.

The daughter-in-law and Ms A talked about each other with great respect and love. They worked well together and both felt confident that the ten years old boy who was clever in school would grow up and take care of them.

Ms B – house owner living alone

Also for Ms B a ten years old boy was her hope for the future. Not that she expected to be supported by him; but she hoped that he was going to get a good life. Ms B was 78 years old and would die before he could earn something. She lived alone in a one-roomed house, which had been her husband’s and her home since the mid seventies. No one had claimed the house when her husband passed away some years ago. He was from Malawi, so he had no relatives. She had had seven children, and all of them had passed away. A ten year old great grandson who lived with his mother in another compound made the one-hour walk two times a week after school to visit her, to help her with small things, and often to get a meal. Ms B was working hard, cultivating a plot outside town. The day of the interview in 2003 she had carried fifteen kilo maize on public transport to the mill, and back to the house. I asked her what she would do when she was no longer strong enough to work so hard: “I will lay down and stop eating, and the death will come to me”.

She added, as she had understood that I had a special interest in the house; “The house shall belong to my great grandson. He can let it to pay for education and he can move here when he starts a family.” She had not written a will, but she did not expect any conflict over inheritance, as there was no one to challenge the rights of the boy.

Ms C – living with her husband

Ms C was blind since about five years. She lived in a dilapidated house with her husband who was seventy-five years old, a little younger than herself. Her husband cared for her in all ways. He did the cooking and all other domestic work. Water was drawn from a shallow well just close to the house. He used to do small jobs, like digging to sweeping or delivering messages for people in the neighbourhood and was getting food in return. Sometimes the neighbours gave them food for nothing, but only if they begged for it.

They had both come to Lusaka as children, where they met and married in 1956. They were allowed to built the house on the land of a white farmer, nicknamed Chikolokose, a name still used for this part of George compound. They lived in the same house, but the area had changed from a farm to the middle of a huge urban complex. They had had many children, two girls and one boy were still alive, and at least they hoped so. One of the girls was married on the Copperbelt, but they had not heard from her in years. The other one lived in Lusaka and had six children. She was not in a position to help them in any way. The son lived by himself in George compound, he help them sometimes, but he was so poor himself. He tried to earn as a shoe-mender but it gave very little income, and he was drinking.

They would not have survived the last half a year, had not the Catholic Church provided them with bags of millie-meal. They had got one in February and one in April. The time of my interview in May, the meal was finished and they did not know would the church come back to them. They were hungry.

Ms D – dependent in daughter’s household
Ms D lived as a dependent of her daughter. Her daughter had a job at the local clinic and earned to support the family consisting of her mother, her mentally ill husband, five of her children, aged between 25 and eleven, four small grandchildren, and a younger sister. The family lived in three small rooms, rented in a house extended to a tenement house covering most of a plot. Ms D was a healthy and strong seventy-five years old woman managing much of the work in the household as her daughter was working long hours. Ms D went to the church every morning for prayer, meetings and chatting with other ladies. Occasionally she participated in charity work, helping to deliver food and clothing to people in need like Ms C and Ms E.

Ms E – living with retarded son

Ms E lived in her sister’s house with her thirty-three years old, severely retarded son. For decades she had been dependent on the charity of her church. The son needed care and supervision 24 hours a day, so she could not generate any income. The number of people in need had increased so much so that the church could no longer pay rents. She had to move from her rented room and was lucky to be able to borrow her sister’s house, as her sister moved to the home of her grandchildren who otherwise were living alone since their parents had passed away.

Ms X in Matero

Five years ago Ms X came with her husband to Lusaka to seek medical attention for Mr X who had acquired diabetics. They stayed with a son in Matero, adjacent to George compound. The son with wife and one child rented a house of three rooms. Due to the husbands need to visit the hospital once a month, they stay had become long, but was sill not regarded as permanent.

The son and the wife worked and a maid looked after the little grandchild. Ms X was responsible for nursing her husband. She gave him a bath every morning, washed his cloth and administered medicines. She cooked his food, as he needed a special diet. Although Ms X wanted to go back to the farm she was quick to admit that she enjoyed the benefits of access to electricity, running water and electric stove. Mrs X on his side, complained about lack of privacy. The toilet was too close to his son’s bedroom.

Ms X saw the spatial restrictions as one of the reasons to tensions within the house. She said that her son’s marriage almost ended up in divorce as a result of their continued stay in the house. It was also a struggle over resources. Food, medicines and clothes, everything had a cost and they were totally dependent on their children. The heavy burden came on the son they lived with although several of their twelve sons and daughters were alive and contributed with various amounts. Ms X hoped that her husband should be better so that they could move back home and give their son and daughter-in-law some breathing space.

Mrs and Ms had been successful peasant farmers, but have no savings and no security in this time of illness. On the question of old-peoples-homes they had been up set and said, “such things were taboo in their culture. Children have a responsibility of looking after parents”.

(This is a summery of a story told in a student’s paper (Nkhoma 2003)).

Points for discussion

Variations in household composition

The six case histories above are selected to represent a variety of situations. Incidentally, none of them represent the new type of household of deep concern in the public discourse and in literature: the grandmother alone with AIDS-orphans in her dependence. Certainly such grandmothers existed, for example, the sister of Ms E was one of them, and Ms A feared to become one, as her daughter-in-law
might have catch the illness of her husband. In previous studies I have interviewed a couple of these grandmothers. It must be remembered that no statistical significance can be given the twelve interviews, but they do show that there is a great variation of household-formations. The fear of premature death was ever present. The family of Ms D was less affected than most households by the AIDS deaths; only a son-in-law had passed away so far.

Many elderly women enjoyed being integrated in a family. It was what they regarded as the “natural” state of affairs. They could be to help, they were needed, and they were not alone when in need themselves. Ms D was one of those happy grandmothers in the middle of a large family. Not in all cases were the multi-generational household a happy constellation. During my interviews in 1996, I visited a family in which the grandfather was accused by his daughter-in-law for having killed his grandchildren. In another family it was the grandmother that was blamed for using witchcraft in order to get a larger share of scarce supply of food. There was fear and hate between family members who shared a tiny space and scarce resources.

**Livelihoods and family support**

It has often been said that women and specifically women-headed households constitute the poorest part of the population in poor countries. Also in Lusaka women-headed households are over represented among the very, very poorest households. These are usually destitute old widows. But a closer look at the statistics, show that among all women-headed households, poor women are under-represented. It was assumed that this was due to the fact that poor women could not afford to access an independent dwelling and set up a household of their own (Schlyter 1988).

Poverty and early deaths put severe constraints on family support systems. For many other old people the support from children was very limited. Ms A lived shared with her daughter-in-law responsibility for a number of grandchildren. They got no contributions from outside. Ms B:s seven children were all dead. A great grandchild of ten years living in a neighbouring area came to see her. Not to support substantially – rather he came for a meal but to support her emotionally. They loved each other and he was to inherit her house, her only asset of some value.

Ms X had a realistic insight of what she and her husband’s stay in the small home of their son may cost in terms of tension in son’s marriage. While space was a problem she saw no problem in the fact that the children supported her. It was their responsibility.

**The significance of property**

Among the poor people in George compound houses were the only valuable property some of them could access. Items as TVs and refrigerator are in fact rare. According to the official statistics (CSO 200?) every second household in Lusaka have TVs and every forth had a refrigerator – certainly it is much less in George compound. Mrs D and Ms X, in rented rooms in children’s households were the only presented women with access to a TV and a refrigerator. Mrs X enjoyed the electricity and the access to stove and refrigerator, which made her caring responsibilities much easier.

The story of Ms A is reviewed to some length in order to provide an insight in how family formation and housing management can look like over time. Ms A maintained ownership although it was challenged by her son. Widow rights to remain in their home is so often violated so that Ms B gave an unasked for explanation to her ownership. The fact that Women who struggle for control over a house often do so with the arguments of maintain the house as a family house. To own a home makes it possible for these women to provide shelter for orphans. How poor, at least they can provide shelter.

The two women, Ms A and B, were both property owners, they could be sure to have roof over their heads as long as they lived. There ownership had not been uncontested, but they had managed to keep the houses in their belonging when widowed. For Ms A and her daughter-in-law the house and the space outside was also the site of food processing and selling, thus contributing to livelihood.
Ms C and her husband lived in the house they had built themselves half a century ago. The papers were kept by their son who was going to inherit the house. Ageing people were very conscious about the value of their house. It gave them possibility to gather family around themselves in mutual support, and it gave them a stronger position in the negotiations over scarce resources that were to be distributed between generations in a web of power relations. If not being a house-owners old people became dependents in their sons’ or daughters’ families.

Studies of urban poverty usually looks at livelihoods and incomes, while property is not made an issue. Still, control of property in terms of houses provides a security and a basis for possible income generation activities. The power of ownership affects gender and generational relations within the family. Control of property is heavily biased towards males. When widows managed to maintain control over property (in violation of custom) their bargaining power for family support increases.

Recipients or providers of care

Bodily decay is part of the ageing process. Most of the elderly interviews women complained over pain somewhere, but among the interviewed it was only the blind Ms B who solely was recipient of care. The carer in her case was her also elderly husband. Certainly women are most often the care providers, but this case shows that reality is much more varied than the stereotypes. Ms E had for decades taken care of her retarded son, a full time occupation, giving her little time for income generation, and thus making her totally dependent on charity. Ms X filled her days as carer for her diabetic husband. Mrs A and D took care of children.

Few old women had like Ms B a husband to care for her. Many women could not expect to be cared for by children. Was there really no option to Ms C: s suggestion to lay down and stop eating? I heard about a home for elderly in Matero and went there. It turned out to be planned as an after care centre, intended as a temporary solution for people coming out from hospital. However, it turned out to be a permanent place for a number of physically and mentally handicapped people. There were also women and men who were “stranded in the city”. They had come in order to sell and purchase or to approach authorities or companies in some unsettled business, and they had been robbed or run short of money of other reasons, so that they had no money for the bus ticket back to their village. One man had stayed for two years without having managed to come in contact with his relatives in the village. The situation at the institution was poor. They lived eight in each room and there was always a shortage of food. One meal a day was all they got.

Generational contracts, agency and active citizenship

Like gender, generation is a social construct based on biological differences. Generation is a relational concept referring primarily to differences and expectations in terms of roles and responsibilities based on age differences. The male breadwinner – female homemaker contract has been identified as a dominant gender contract in urban residents’ minds. This in spite great differences in comparison with customary gender contracts, and the fact the most households do not live according to it (Schlyter 1993). Would it be possible and useful to identify a similar generational contract?

The societal contract of generations taking care of each other, with the responsibility primarily of sons to care for parents is not only ideological dominant, it is prevailing in the absence of good alternatives. There are no other economic systems for transferring resources and giving care to the elder generation. Still the system is breaking down, due to AIDS and urban working conditions, and it is the individual that carries the burden.
The discourses and the discursive practices evolving around generations, gender, housing and care as a consequence of rapid changes due both to urbanisation and disease (e.g. HIV/AIDS) might well have effects on future perceptions of gendered rights and responsibilities within the re-constructed family. Makoni & Stoeken (2002) point out that older people’s narratives of ageing is not simply reflecting the ageing experience, but shape that experience as well.

In the popular discourse among elderly about generational responsibilities, there has been a strong dominance for the view that “our sons should keep us well”. Still it was well known that women’s “contribution” to breadwinning is often the main part, and that daughters take up the responsibility to care for their parents, probably more often than sons.

The old people interviewed were not well kept. Possibly, with exception of Ms D and Ms X. In previous years I often met elderly people who put blame on their sons for not supporting them. “You cannot trust these modern ones”, was an expression heard more than once. This discontent with the younger generation was not there as strong this time. The younger generation was decimated, and you cannot put blame on the dead. The living ones were also poor, and among the old there was a widespread understanding of the inability of the middle generation to support both their children and themselves. Like Ms B, several old people did not expect support. In fact, they provided as much as they could for their grandchildren.

Independence is not what elderly women strive for. Rather they long for belonging. Still, in crucial situations the possibility of independent life thanks to property ownership or an income of their own provides a security and even strengthens the bond to children and relatives.

Women who in fertile ages, may be restricted by husbands and customs to participate as citizen in public life, were with age less restricted from talking up in public areas. In previous studies I had found single women more active in public life than married. I did not find the same among the aged women. Several of them had been chairladies and active in local social work during the one party period, but other had put their back to politics and caste their vote only in one election: the election of Kaunda at the time of independence.

Bodily weakness and need for rest and recovery affected elderly women and men’s active citizenship. The churches provided an area for public life and the elderly women were generally active participants. According to the elderly, their tiredness was not the main reason for not participating in public life outside the churches; it was the lack of area to do so. Old people expected to be respected and listen to; at least they regarded themselves to have that right according to Zambian customs. However, the also expected these customs to be violated in the city. They complained of disrespectful youth in the streets.

A last comment

In my pilot fieldwork in May 2003 I revisited twenty houses, which I had researched before. I only found four persons of age 60 + whom I had been interviewing during previous visits. Many of the original residents had diseased. The illness that had caused their death was never given any diagnose. “They were old” was the only explanation given by their relatives. The fact that most of them had been about my own age made me realise that life itself is the ultimate blessing of not being poor.

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**Author:**

Ass. Professor Ann Schlyter
Göteborg University, Centre for global Gender Studies, Department for Peace and Development Research