

# ‘It really saves us’ *versus* ‘it doesn’t cover everything’: the benefits and limitations of a non-contributory pension in the Bolivian Altiplano

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## **ABSTRACT**

Non-contributory pensions have become extremely popular in the last decade, with 78 developing countries currently distributing money in this way, and their acclaimed impacts are increasingly celebrated. Studies have found them to contribute not only to ‘obvious’ needs such as increased consumption and income security but also to investments in productivity, social relationships, health, increased access to credit and savings, while it has become common to claim that they contribute to intangible goals such as dignity and citizenship. The danger of some of these claims is that they assume that wellbeing is heavily responsive to monetary wealth, rather than other areas. To study this, an ethnographic methodology, based on participant observation and semi-structured interviews, was employed in two rural communities located in the La Paz department in the highland Altiplano region of Bolivia close to Lake Titicaca. Our analysis shows that while the Renta Dignidad increases older persons’ livelihood security, its contributions to other areas where non-contributory pensions are claimed to have major impacts, such as productive investment, health care and relational wellbeing, are actually relatively limited. The policy implication of this is that a more integral approach needs to be adopted to older persons’ wellbeing, going beyond cash transfers to greater efforts to bring health-care services to older people in remote rural areas.

**KEY WORDS**—later life, older people, Renta Dignidad, social protection, non-contributory pensions, wellbeing, Bolivian Altiplano, rural livelihoods.

## **Introduction**

Social protection has gone from being a relatively peripheral area of international development to becoming deeply embedded within development agency and government policy-making circles (De Haan 2014).

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Interventions which transfer cash directly to poor households, considered eccentric or even radical a decade and a half ago, are currently a staple among development professionals (Barrientos 2013; Department for International Development 2011; Devereux and McGregor 2014; Devereux, Roelen and Ulrichs 2015). Among the most enthusiastically promoted social protection interventions are non-contributory pensions, which provide money to people in later life regardless of whether they have previously been in formal employment and without having paid into a pension scheme.

The popularity of non-contributory pensions has been accompanied by increasingly inflated claims made for their impacts. Whilst early promotion of them was based on relatively intuitive and easily measurable impacts, such as improved consumption, they have been increasingly claimed to have major indirect benefits, such as providing cash for investment in productive enterprises, improving health, and even contributing to more transcendental objectives such as subjective wellbeing, dignity and citizenship (Kidd 2010; Leisering and Barrientos 2013). Given their political feasibility, this generates the image of non-contributory pensions as a cure-all for a broad range of development challenges (Lloyd-Sherlock and Agrawal 2014). Our article aims to assess the impacts of a non-contributory pension, Bolivia's *Renta Dignidad*, on older people living in Bolivia's rural highland plateau (Altiplano). It uses an ethnographic methodology in order to place the impacts of the programme within the broader context of older people's livelihoods and wellbeing, and is supplemented by descriptive statistics provided by Bolivia's *Unidad de Análisis de Políticas Sociales y Económicas* (UDAPE).

In order to assess the impacts of the *Renta Dignidad* holistically, we assess its impacts in terms of contributions to wellbeing, defined as the interplay between the material, the relational and the subjective components of wellbeing (Gough and McGregor 2007). We argue that the *Renta Dignidad* makes major contributions to older peoples' wellbeing via improving their overall livelihood security and bolstering their consumption. However, its impacts in some of the areas where major contributions are often claimed in the literature, such as contributions to productive activities, health and social relationships, are actually quite negligible. Non-contributory pensions, therefore, should be seen as important interventions with the potential to bolster wellbeing in ways which are direct and politically feasible, but their gains should not be oversold, need to be understood in relation to their local contexts and should not crowd out the importance of additional policy interventions. Our article therefore makes a methodological contribution, by showing how ethnographic methods can be used to analyse social protection programmes, a theoretical contribution, by

linking up social protection to the wellbeing framework, and an empirical contribution, by revealing the need for a balanced appraisal of non-contributory pensions.

The article is structured as follows: we begin by discussing the literature on non-contributory pensions and wellbeing before introducing the wellbeing framework. Subsequently, we explain the methodology used for the paper and provide basic details of the fieldwork sites and key research informants, before providing historical background information of the *Renta Dignidad*. We then present and analyse the empirical data of older people's wellbeing and the *Renta Dignidad*'s impacts in terms of four key areas: livelihood security, productive activities, health care and social relationships.

### **Non-contributory pensions and wellbeing**

Non-contributory pensions have become increasingly popular in the last decade, and according to HelpAge International, 105 countries, 78 of which are lower- or middle-income countries, currently distribute money in this way (HelpAge International 2013). Their political success owes itself partially to the fact that older people are frequently viewed as being 'deserving' of social protection in contrast with other groups such as the unemployed and mothers who are frequently stigmatised (Grosh *et al.* 2008). Meanwhile, in policy-making circles, the popularity of non-contributory pensions is also due to a strong and growing evidence base suggesting that they invariably have positive impacts on wellbeing, reducing income and consumption poverty amongst recipients and often their family members (*e.g.* Barrientos 2005; Gasparini *et al.* 2007; Lloyd-Sherlock, Saboia and Ramírez-Rodríguez 2012). In Brazil, the impact of pensions on poverty has been so significant that later life is increasingly associated with financial security (Lloyd-Sherlock, Saboia and Ramírez-Rodríguez 2012).

While the impacts of non-contributory pensions on reducing income and consumption poverty are clear and substantiated by evidence, however, an additional set of claims for pensions are frequently made which have contributed to their reputation as a cure-all for development challenges. One of these is that they are frequently invested in micro-activities, leading to additional long-term income gains. This claim is based on studies like those of Martínez (2004), which finds that recipients of the *Renta Dignidad*'s predecessor, *Bonosol*, increased their consumption significantly above the level of the transfer itself, because they had invested in fertilisers and livestock to increase the productivity of their smallholder land plots. According to other studies, pensions can also benefit third parties such as

traders, who have earned more from increased sales and an all-round business cycle (Barrientos and Sabates-Wheeler 2009; Bukuluki and Watson 2012; Davies and Davey 2008; Devereux 2001; Ibrahim 2013; Staunton 2011). Models of a hypothetical non-contributory pension in Bangladesh suggest that such multiplier effects would make positive and large-scale contributions to agriculture, services, manufacturing and transport (Khondker 2014).

However, what is often left out of this celebratory literature is the importance of context. Whereas social pensions can be used for investment, this depends heavily on when and where they are implemented. In the case of the Bonosol, for example, the major income gains from investment were due to the existence of spare capacity in the recipients' landholdings, which had been under-invested due to lack of capital (Martinez 2004), but these conditions do not always hold. For example, Lloyd-Sherlock *et al.* (2012a) found that while pension money in Brazil is invested in areas where recipients own their own land (and therefore possess an asset to invest in), this is not the case in a different region where recipients are not landowners. Similarly, Møller (2011) finds that practically none of the money from South Africa's State Old Age Grant gets invested in micro-enterprise activities, and even though pensions get invested in education, there is no guarantee that this will have the expected long-term benefits in the context of widespread structural unemployment. Regardless of the fact that pensions might in some cases be used for investment, that should not necessarily be cause for much celebration if the investments are in micro-enterprises which have limited prospects for expansion.

The second area where claims for non-contributory pensions are potentially overhyped is with regards to health. As Lloyd-Sherlock and Agrawal (2014) note, it is common for claims to be made that pensions contribute to the health of recipients (*e.g.* Case 2001; Schatz *et al.* 2012), based on the understanding that older people face financial barriers to accessing health care in low- and middle-income countries. For example, in Tanzania and Côte d'Ivoire, it has been found that people over the age of 50 are significantly less likely to seek out health care compared to younger people (McIntyre, cited in Lloyd-Sherlock and Agrawal 2014). Perhaps unsurprisingly, therefore, research suggests that pensions often improve access to health services and lead to better self-reported health (*e.g.* Lloyd-Sherlock 2006; Schwarzer and Querino 2002). However, this does not tell us much about actual health outcomes, because spending on 'health' may simply mean spending on inadequate and ineffective remedies, and self-reported evidence is not an accurate indicator of health status (Lloyd-Sherlock and Agrawal 2014).

The third area of major claims concerns the impacts of pensions on the social relationships of recipients. There is evidence that, in some

circumstances, non-contributory pensions can contribute to a range of other aspects of wellbeing, such as subjective wellbeing, social relationships and dignity. Leisering and Barrientos (2013), for example, emphasise the positive contributions that non-contributory pensions can make to older persons' autonomy and the respect other people give them. The Bonosol, for example, has been shown to have strengthened intergenerational links and informal support networks in urban La Paz (Skinner 2007). Claims that pensions bolster social networks are frequently associated with evidence that they are shared ('pooled') within households so that other people can benefit from them. In Brazil, for example, numerous studies have found that pension money is commonly pooled within households and shared with younger family members (Delgado and Cardoso 2005; Lloyd-Sherlock 2006; Lloyd-Sherlock *et al.* 2012a; Møller and Ferreira 2003; Schwartzer and Querino 2002). Such evidence has been employed by the non-governmental organisation HelpAge International to advocate in favour of non-contributory pensions, arguing that they generally have progressive impacts in low-income countries, reducing both poverty in later life and intergenerational poverty (HelpAge International 2014). In Bolivia, the Bonosol programme was defended partly on the basis that it was a 'prudent investment', benefiting not just the recipients but also their families and the broader economy (Aponte *et al.* 2007).

Again, however, there is a danger of overhyping the impacts. In reality, the internal dynamics of older people's lives are highly varied, meaning that the outcomes of a pension on social relationships are likely to be differentiated (Lloyd-Sherlock 2006). It is clearly too simplistic to assume that evidence of 'pooling' is therefore evidence of a 'positive' impact, because this could occur under circumstances of coercion or social pressure (Burman 1996; Sagner and Mtati 1999). More broadly, studies that focus exclusively on non-contributory pensions run the risk of selectively identifying positive statements made about the pensions without weighing them up against all the other things that are happening in the lives of older people, and thus exaggerating their impacts.

This paper assesses the impacts of the Renta Dignidad on wellbeing by focusing on four key areas: livelihood security, productive activities, health and social relationships. By identifying the contexts within which older people construct and negotiate wellbeing, as well as the ways in which the Renta Dignidad is and is not used, we demonstrate that while the transfer does contribute significantly to the livelihood security of older people, its influence on the other areas is far more nebulous and limited by a range of contextual factors. We conclude by emphasising the need for a realistic appraisal of non-contributory pensions and the importance of additional policies to improve the wellbeing of older people, particularly regarding health care.

## Wellbeing and development

In order to understand the impacts of the Renta Dignidad on wellbeing in its broadest and most holistic sense, we define wellbeing as the interplay between three key dimensions: the material, the relational and the subjective (Gough and McGregor 2007). The material element takes into account the more conventional elements of development, thus corresponding to the focus on livelihood security, productive activities and health in this paper. Meanwhile, the inclusion of relational wellbeing, and the study of older people's social relationships, is included to reject the methodological individualism underpinning much of conventional development thinking. Analysing relational wellbeing includes the understanding that it is often influenced by conflictive processes that affect those who manage to 'live well' and those who do not (Deneulin and McGregor 2010). Thus, a focus on wellbeing necessarily entails understanding inter-person relationships and also trade-offs, because people's ability to live well together is likely to depend on their ability to accommodate each other's 'systems of meaning and value', as well as tensions between different individuals and groups who dispute these systems (Deneulin and McGregor 2010). This also means understanding why it is that particular groups of people seem to be particularly vulnerable to 'wellbeing failures', which occur when people are denied opportunities for wellbeing due to structural inequalities (Devereux and McGregor 2014). Finally, the subjective element of wellbeing acknowledges the reality that humans' wellbeing is not simply generated by a set of objective resources, goals or processes which they are involved in, but rather with the specific meanings which they themselves attach to these (McGregor 2006). The three aspects of wellbeing are not, it must be emphasised, discrete spheres which are separate from one another, and it needs to be recognised that they are 'co-evolving, inter-dependent and dynamically interacting' (McGregor and Sumner 2010: 106). As we will show, relational and subjective wellbeing underpin key elements of material wellbeing, which are influenced by older people's relationships with their family members, friends and communities, as well as their subjective understandings of them.

The wellbeing of older people in development processes has attracted growing interest in recent decades (*e.g.* Barrientos, Gorman and Heslop 2003; Barrientos and Lloyd-Sherlock 2002; Gorman 1995; Gorman and Heslop 2002; Lloyd-Sherlock 2000; Schröder-Butterfill 2004; Schröder-Butterfill and Mariani 2006; Varley and Blasco 2003). Much of this literature responded to a perception that older people had been sidelined from the development agenda, misunderstood or ignored by key policy makers, and portrayed only in terms of their weaknesses and deficiencies (Gorman 1995, 1999).

In response to this, much research on older people has sought to make visible older people and their roles in developing countries. Much of this literature has had the clear intention of debunking myths about older people that are harmful to their interests, and which might limit the political will to respond to their needs, contributions and aspirations. Researchers have questioned assumptions that older people would necessarily be well looked after by their children, highlighting the abuse and neglect that can occur, especially in contexts of deprivation (Gorman and Heslop 2002; Schröder-Butterfill 2004; Skinner 2006). An increasing number of researchers have challenged the assumption that older people are net recipients of resources from younger generations, arguing that in many contexts they are independent, productive and often net contributors of resources and services to children and grandchildren (Barrientos, Gorman and Heslop 2003; Gorman and Heslop 2002; Schröder-Butterfill 2004; Skinner 2006). More broadly, qualitative studies reveal that older people's experiences of wellbeing are highly diverse, both across and within developing countries, ranging from high levels of deprivation and neglect to increasing livelihood security and dignity (Lloyd-Sherlock 2006; Lloyd-Sherlock and Locke 2008; Lloyd-Sherlock, Saboia and Ramírez-Rodríguez 2012; Lloyd-Sherlock *et al.* 2012a).

One theme that stands out in many cases, and which is highly relevant for our own study, is the importance of religious faith in influencing subjective wellbeing (Chida and Steptoe 2008; Fehring, Miller and Shaw 1997; Inglehart 2010; von Humboldt, Leal and Pimenta 2015). In a study of older people's wellbeing in Buenos Aires, for example, Lloyd-Sherlock and Locke (2008) have shown how Evangelism can provide certainty and spiritual fulfilment in later life, allowing older people to overcome grief and attain psychological resilience in the face of adversity. This paper attempts to build on these insights by revealing how Evangelism, which has been growing significantly in Bolivia in recent decades (Gill 1990; Lazar 2008), influences the wellbeing of older people in the rural Bolivian Altiplano, in order to understand the potential impacts and non-impacts of a non-contributory pension. We will now present the methodology and basic information about the fieldwork sites.

## **Methodology and fieldwork sites**

This article uses ethnographic data collected between November 2012 and September 2013 during fieldwork in two rural communities. In this time, we engaged in participant observation and semi-structured interviews with community members (from here on referred to as *comunarios*).

Conversations were held in both Aymara, which is the mother tongue of one of the authors, and Spanish, which we both speak.

The two communities, which we will refer to as 'Community A' and 'Community B' in order to guarantee the anonymity of the people involved, are located in different municipalities in the Department of La Paz. There are 30 households in Community A and 40 in Community B, and many *comunarios* have double residence in urban areas. Livelihoods are based around smallholder land systems, with peasant families owning small, dispersed plots of land. Families grow potatoes (the staple crop), oca (a sweet-tasting Andean tuber), beans and barley, and use winter frosts to produce *chuño* (freeze-dried potato) and *kaya* (freeze-dried oca) for self-consumption, sale and barter. Community A has a micro-irrigation system, and a more dynamic agricultural economy, with *comunarios* growing and selling peas on a commercial basis. Both communities have access to electricity and drinking water, and unpaved road access to the nearby towns.

Table 1 details the older informants who contributed to this research in the two communities: five of whom we interviewed a considerable number of times, four whom we interviewed fairly frequently and four whom we interviewed occasionally over the ten months of the fieldwork. Finally, we also had occasional conversations with a small number of younger families and over 20 other people of varying ages during the course of the year. Spending a long time in the communities allowed us to interact with and observe older people in social situations and on their own, so we could see both how they related to their other family and community members as well as in individual situations when they could express themselves more freely. By interviewing younger people as well as older ones, and using participant observation, we were also able to undertake a degree of triangulation so we were not totally dependent on people's first-hand accounts of their own lives. For example, we were able to establish that some older people had sources of wealth and savings which they had neglected to discuss with us in earlier interviews. We were also able to interview people on different sides of disagreements rather than relying exclusively on the accounts of our closest informants, which allowed us to draw more nuanced portrayals of them than would have been the case if we had relied solely on their own subjective accounts.

Early on in the fieldwork period we attempted to talk to as broad a sample of people as possible in order to assess some general trends and consider who might be the most appropriate informants for the study. Following Spedding and Llanos (1999), we felt it was better to focus on getting more detailed data from a smaller number of respondents rather than attempting to obtain a larger sample of responses and risk getting unreliable



TABLE 1. *Informant households*

	Older families interviewed the most <sup>1</sup>	Older families interviewed frequently <sup>2</sup>	Older families interviewed occasionally <sup>3</sup>	Households with 50–59-year-olds interviewed frequently	Young households interviewed frequently	Total
Number of households	5	4	4	3	2	18
Total number of people in households	10	9	11	15	8	53

*Notes:* 1. Spending entire days with and eating dinner with them at least once a week when we were in the relevant community. 2. Speaking with them at least once every week and spending the entire day with them at least once every two weeks. 3. Speaking with them at least once every two weeks.

data, although at the same time we continually aimed to interview as broad a cross-section of older people as possible. For example, we often interviewed frail older people with cognitive impairments, as well as with their carers, although we are unable to develop the rapport and understanding with them comparable to with our most key informants (Table 2).

### **The Renta Dignidad**

Bolivia's non-contributory pension has its roots in the 1990s, when the government of Gonzálo Sanchez de Lozada declared that it would distribute some of the proceeds of the privatisation of public companies directly to people over the age of 65 through a social programme called Bonosol. In 2008, under the government of Evo Morales, the Bonosol was replaced with the Renta Dignidad, now financed out of the surplus generated by gas extraction and profits from renationalised public companies. The amount was raised from 1,800 Bolivianos per year with Bonosol to 2,400 with Renta Dignidad, and this was increased again in May 2013 to 3,000 Bolivianos (US \$434) a year for people lacking a pension. It is worth emphasising that while the Renta Dignidad can represent a significant amount of money for poor recipients in rural areas, the amounts paid out are still modest by regional standards. While countries such as Brazil pay out non-contributory pensions of equal value to the minimum wages in those countries, in Bolivia the Renta Dignidad was equivalent to just 17 per cent of the official minimum wage at the time of writing. In addition to the increase in the value of the transfer, another key difference is that whereas Bonosol was paid out as an annual lump-sum, the Renta Dignidad can be withdrawn at any frequency as desired by the recipient, provided they do so at least once a year. We will now proceed to assess its impacts on four key areas of wellbeing: livelihood security, productive activities, health and social relationships.

### **Livelihood security**

Across all of the households, as people get older, they become progressively less able to generate income and produce food. This happens in a number of ways. Physical weakness makes it harder for people to work, so they gradually cultivate in fewer (or smaller) land plots, thereby limiting their agricultural surpluses and ability to trade. People distribute their land to their children when they marry, such that older people often have relatively less land remaining. This is clearest in the case of the oldest interviewees

TABLE 2. *Basic details of key informants*

Household and occupants	Details
Household 1: Juana and Ilda (Community B)	Juana, aged 86, was living with her daughter, Ilda, aged 60. Juana's husband had died many years previously, and her other children were living in La Paz and El Alto, working as a housewife, a sheep trader, a carpenter and a construction worker. Juana and Ilda were not producing enough food to be able to sell except infrequently and in small quantities, and they were economically dependent on money from animal sales (cows, sheep and pigs) as well as the Renta Dignidad.
Household 2: Francesca and Álvaro (Community A)	Francesca and her husband Álvaro were both aged 62 at the time of the fieldwork. Álvaro had nearly the most land of any of the <i>comunarios</i> in Community A, and had benefited from non-governmental organisation interventions introducing improved potato seeds, allowing them to accumulate savings through crop and animal sales and continue to produce relatively larger quantities of potatoes and oca for consumption, sale and storage.
Household 3: Juan and Valentina (Community A)	Juan, aged 68, and Valentina, aged 70, lived in Community A. They had accumulated a degree of cash savings from crop and animal sales in the past. Due to their age, Juan and Valentina were no longer selling potatoes or <i>kaya</i> in El Alto, and the local market where they used to sell was also too far away for them to go to sell products there. Both Valentina and Juan complained frequently about health problems, particularly muscular ones which were making it more difficult to go about their daily activities.
Household 4: Lucia, Emilio and Julia (Community B)	Lucia was in her early seventies, and was married to Emilio, in his eighties. They were living in the community adjacent to Community B, but owned land in Community B. Emilio was suffering drastically from illness and the effects of ageing, often leaving him incapacitated and unable to contribute to agricultural activities, so that Lucia and Julia had to do the majority of the work. Without irrigation, Lucia's family did not produce crops for sale, and their monetary income came from animal sales (they had one grown cow, a calf, three sheep and a pig), selling guinea pigs and cheese.
Household 5: Marta (Community B)	Marta, in her seventies, was living alone in Community B. She owned three cows and about ten sheep, which she was increasingly struggling to look after, but was financially secure because one of her sons had become a successful local politician.
Household 6: Fausto and Fortuna (Community A)	Fausto, aged 90, and Fortuna, in her early eighties, were the oldest couple of all the <i>comunarios</i> during the year of fieldwork. They had both sold off or handed down most of their animals and lands by the time fieldwork began, and were engaged in minimal income-generating activities. Both experienced major cognitive impairments, particularly Fortuna who suffered from partial blindness and deafness. Fausto passed away during the fieldwork period in March 2013.

TABLE 2. (*Cont.*)

Household and occupants	Details
Household 7: Alicia, Felipa and Saturnina (Community B)	Alicia, in her early eighties, was living with her older sister, Saturnina, while Saturnina's daughter, Felipa, was in her late fifties and living in the house opposite. Alicia was finding it increasingly difficult to participate in agricultural activities due to muscular pains, and had ceased to travel to the local town or the intermediate city often, except when she had to withdraw the Renta Dignidad, and said that she found it easy to get lost in the streets in the intermediate city. Saturnina was extremely old and struggled to contribute much to the household, and suffered from major cognitive and physical impairments, preventing her from knitting or doing manual tasks or communicating effectively with other people.
Household 8: Pedro and Laura (Community B)	Pedro and Laura were in their eighties, living in Community B. Pedro was largely incapacitated due to health problems, while Laura was still active in agricultural activities. They lived alone but were assisted in agricultural tasks by their daughter and son-in-law, who lived in the house opposite.
Household 9: Roberta and Elena (Community B)	Roberta, in her late eighties, was too old to leave the immediate vicinity of the house and was being looked after by her daughter Elena, in her fifties. Although they did not have any significant revenue-generating opportunities, Elena's brothers had all managed to attain well-paid jobs as teachers outside the community, and they guaranteed Roberta a degree of livelihood security in later life. Roberta was deaf and could only see out of one eye, and suffered from persistent knee pain.
Household 10: Gabriela and José (Community A)	Gabriela and her husband José were in their mid-sixties. They both had children from their first marriages and two of their own. During the fieldwork period Gabriela and José were looking after a grandchild, Elizabeth, on behalf of their daughter who was based in the city most of the time. They possessed less land than Households 2 (Alvaro and Francesca) and 3 (Juan and Valentina), and rarely sold much of their produce, with the exception of peas.
Household 11: Mariela and Raul (Community A)	Mariela and Raul (brother of Lucía in Household 4) were in their early sixties, and had seven children living in Argentina, Brazil and La Paz. They received remittances from some of the children, although others had formed their own families and thus ceased to send back remittances. During the fieldwork period the household was involved in a major land dispute with Mariela's nieces.
Household 12: Octavio and Rufina (Community A)	Octavio and Rufina were in their early sixties. They had been living for 25 years in the city, and had only recently restarted a partially rural-based livelihood in the community. Their three children were living in La Paz during the period of fieldwork although returned periodically for fiestas and to produce food to take back to the city.
Household 13: Marco and Lara (Community A)	Marco and Lara, both in their early sixties, had both been living in urban areas for over two decades and were in the process of re-establishing themselves in Community A during the fieldwork period. As a result of having been absent for some time, they had lacked an electricity connection for a long time and did not have animals for production, meaning they had to borrow them from other people for crop production and transport.

(Juana, Marta, Fausto and Fortuna, Pedro and Laura), who had hardly any land left, whilst some of the younger households in the cohort (Francesca and Álvaro, Juan and Valentina) continued to dispose of significant land plots. However, increasing physical impairments meant that these last two households had a reduced ability to reach rural markets to sell and barter their products, leaving them more dependent on selling products to traders within the village at a lower price.

Older people are negatively affected by reduced ability to walk and run and increased frequency of accidents. Juana, Valentina, Francesca and Marta had all suffered from accidents sustained when looking after cows in the recent past, and most of the respondents commented on the increasing difficulty of maintaining flocks of sheep, leading them to sell off the sheep as they get older. Meanwhile Juana, Valentina and Saturnina all commented on the difficulty of continuing to knit clothes and bedcovers for sale or as gifts due to visual impairments, while Juan, Álvaro and Jose had all given up their previous part-time jobs as travelling musicians or builders, which they had used as key off-farm sources of income when younger.

In this context, the Renta Dignidad is generally allocated to five areas: foodstuffs, services (such as gas and electricity), health care, hiring tractors and costs relating to communal obligations in the *sindicatos*. Of these, foodstuffs are by far the most common use of the money. This observation is supported at the macro-level by data from a recent survey by the Bolivian Government's UDAPE, which shows that in rural areas, 58.1 per cent of the money is spent on food items, while 6.9 per cent is used for health-care products and 4.7 per cent for services (Chumacero Viscarra, Escobar Loza and Mendizabal 2013).

The ways in which people talk about the Renta Dignidad reflect its use: the most common expression used is 'it really saves us', which reflects its use for essential daily spending, while at the same time recipients frequently comment that 'it doesn't cover everything', reflecting the fact that amounts paid out are limited and not enough, alone, to live off. By contributing to daily spending, the Renta Dignidad contributes to older persons' livelihood security, which Wood (2006) has argued should be given greater prominence in discussions of human wellbeing and development, because insecurity is often a defining characteristic that distinguishes the lives of the poor from those of the non-poor. Due to their livelihood insecurity and political marginality, poor people often suffer from 'the fear which arises from not being able to control or significantly influence their immediate or longer term operational environment for survival' (Wood 2006 32). Thus, although the Renta Dignidad does not cover all of people's needs, it nonetheless makes a valuable contribution to meeting them.

At the same time, while the Renta Dignidad is mainly used to purchase foodstuffs, particularly non-local ones, such as pasta, rice, sugar and salt, which are consumed frequently, as well as chicken and fish, the provision of cash alone does not guarantee food security or nutrition. While obesity is not a significant problem for older people in rural areas due to their active lifestyles, they consume large amounts of sugar in their tea and salt in their soups, and this almost certainly has negative impacts, such as diabetes, which is on the rise in Bolivia (Pagina Siete 2016), and frequently goes undiagnosed. Moreover, while the combination of the money provided by the Renta Dignidad, savings and home-grown food production means that food scarcity is not a significant problem for older people, dwindling appetites and in some cases the lack of motivation to cook and eat pose threats to older people's diet. This is a psychological and emotional challenge as much as one of material resources or physical capacity. Many of the respondents, particularly Valentina and Francesca, commented that they became more motivated to eat when we went to visit them in evenings so that they could share food with us, but that in our absence they and their husbands often neglected to cook properly. Thus, while the provision of the Renta Dignidad massively increases older people's ability to purchase important complements to their diets, it does not guarantee food security or nutrition. While Bolivia lacks solid data on nutrition amongst older people,<sup>1</sup> the government has recently announced a programme of providing nutritional supplements to them, suggesting a degree of recognition that cash alone is inadequate to address food security and nutrition among older people (Sinembargo 2015).

### **Productive activities and investment**

Older people in the two communities maintain active and productive lives as far as they possibly can, in spite of declining health and physical strength, and do not attempt to 'retire' by ceasing work. This is not driven solely by material needs but also by ethical and cultural norms. Therefore, although the Renta Dignidad is used primarily for day-to-day consumption, it is nonetheless injected into livelihoods that continue to contain significant 'productive' elements.

The most obvious way in which the Renta Dignidad contributes to productive activities is through the hiring of tractors for ploughing and harrowing, which have become an indispensable activity for farmers in recent decades. Not only do peasants need to hire tractors to farm, they have to do so at very specific moments, or else they are forced to sow later in less favourable weather conditions. Juana, Lucia and Marta all noted that the

regular secure income provided by the Renta Dignidad made it easier for them to hire tractors at particular times. However, at the same time they also pointed out that they had often missed out on hiring tractors at key moments due to their lack of mobility and clout *vis-à-vis* younger farmers.

More broadly, we found no evidence for the Renta Dignidad contributing to major increases in productivity via purchases of fertiliser and livestock as Martinez (2004) finds for the Renta Dignidad's predecessor, Bonosol. This finding is also supported by the UDAPE data which show only 2.6 per cent being spent on agricultural inputs (Chumacero Viscarra, Escobar Loza and Mendizabal 2013). Respondents in most of the 13 households commented that fertiliser investment is unattractive because earlier experiments led to short-term increases in productivity followed by exhaustion of the soil and the spoiling of the taste of potatoes. Meanwhile, Renta Dignidad recipients are unlikely to invest much in livestock because, as mentioned earlier, the physical impacts of later life make it increasingly hard to look after animals. Regarding multiplier effects, it is clear that the Renta Dignidad has benefited urban-based and travelling traders in small urban towns by providing them with a steady flow of income. At the same time, the multiplier effects do not accrue within rural villages themselves, because all the recipients spend the majority of money almost entirely on products purchased in towns, most of which are not produced locally (*e.g.* pasta, rice, *etc.*), while local and regional products are more commonly obtained through self-production and barter. In sum, the impacts of the Renta Dignidad on productive activities are relatively limited.

## **Health**

In general, older people are more exposed to ill-health than other age groups (Lloyd-Sherlock 2006), and this can have major effects on other areas of wellbeing. In the two rural communities focused on in this study, health problems play a major role in contributing to wellbeing failures among older people. In Bolivia, the vulnerability of older people to health problems and disabilities is demonstrated by a significant quantity of data collected in the survey by UDAPE that shows both are more likely among older age segments (Chumacero Viscarra, Escobar Loza and Mendizabal 2013).

Older people suffer massively from muscular problems (reported by virtually all respondents), eye problems (Juana, Fortuna, Valentina, Saturnina), skin irritations (Lucia, Juana) and foot pain (Lucia, Valentina). These problems are strongly related to manual work, revealing the extreme differences between the dilemmas of older people living in rural Bolivia, and those in

more affluent societies, where sedentary living patterns are increasingly seen as problematic, and where physical activity is assumed to have positive impacts on health care in later life (Landi *et al.* 2007; Steptoe, Deaton and Stone 2015; Steptoe, Demakokos and de Oliveira 2012). Francesca, Fausto, Fortuna, Lucia and Saturnina all blamed their current health problems and physical weakness on having worked excessively when they were younger, a view which is supported by broader evidence across Latin America which shows how childhood social and health conditions influence frailty in later life (Alvarado *et al.* 2008). In addition, the practice of cooking with fuelwood and manure (the most common method of cooking amongst all respondents) also causes health problems (World Health Organization 2014). While most *comunarios* combine gas with fuelwood and animal excrement to cook, older people generally prefer the latter, because the fuel is freely available, heats up the kitchen and the food cooked with them is said to be tastier than if it were cooked with gas. Both Juana and Marta stated that they avoided using gas altogether due to a lack of familiarity with it and a fear that the canister might explode. In sum, many key aspects of older people's lives in rural areas make them vulnerable to health problems.

To treat themselves for minor maladies, *comunarios* employ a mixture of homemade remedies, palliative *naturista* ('non-pharmaceutical') products purchased in the intermediate city and, in some cases, pain killers and eye drops acquired from doctors and local health clinics located 20 and 45 minutes' walk from the villages, respectively. All of the older people in the two communities are registered for free health insurance that is provided by the government for older people, but they generally do not use it due to lack of time (cited by Marta, Juana and Ilda) to go to the clinics. Meanwhile, those with more significant physical impairments (Roberta, Pedro, Fortuna and Saturnina) were unable to reach the clinics, and felt it was not worth having their carers take them there. Many also expressed scepticism over the effectiveness of the treatment provided, with Fausto, for example, telling how he had once been prescribed ineffective eye drops, and Gabriela saying that the medicines from the clinic had made her hypersensitive to cold water. Meanwhile, in Community A many of the respondents discussed a recent case where a woman's condition had been made drastically worse following an injection, generating widespread distrust in the clinic. Moreover, all of the older women except for Lara, Rufina and Mariela lacked confidence in Spanish and in engaging with state bureaucracies more broadly. As a result of these factors, there was a widespread view that the treatment provided by the clinics was inaccessible and inadequate.

In this context, the contribution of the Renta Dignidad is providing money which often gets spent on the previously mentioned non-pharmaceutical health products bought in town centres. In particular, Valentina and



Francesca both reported spending a large proportion of their Renta Dignidad money on these products on a regular basis. These products serve a palliative purpose at best, and both Valentina and Francesca acknowledged that their impacts are often only temporary in nature. For more comprehensive health solutions, Francesca, Valentina, Juana and Felipa had turned to Evangelism, which they perceived to have cured them of apparently incurable maladies. This interpretation of health problems as potentially having spiritual causes and solutions is rooted in Aymara culture, where medicine and spirituality have historically been linked (Spedding 1994: 167).

In sum, the potential for injections of cash to make significant contributions to people's health is heavily constrained by the fact that many of the health problems suffered by older people are deeply embedded in their livelihoods and life experiences, and the inadequacy of local health services. These problems are not exclusive to Bolivia, but rather are indicative of a wider global challenge to health systems which are poorly prepared to respond to the needs of people in later life due to a combination of misplaced priorities and a lack of investment in outreach programmes (Prince *et al.* 2015). The effectiveness of social protection for improving health depends heavily on the availability of services, which as we have seen are poor in the communities of this study, leaving older people dependent on spiritual and palliative remedies.

### **Social relationships**

Wellbeing is strongly linked to people's quality of social relationships (Camfield, Choudhury and Devine 2009; White 2010), and this has often been found to be particularly the case for people in later life (Black and Dobbs 2014; Heehan 2010; Litwin and Shiovitz-Ezra 2006). Evidence of non-contributory pensions suggests that they can influence social relationships in particular ways. Neves *et al.* (2009) find instances where people use non-contributory pensions to make expenditure on events such as weddings, which allows them to maintain moral claims *vis-à-vis* their friends and family. These 'investments' can be understood both as acts motivated by feelings of love and responsibility whilst also having an instrumental value in terms of strengthening kinship networks (Barrientos and Lloyd-Sherlock 2002; Du Toit and Neves 2009; Sagner and Mtati 1999). In Zambia, pension recipients comment on the fact that other people in the community have begun to call them 'bosses' as a mark of respect (Kidd 2010). Similarly, Leisering and Barrientos (2013) emphasise the positive contributions that non-contributory pensions can make to older persons' autonomy and the respect other people give them. The Bonosol has been

shown to have strengthened intergenerational links and informal support networks in La Paz (Skinner 2007).

The flipside to this, however, is that, as mentioned earlier, pension recipients may be pressurised into giving or lending money to other family members, in what is known as ‘coercive pooling’, which as we have seen has been found in some cases in South Africa (Burman 1996; Sagner and Mtati 1999), and in urban Bolivia (Skinner 2007). The existence of coercive pooling draws attention to the reality, revealed by Lloyd-Sherlock and Locke (2008), that while older persons’ relationships with family members can be sources of support and pride, they can also generate disappointment and resentment, and convert into sources of wellbeing failure. Feminist literature in particular raises questions about the nature of relationships between spouses, which are often characterised by asymmetries of power which then manifest in forms of violence directed against women (Chant 1998, 2002; Kabeer and Joeques 1991). While asymmetries of power within families are acknowledged in the literature on older people, references to abuse or maltreatment of older people focus almost exclusively on the role of younger people as perpetrators of abuse, neglect or disappointment (*e.g.* Barrientos, Gorman and Heslop 2003; Castro Mantilla 2011; Gorman and Heslop 2002; James 1992; Lloyd-Sherlock and Locke 2008; Oddone 2001; Salazar de la Torre 2011), missing the possibility that other older people could also be perpetrators of abuse.

Adjusting to later life is a challenge for older people, who have to adapt to the impacts it has not only on their own body but also on their spouses, who may experience it at a different rate or intensity, generating bitter quarrels amongst many of the older spouses in the study (Valentina and Juan, Fausto and Fortuna, Francesca and Álvaro, Lucia and Emilio, Rufina and Octavio). This reveals how people’s bad health in later life can have negative impacts on their relations with family members who become frustrated with them, as has been found in other contexts (Mudege and Ezeh 2009; Schatz 2007). The following statement by Francesca is typical:

For me life is really quite difficult. Sometimes I don’t know why my husband doesn’t understand me. Since he’s arrived he’s been scolding me. Sometimes I’m just crying. This morning he scolded me, yesterday, the day before.

Physical violence and bad behaviour is frequently associated with drinking alcohol, which is a central aspect of peasant culture. Although the ethnographic data collected in this study support assertions that domestic violence is mainly a feature of young marriages and tends to reduce as people get older (Spedding 1994), any transition is uneven and it should not be assumed that domestic violence ends just because people reach 60 years of age. In one incident in Community A, when a drunk man in his late

fifties hit his wife during a fiesta, it was treated as an embarrassment, but he was not vilified. During the same fiesta, Valentina told us that she stays away from Juan when he drinks, because 'he can be harsh'. Even when physical violence has ceased altogether, there may still be an uncomfortable legacy of it in older persons' households, which in some cases women talked about explicitly to us. Juana, Lucia, Valentina and Fortuna, for example, complained openly about the violence they used to suffer at the hands of their husbands. Some spouses respond negatively to the physical debilitation of their spouses as they become more frail, for example in the case of Fortuna, who told us that Fausto often insulted her on the basis of her blindness. Although this goes both ways (*i.e.* women scold men as well), overall the testimonies for women were far worse, with Fortuna and Francesca occasionally expressing a desire to die to end the suffering of their physical debilitation and the harshness of their husbands. One does not have to take these statements literally to appreciate the severe emotional pain these women were undergoing.

In addition to curing themselves physically, both Valentina and Francesca suggested that conversion to Evangelism was potentially one way of making their husbands quit alcohol consumption, which unlike in the Catholic church or 'traditional' peasant culture, is prohibited in Evangelism. Evangelical Christianity has often been identified as a female-led effort to instigate a transition away from cultural practices that are associated with male drinking and domestic violence (Brusco 1993; Drogus 1998; Gill 1990; Lazar 2008). The link between spirituality and the prohibition of behaviour that is not desirable for women is noticeable in the following statement by Francesca, commenting on the efforts of Valentina to convince her husband to convert, and in response to finding out that her own husband had been involved in a drunken fight:

She has been trying really hard to get her husband to enter into the church but she hasn't been successful. Sometimes it's hard to get our husbands to enter but we have to try. They're always playing with the devil. That's why these sorts of fights happen.

The Evangelical challenge to traditional structures and practices creates tensions within households, because many men resist conversion, often stating how much they look forward to fiestas as an opportunity to drink beer, and they complain about the rise of Evangelism in the community and its opposition to traditional customs.

In contrast to inter-spousal conflicts, intergenerational disputes and issues relating to the abandonment, exploitation or neglect by younger generations which have been strongly emphasised in the literature (Castro Mantilla 2011; Salazar de la Torre 2011) are not as significant. Those disputes that do occur between generations are of a different nature, with

both Marta and Valentina commenting that they had had major arguments with their children who were attempting to force them to stop working, *e.g.* by buying them expensive clothing and inviting them to live in the city. Meanwhile, both Juana and Saturnina had fraught relationships with their (female) carers who struggled to deal with the debilitating impacts of later life, leading to quarrels and backbiting.

The other kinds of conflicts that occur are intra-family disputes over land, some of which are decades-long. These are generally played out between siblings and cousins, rather than between children and their parents, but can be intractable and contribute significantly to wellbeing failures. Lucía, in particular, had suffered throughout her life because her brother had seized land she thought should have been hers, to the extent that they had not spoken until recently. Similarly, Rufina, who, had given up her baby to be looked after by her sister, told us that the sister had then proceeded to take her land (unfairly in Rufina's view) as some form of compensation for looking after the child. However, the most severe land dispute during the fieldwork period was between Mariela and Raul and Mariela's nieces, who were now living outside the community and accused her of seizing land that was theirs. The dispute, which had roots going back to the 1970s, flared up during a land-titling programme in Community B. Mariela had a reputation among *comunarios* of acting aggressively in protecting her interests and was regarded with suspicion by many. The accusation against her was that she had expanded her house over land owned by her now-deceased brother, thereby depriving her nieces who had been living in different communities for some time. The dispute quickly descended into a war of insults traded by both sides, many of them deemed excessively personal and vulgar by other *comunarios*. For example, Mariela argued that it was in fact her own father and not the nieces' father who had brought them up, and that therefore she had a more legitimate claim to the lands. A community meeting called to resolve the issue lasted all day but did not resolve the issue, although Mariela was fined for insulting the *sindicato* leaders, and both parties were obliged to sign an agreement to cease trading insults or be whipped. The affair was highly polarised, leaving Mariela feeling that some key family members had failed to support her.

Given the severity of many older people's wellbeing failures due to problematic relationships with their spouses and family relatives, the potential of the Renta Dignidad to mitigate them significantly is limited. On the one hand, older women in relatively better-off households, such as Valentina and Francesca, have more financial autonomy than those in poorer ones, such as Lucia, allowing them to offer gifts and loans to their children and grandchildren without requiring permission from their husbands.

However, it is also clear that such tensions cannot be reduced to a lack of income and do not have a straightforward cash-based solution. The legacy of abusive relationships, unequal access to education and off-farm opportunities, combined with the effects of later life on health and physical strength, mean that women generally seem to be more likely to suffer from wellbeing failures than men. In particular, older people's wellbeing is often affected by the conflictive side of their relationships with their spouses or other family members residing with them. Because wellbeing failures are usually generated by long-standing historical inequalities and ingrained behaviour patterns, as well as the difficulties older people have in agreeing with their relatives about the ways in which wellbeing should be achieved, the potential for the *Renta Dignidad* to contribute significantly to overcoming them is limited. The types of behavioural changes required to prevent these practices cannot be brought about by pensions, but rather through a substantial cultural change through improved education, greater awareness of alternative values and the enforcement of national laws against domestic violence.

## **Conclusion**

The evidence suggests that the *Renta Dignidad* feeds into and bolsters older people's efforts to achieve wellbeing. By providing people with a regular income and livelihood security in later life, it therefore justifies its name 'Dignidad' (Dignity). At the same time, many of the other claims often made for non-contributory pensions, such as contributions to productive investment, health and relational wellbeing, are not borne out significantly by the ethnographic data, suggesting the need for a balanced appraisal of the potential impacts of such programmes. The benefits and limitations of the *Renta Dignidad* are best summed up by the two most common refrains of the beneficiaries: 'it really saves us', on the one hand, but 'it doesn't cover everything', on the other.

The need to temper some of the claims made for non-contributory pensions in the literature is particularly prescient given that many of the claims for pensions' contributions to subjective areas of wellbeing (*e.g.* people's autonomy, social relationships, feelings of dignity, citizenship) are highly subjective, difficult to measure, and likely to vary significantly across different households and societal contexts. In sum, there is a need for realism regarding the types of impacts non-contributory pensions are likely to have, and where their limits are. If this is not done, there is a danger of non-contributory pensions being overhyped, and therefore coming at the expense of other policy areas which are crucial for older persons' wellbeing.

The most glaring limitation of non-contributory pensions is in regards to health, which as we have seen is one of the most significant factors in the wellbeing of older people. Indeed, the capacity of pensions to improve health outcomes for older people is itself heavily contingent on health education, screening, and service provision and quality (Lloyd-Sherlock *et al.* 2012*b*). Countries even more developed than Bolivia, with greater state capacity, run the risk of focusing excessively on cash transfers at the expense of other interventions. Lloyd-Sherlock and Agrawal, for instance, conclude that the South African government 'is good at giving older people money, but is not good at keeping them alive or in good health' (2014: 1583). Similarly, Matijasic and Kay (2014) argue that Brazil has placed an excessive focus on cash transfers for older people, with opinion polls showing high levels of public dissatisfaction with health care and education. Between 1984 and 2004, the World Bank produced 200 loans and 350 papers on pension policy but nothing regarding any other projects relating to older people (Bretton Woods Project 2006, cited in Lloyd-Sherlock *et al.* 2012*b*). Unsurprisingly, other areas crucial for the health of older people, such as long-term care, have been systematically neglected by researchers and policy makers (Lloyd-Sherlock and Agrawal 2014).

In short, whereas older persons' wellbeing is complex and multi-dimensional, the policy response to it to date has not been, and there is a need for a far more integrated approach. As Lloyd-Sherlock *et al.* point out, the enthusiastic promotion of cash transfers is premised on 'an implicit view that cash income delivered through an old-age pension programme is the be-all and end-all of meeting the needs of older people in developing countries' (2012*b*: 54). In reality, the relationship between cash and wellbeing is far less straightforward than this (Lloyd-Sherlock, Saboia and Ramírez-Rodríguez 2012). Non-contributory pensions have an important role to play, therefore, but need to be accompanied by a broader range of well-implemented interventions to address aspects of older people's wellbeing.

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## NOTE

- 1 A recent guide to nutrition among older people by the Ministry of Health is devoid of any national-level statistics (Ministerio de Salud 2014).

## References

- Alvarado, B. E., Zunzunegui, M. V., Béland, F. and Bamvita, J. M. 2008. Life course social and health conditions linked to frailty in Latin American older men and women. *Journal of Gerontology*, **63a**, 12, 1399–1406.
- Aponte, G., Jemio, L. C., Laserna, R., Martínez, S. W., Molina, F., Schulze, E. and Skinner, E. 2007. *La Inversión Prudente: Impacto del Bonosol Sobre la Familia, la Equidad social y el Crecimiento Económico* [The Prudent Investment: Impact of the Bonosol on the Family, on Social Equity and Economic Growth]. Fundación Milenio, La Paz.
- Barrientos, A. 2005. *Non-contributory Pensions and Poverty Reduction in Brazil and South Africa*. Department for International Development, Institute for Development Policy and Management, University of Manchester. Available online at <http://www.sed.manchester.ac.uk/research/events/conferences/documents/Social%20Protection%20Papers/Barrientos2.pdf> [Accessed 17 September 2014].
- Barrientos, A. 2013. *Inequality, Poverty and Antipoverty Transfers*. Research Paper, High Level Panel on the Post-2015 Development Agenda. Available online at [http://www.post2015hlp.org/wp-content/uploads/2013/05/Barrientos\\_Inequality-Poverty-and-Antipoverty-Transfers.pdf](http://www.post2015hlp.org/wp-content/uploads/2013/05/Barrientos_Inequality-Poverty-and-Antipoverty-Transfers.pdf) [Accessed 15 November 2015].
- Barrientos, A. and Lloyd-Sherlock, P. 2002. Older and poorer? Ageing and poverty in the South. *Journal of International Development*, **14**, 8, 1129–31.
- Barrientos, A. and Sabates-Wheeler, R. 2009. *Do Transfers Generate Local Economy Effects?* Brooks World Poverty Institute Working Paper 106. Available online at [http://www.bwpi.manchester.ac.uk/medialibrary/publications/working\\_papers/bwpi-wp-10609.pdf](http://www.bwpi.manchester.ac.uk/medialibrary/publications/working_papers/bwpi-wp-10609.pdf) [Accessed 17 November 2015].
- Barrientos, A., Gorman, M. and Heslop, A. 2003. Later life poverty in developing countries: contributions and dependence in later life. *World Development*, **3**, 3, 555–70.
- Black, K. and Dobbs, D. 2014. Community-dwelling older adults' perceptions of dignity: core meanings, challenges, supports and opportunities. *Ageing & Society*, **34**, 8, 1292–313.
- Brusco, E. 1993. The reformation of machismo: asceticism and masculinity among Colombian Evangelicals. In Garrard Burnett, V. and Stoll, D. (eds), *Protestantism in Latin America*. Temple University Press, Philadelphia, 143–58.
- Bukuluki, P. and Watson, C. 2012. Transforming cash transfers: beneficiary and community perspectives on Senior Citizen Grant (SCG) in Uganda. Working Paper, Overseas Development Institute, London.
- Burman, S. 1996. Intergenerational family care: legacy of the past, implications for the future. *Journal of Southern African Studies*, **22**, 4, 585–98.

- Camfield, L., Choudhury, K. and Devine, J. 2009. Wellbeing, happiness, and why relationships matter: evidence from Bangladesh. *Journal of Happiness Studies*, **10**, 1, 71–91.
- Case, A. 2001. Does money protect health status? Evidence from South African pensions. NBER Working Paper 8495, National Bureau of Economic Research, Cambridge.
- Castro Mantilla, M. D. 2011. Heterogeneidad, desigualdad y derechos en salud de las personas adultas mayores. In Salazar de la Torre, C., Castro Mantilla, M. D. and Medinacelli Monrroy, M. (eds) *Personas Adultas mayores: Desiguales y Diversas: Políticas Públicas y Envejecimiento en Bolivia* [Older People: Unequal and Diverse: Public Policies and Ageing in Bolivia]. Cuaderno de Futuro 29, HelpAge-PNUD, La Paz.
- Chant, S. 1998. Households, gender and rural–urban migration: reflections on linkages and considerations for policy. *Environment and Urbanization*, **10**, 1, 5–21.
- Chant, S. 2002. Researching gender, families and households in Latin America: from the 20th into the 21st century. *Bulletin of Latin American Research*, **21**, 4, 545–75.
- Chida, Y. and Steptoe, A. 2008. Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic Medicine*, **70**, 7, 741–56.
- Chumacero Viscarra, M., Escobar Loza, F. and Mendizabal, J. M. 2013. *Documento Descriptivo de Resultados de la Encuesta de Hogares con Personas Adultas Mayores y Cercanas a la Edad de 60 Años – EPAM 2011* [Descriptive Document of the Results of the Survey of Households with Older People and People Close to the Age of 60 Years – EPAM 2011], Unidad de Análisis de Políticas Sociales y Económicas (UDAPE), HelpAge and UN Population Fund, La Paz.
- Davies, S. and Davey, J. 2008. A regional multiplier approach to estimating the impact of cash transfers on the market: the case of cash transfers in rural Malawi. *Development Policy Review*, **26**, 1, 91–111.
- De Haan, A. 2014. The rise of social protection in development: progress, pitfalls and politics. *European Journal of Development Research*, **26**, 3, 311–21.
- Delgado, G. and Cardoso Jr, J. 2005. Ageing and rural social security: the recent experience of Brazilian universalization. In Camarano, A. (ed.), *Sixty Plus: The Elderly Brazilians and Their New Social Roles*. Instituto de Pesquisa Economica Aplicada, Rio de Janeiro, 291–316.
- Deneulin, S. and McGregor, J. A. 2010. The capability approach and the politics of a social conception of wellbeing. *European Journal of Social Theory*, **13**, 4, 501–19.
- Department for International Development 2011. *Cash Transfers Literature Review*. Department for International Development Policy Division. Available online at <http://www.cashlearning.org/downloads/cash-transfers-literature-review.pdf> [Accessed 16 August 2015].
- Devereux, S. 2001. *Social Pensions in Namibia and South Africa*. IDS Discussion Paper 379, Institute of Development Studies, Brighton, UK. Available online at <https://www.ids.ac.uk/files/dp379.pdf> [Accessed 25 November 2015].
- Devereux, S. and McGregor, A. 2014. Transforming social protection: human well-being and social justice. *European Journal of Development Research*, **26**, 3, 296–310.
- Devereux, S., Roelen, K. and Ulrichs, M. 2015. *Where Next for Social Protection?* Evidence Report 124, Institute of Development Studies. Available online at <http://www.ids.ac.uk/publication/where-next-for-social-protection> [Accessed 16 July 2015].
- Drogus, C. A. 1998. Private power and public power: pentecostalism, base communities, and gender. In Cleary, E. L. and Stewart-Gambino, H. W. (eds), *Power, Politics and Pentecostals in Latin America*. Westview Press, Boulder, Colorado, 55–75.



- Du Toit, A. and Neves, D. 2009. *Trading on a Grant: Integrating Formal and Informal Social Protection in Post-Apartheid Migrant Networks*. Brooks World Poverty Institute, University of Manchester. Available online at [http://www.bwpi.manchester.ac.uk/medialibrary/publications/working\\_papers/bwpi-wp-7509.pdf](http://www.bwpi.manchester.ac.uk/medialibrary/publications/working_papers/bwpi-wp-7509.pdf) [Accessed 17 August 2015].
- Fehring, R. J., Miller, J. F. and Shaw, C. 1997. Spiritual well-being, religiosity, hope, depression, and other mood states in elderly people coping with cancer. *Oncology Nursing Forum*, **24**, 4, 663–71.
- Gasparini, L., Alejo, J., Haimovich, F., Olivieri, S. and Tornarolli, L. 2007. *Poverty Among the Elderly in Latin America and the Caribbean*. Background paper for the World Economic and Social Survey, 2007: The World Ageing Situation. United Nations, New York. Available online at <http://www.un.org/esa/policy/wess/wess2007files/backgroundpapers/lac.pdf> [Accessed 2 April 2017].
- Gill, L. 1990. 'Like a veil to cover them': women and the Pentecostal movement in La Paz. *American Ethnologist*, **17**, 4, 708–21.
- Gorman, M. 1995. Older people and development: the last minority? *Development in Practice*, **5**, 2, 117–27.
- Gorman, M. 1999. Development and the rights of older people. In HelpAge International, *The Ageing and Development Report*. Earthscan, London.
- Gorman, M. and Heslop, A. 2002. Poverty, policy, reciprocity and older people in the South. *Journal of International Development*, **14**, 8, 1143–151.
- Gough, I. and McGregor, J. A. (eds) 2007. *Wellbeing in Developing Countries: From Theory to Research*. Cambridge University Press, Cambridge.
- Grosh, M., Del Ninno, C., Tesliuc, E. and Ouerghi, A. 2008. *For Protection and Promotion: The Design and Implementation of Effective Safety Nets*. World Bank, Washington DC.
- Heehan, D. 2010. Social capital and older people in farming communities. *Journal of Aging Studies*, **24**, 1, 40–6.
- HelpAge International 2013. *Pension Watch: Social Protection in Older Age*. Available online at <http://www.pension-watch.net/> [Accessed 15 May 2014].
- HelpAge International 2014. *Why Social Pensions*. Available online at <http://www.pension-watch.net/about-social-pensions/about-social-pensions/why-social-pensions/> [Accessed 15 April 2014].
- Humboldt, S. V., Leal, I. and Pimenta, F. 2015. Sense of coherence, sociodemographic, lifestyle, and health-related factors in older adults' subjective well-being. *International Journal of Gerontology*, **9**, 1, 15–19.
- Ibrahim, F. 2013. *Uganda's Old-age Pension: Who Benefits?* Development Pathways (UK). Available online at <http://www.developmentpathways.co.uk/resource-centre/blog/post/104-the-oldage-pension-who-benefits> [Accessed 15 August 2015].
- Inglehart, R. F. 2010. Faith and freedom: traditional and modern ways to happiness. In Diener, E., Helliwell, J. F. and Kahneman, D. N. (eds), *International Differences in Well-Being*. Oxford University Press, Oxford, 351–97.
- James, M. P. 1992. *The Elderly as Victims of Crime, Abuse and Neglect*. Australian Institute of Criminology. Available online at <http://www.aic.gov.au/publications/current%20series/tandi/21-40/tandi37.html> [Accessed 15 November 2015].
- Kabeer, N. and Joeques, S. 1991. Editorial – researching the household: methodological and empirical issues. *IDS Bulletin*, **22**, 1, 1–4.
- Khondker, B. H. 2014. *Economic Impacts of a Universal Pension in Bangladesh*. Development Pathways' Perspectives 17. Available online at <http://www.developmentpathways.co.uk/resources/economic-impacts-universal-pension-bangladesh-pathways-perspective-17/> [Accessed 16 August 2015].

- Kidd, S. D. 2010. Cash in care: an examination of a Social Cash Transfer Scheme for the elderly in rural eastern Zambia. Unpublished dissertation, University of Cambridge, Cambridge.
- Landi, F., Onder, G., Carpenter, I., Cesari, M., Soldato, M. and Bernabei, R. 2007. Physical activity prevented functional decline among frail community-living elderly subjects in an international observational study. *Journal of Clinical Epidemiology*, **60**, 5, 518–24.
- Lazar, S. 2008. *El Alto, Rebel City: Self and Citizenship in Andean Bolivia*. Duke University Press, Durham, North Carolina.
- Leisering, L. and Barrientos, A. 2013. Social citizenship for the global poor? The worldwide spread of social assistance. *International Journal of Social Welfare*, **22**, 1, 50–67.
- Litwin, H. and Shiovitz-Ezra, S. 2006. The association between activity and wellbeing in later life: what really matters? *Ageing & Society*, **26**, 2, 225–42.
- Lloyd-Sherlock, P. 2000. Later life and poverty in developing countries: new policy challenges. *World Development*, **28**, 12, 2157–68.
- Lloyd-Sherlock, P. 2006. Simple transfers, complex outcomes: the impacts of pensions on poor households in Brazil. *Development and Change*, **37**, 5, 969–95.
- Lloyd-Sherlock, P. and Agrawal, S. 2014. Pensions and the health of older people in South Africa: is there an effect? *Journal of Development Studies*, **50**, 11, 1570–86.
- Lloyd-Sherlock, P., Barrientos, A., Møller, V. and Saboia, J. 2012a. Pensions, poverty and wellbeing in later life: Comparative research from South Africa and Brazil. *Journal of Aging Studies*, **26**, 3, 243–52.
- Lloyd-Sherlock, P. and Locke, C. 2008. Vulnerable relations: lifecourse, wellbeing and social exclusion in a neighbourhood of Buenos Aires, Argentina. *Ageing & Society*, **28**, 6, 779–803.
- Lloyd-Sherlock, P., Minicuci, N., Beard, J., Chatterji, S. 2012b. Social protection and preventing illness in developing countries: Establishing the health effects of pensions and health insurance. *International Social Security Review*, **65**, 4, 51–8.
- Lloyd-Sherlock, P., Saboia, J. and Ramírez-Rodríguez, B. 2012. Cash transfers and the well-being of older people in Brazil. *Development and Change*, **43**, 5, 1049–72.
- Martinez, S. 2004. *Pensions, Poverty, and Household Investments in Bolivia*. Berkeley. [http://eml.berkeley.edu/~webfac/bardhan/e271\\_fo4/martinez.pdf](http://eml.berkeley.edu/~webfac/bardhan/e271_fo4/martinez.pdf) [Accessed 7 September 2014].
- Matijascic, M. and Kay, S. J. 2014. The Brazilian pension model: the pending agenda. *International Social Security Review*, **67**, 1, 71–93.
- McGregor, A. and Sumner, A. 2010. Beyond business as usual: what might 3-d wellbeing contribute to MDG momentum? *IDS Bulletin*, **41**, 1, 104–12.
- McGregor, J. A. 2006. *Researching Wellbeing: From Concepts to Methodology*, ESRC Research on Wellbeing in Developing Countries. Working Paper 20. Available online at <http://www.welldev.org.uk/research/workingpaperpdf/wed20.pdf> [Accessed 12 September 2014].
- Ministerio de Salud 2014. *Guía alimentaria para el adulto mayor, La Paz*. Available online at [https://www.minsalud.gob.bo/images/Libros/DGPS/PDS/p346\\_g\\_dgps\\_uan\\_guia\\_alimentaria\\_para\\_el\\_adulto\\_mayor\\_1.pdf](https://www.minsalud.gob.bo/images/Libros/DGPS/PDS/p346_g_dgps_uan_guia_alimentaria_para_el_adulto_mayor_1.pdf).
- Møller, V. 2011. *Perceptions of Fortune and Misfortune in Older South African Households: Social Pensions and the 'Good Life'*. Research Report 16, Institute of Social and Economic Research, Rhodes University. Available online at <http://www.sed.manchester.ac.uk/research/ageingandwellbeing/documents/ISERResearchReport16Braza2.pdf> [Accessed 15 September 2014].

- Møller, V. and Ferreira, M. 2003. *Non-contributory Pensions and Poverty Study*. South African Survey Report. <http://www.sed.manchester.ac.uk/research/ageingand-wellbeing/ncpps/report.htm> [Accessed 10 September 2014].
- Mudege, N.N. and Ezeh, A.C. 2009. Gender, aging, poverty and health: survival strategies of older men and women in Nairobi slums. *Journal of Aging Studies*, **23**, 4, 245–57.
- Neves, D., Samsom, M., van Niekerk, I., Hlathswayo, S. and du Toit, A. 2009. *The Use and Effectiveness of Social Grants in South Africa*. Institute for Poverty, Land and Agrarian Studies (PLAAS), Economic Policy Research Institute, Cape Town. Available online at <http://www.finmark.org.za/blog/publication/the-use-and-effectiveness-of-social-grants-in-south-africa-case-studies/> [Accessed 16 September 2014].
- Oddone, M.J. 2001. *Actitudes, percepciones y expectativas de las personas de mayor edad* [Attitudes, Perceptions and Expectations of People in Older Age]. Working Document 2, Buenos Aires. Available online at <http://www.168.83.61.132/posgrados/cursos/ig/pdf/TomoI/pdf> [Accessed 15 September 2014].
- Pagina Siete 2016. *En Bolivia hay 90,000 casos de diabetes, en 5 años se duplicarán*. Available online at <http://www.paginasiete.bo/sociedad/2016/4/7/bolivia-90000-casos-diabetes-anos-duplicaran-92381.html> [Accessed 11 February 2017].
- Prince, M.J., Wu, F., Guo, Y., Gutierrez Robledo, L.M., O'Donnell, M., Sullivan, R. and Yusuf, S. 2015. The burden of disease in older people and implications for health policy and practice. *The Lancet*, **385**, 9967, 549–62.
- Sagner, A. and Mtati, R.Z. 1999. Politics of pensions sharing in urban South Africa. *Ageing & Society*, **19**, 4, 393–416.
- Salazar de la Torre, C. 2011. Vejez, envejecimiento y desigualdad en Bolivia. In Salazar de la Torre, C., Castro Mantilla, M.D. and Medinacelli Monroy, M. (eds), *Personas adultas mayores: Desiguales y diversas: políticas públicas y envejecimiento en Bolivia* [Older People: Unequal and Diverse: Public Policies and Ageing in Bolivia]. Cuaderno de Futuro 29, HelpAge-PNUD [UNDP], La Paz, 17–47.
- Schatz, E. 2007. 'Taking care of my own blood': older women's relationships to their households in rural South Africa. *Scandinavian Journal of Public Health*, **35**, 69, 147–54.
- Schatz, E., Gómez-Olivé, X., Ralston, M., Menken, J. and Tollman, S. 2012. The impact of pensions on health and wellbeing in rural South Africa: does gender matter? *Social Science & Medicine*, **75**, 10, 1864–73.
- Schröder-Butterfill, E. 2004. Inter-generational family support provided by older people in Indonesia. *Ageing & Society*, **24**, 4, 497–530.
- Schröder-Butterfill, E. and Marianti, R. 2006. A framework for understanding old-age vulnerabilities. *Ageing & Society*, **26**, 1, 9–35.
- Schwartz, H. and Querino, A. 2002. Non-contributory pensions in Brazil: the impact on poverty reduction. ESS Paper 11, International Labour Organization Social Security Policy and Development Branch, Geneva.
- Sinembargo 2015. *Bolivia combatirá desnutrición de adultos mayores*. Available online at <http://www.sinembargo.mx/21-07-2015/1422743> [Accessed 15 July 2015].
- Skinner, E. 2006. Livelihood strategies in later life: older people and poverty in Bolivia. Unpublished PhD thesis, University College London.
- Skinner, E. 2007. Proteger y mejorar los medios de subsistencia de los adultos mayores: el rol del Bonosol en La Paz' [Protecting and improving the means of subsistence of the older people: the role of Bonosol in La Paz]. In Aponte, G., Jemio, L.C., Laserna, R., Martínez, S.W., Molina, F., Schulze, E. and Skinner, E. (eds), *La inversión prudente: Impacto del bonosol sobre la familia, la equidad social y el*

- crecimiento económico* [The Prudent Investment: Impact of Bonosol Regarding the Family, Social Equity and Economic Growth]. Fundación Milenio, La Paz.
- Spedding, A. 1994. *Wachu Wachu: Cultivo de coca e identidad en los Yunkas de La Paz* [Wachu Wachu: Cultivation of Coca and Identity in the Yunkas of La Paz]. hisbol-Cocayapu-Cipca, La Paz.
- Spedding, A. and Llanos, D. 1999. *No hay ley para la cosecha: un estudio comparativo del Sistema productivo en Chari (provincia Bautista Saavedra) y Chulumani (Provincia Sud Yungas)* [There is No Law for the Harvest: A Comparative Study of the Productive System in Chari (Bautista Saavedra Province) and Chulumani (South Yungas Province)]. PIEB/SINERGIA, La Paz.
- Staunton, S. 2011. Hard cash in hard time: a social accounting matrix multiplier analysis of cash transfers and food aid in rural Zimbabwe. Paper presented at the Social Protection for Social Justice Conference, 13–15 April, Centre for Social Protection at the Institute of Development Studies, London.
- Step toe, A., Deaton, A. and Stone, A. A. 2015. Subjective wellbeing, health, and ageing. *The Lancet*, 385, 9968, 640–8.
- Step toe, A., Demakokos, P. and de Oliveira, C. 2012. The psychological well-being, health and functioning of older people in England. In Banks, J., Nazroo, J. and Step toe, A. (eds), *The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002–10*. Available online at <http://www.ucl.ac.uk/news/pdf/elsa5final.pdf> [Accessed 15 July 2015].
- Varley, A. and Blasco, M. 2003. Older women's living arrangements and family relationships in urban Mexico. *Women's Studies International Forum*, 26, 6, 525–39.
- White, S. C. 2010. Analysing wellbeing: a framework for development practice. *Development in Practice*, 20, 2, 158–72.
- Wood, G. 2006. *Using Security to Indicate Wellbeing*. WeD Research Paper 22, ESRC Research Group on Wellbeing in Developing Countries. Available online at <http://www.welldev.org.uk/research/workingpaperpdf/wed22.pdf> [Accessed 15 October 2014].
- World Health Organization 2014. *WHO Guidelines for Indoor Air Quality: Household Fuel Combustion*. Available online at [http://www.who.int/indoorair/guidelines/hhfc/HHFC\\_guidelines.pdf](http://www.who.int/indoorair/guidelines/hhfc/HHFC_guidelines.pdf) [Accessed 15 August 2015].

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