

A study on the role of old age institutions in  
the care of elderly people in the context of  
hyperinflation: The case of Mucheke,  
Masvingo, Zimbabwe

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## DECLARATION

Submitted in fulfillment / partial fulfillment of the requirements for the degree of Master in Development Studies, in the Graduate Programme in Development Studies, University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters in development Studies in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Date

**ABSTRACT**

Globally, old age has been identified as one of the key causes of poverty. Governments all over the world have taken the initiative to introduce policies aimed at protecting the elderly from poverty. However in most developing countries, the plight of the elderly often falls on the informal systems of care such as the extended family. This often leaves the elderly more vulnerable to poverty as the informal systems of care are becoming increasingly unreliable. This study explored the impact which an economic crisis characterized by hyperinflation and high unemployment had on the lives of elderly persons in a suburb called Mucheke in Masvingo, Zimbabwe, focusing mainly on their social networks. Most of the literature on Zimbabwe emphasizes that often people who are institutionalized in old age homes in Zimbabwe were those people who had weaker social networks, particularly due to the fact that they were of foreign origin. These individuals did not have an extended family they could rely on in Zimbabwe, whilst at the same time their links with their families had been broken due to a prolonged stay in a foreign country. Black locals rarely sought to be institutionalized in old age homes. However with the economic crisis, many facets of the elderly people's lives were altered. These alterations included the depletion of the extended family's capacity to continue its role of providing care to the elderly as resources were limited. The government on its own had been paralyzed by the economic crisis and no longer provided care for the destitute and desperate elderly people as had been the norm. The elderly established different coping strategies to see them through the crisis. The civil society also began to play a more central role in assisting the needy as the crisis worsened.

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**List of Acronyms and definitions**

Aids	Acquired Immune Deficiency Syndrome
ESAP	Economic Structural Adjustment Programme
Govt	Government
HIV	Human Immuno Virus
mbuya	Shona language for grandmother. This term is used before the name of an elderly female person as a sign of respect
NGO	Non-governmental Organization
sekuru	Shona language for grandfather. This term is used before the name of an elderly male person as a sign of respect

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## **1 CHAPTER ONE: INTRODUCTION**

### **1.1 BACKGROUND**

At a global level, the Unilateral Declaration of Human Rights mandates every government in the world to provide social security for its citizens. In practice, however, this right has only been partially achieved. Both the colonial and the post-colonial Zimbabwean governments had a social security system in place for the citizens of this country. In colonial Zimbabwe, then Rhodesia, pensions were selective and only catered for the whites, neither the blacks nor the colored were beneficiaries. Those whites, who earned below a certain amount at their retirement, were entitled to receive a government pension which would cushion them from destitution (Nyanguru 1990, 26). The colonial government also had an institutionalization system to cater for white elderly people and this was subdivided into three schemes, depending on the needs of each group. Scheme A, provided accommodation and an overseer to cater for the elderly but was self-catering. Scheme B provided accommodation, food, laundry and care for the residents. Scheme C was for invalids and provided nursing care and assistance which included washing and dressing of the inmates (Nyanguru 1990, 28). Rhodesia stood out as having one of the highest numbers of old age institutions compared to other countries in the region. The colonial government generally believed that Africans working in towns were there only temporarily and would upon retirement, go back to their rural homes where the traditional systems of care would provide for them.

Zimbabwe became independent in 1980 and there was speculation that the new government would follow the example of the colonial government, and establish homes that would cater for all the elderly. There is a general consensus among scholars, however, that the post-colonial government only established systems to cater for the elderly who are destitute (Nyanguru 1990; Kaseke 1991). The 1988 Social Welfare Assistance Act stipulates that the government would provide assistance, financial or otherwise, to destitute people. This included the disabled and those elderly people over 60 years of age (Kaseke 1991, 38). Kaseke goes on to emphasize that elderly people who



are destitute may turn to the department of Social Welfare. The support which the government provides would be usually that of placing them in old age homes. To qualify for this form of support, however, the government conducted an income test to establish and ensure that there was no one who could care for the destitute elderly person. Should there be anyone who could care for them; the government preferred that the elderly person should stay with that individual. It is government policy that elderly people stay with someone who can care for them, such as a family member and only those who do not have strong family networks should be placed in old age institutions. For those individuals who were institutionalized, the old age institution was awarded a grant to assist in their work on condition that they did not expect the individuals to pay for their up-keep. Those old age institutions where the residents paid for their upkeep were not entitled to receive a government grant.

In 1989, further policy reform was introduced, called the National Social Security Authority Act (Ramji 1990, 50). This act established the National Social Security Authority. The social security authority caters mainly for those people who had been employed in the formal sector and provides two basic schemes, i.e. a pension scheme and a disability grant. The social security authority gets its funds from a mandatory contribution made by those people working in the formal sector. A certain amount of money is deducted from every employee's salary each month and this money is paid into their social security account to cater for them when they retire, or when they are unable to continue working due to disability (Ramji 1990).

The fundamental question raised is what happens to those people who have never been formally employed when they are too old to continue working. This question becomes of crucial importance in the context of hyperinflation. Zimbabwe at the time of the study had the highest inflation rate in the world. The hyperinflationary environment is not conducive for business and greatly reduces investment and this has seen unemployment reach a record 94 percent (AFP, January 2009). This means that the greater proportion of the population is heavily reliant on the informal economy, particularly the informal trade in different commodities. This generation of people stands vulnerable to an elderly life of

destitution as they are less likely to have a pension fund when they grow old if the current social security systems are not revised.

As a result of the structure explained above, it is clear that the Zimbabwean government does not have a policy to cater for elderly people who have never been formally employed. The government, however, has put in place a few policy provisions to cater for the elderly such as the provision of free health care for people over 60 years of age at government hospitals (Urban Report 2004).

Among many African people in Zimbabwe, the elderly were supposed to be cared for by the extended family. In the rural setting the elderly controlled certain resources which were important. A good example is that elderly people controlled land and livestock. The control they had gave them authority over the economically active members of the society and this ensured they always had someone to care for them (Rwezarura 1989, 7). The elderly's position in society therefore gave them bargaining power in the communities they lived in. The responsibility of caring for the elderly was therefore the responsibility of the extended family. Evidence of the role of the extended family in the care of the elderly is emphasized by studies on the elderly in old age homes in Zimbabwe which revealed that although there were some people of Zimbabwean origin in the old age homes around the country, the greater number of residents were those people who had been immigrant workers from other countries. They had worked in the foreign land for so long and had with time lost ties with their native country. When the time came for them to retire, they had no one to care for them and old age homes became the only alternative for them (Rwezarura 1989).

This could explain why Kaseke argued that most people in old age homes were "foreigners (who are destitute) . . . without families to fall back on" (1991, 39). The landscape under the stable post-independent Zimbabwe generally made it possible for the elderly to be catered for within the family and community network. Most households did not seek external assistance to care for their old members. There is an agreement among scholars (Charlton and Mckinnon 2001, Madzingira 1991, Rwezarura 1989) that in the

African context, there is an over reliance on an informal social security system. The government expects that once an individual is too old to care for herself or himself, the extended family has to carry over the burden of care and cater for their elderly. Not much allowance is given to the possibility of the extended family failing to cater for elderly members. There is an assumption that the younger generation will always be capable of catering for their elderly.

## 1.2 CONTEXT

The Zimbabwean context is particularly important as it can be perceived as unique. At this point I will look at those aspects of the Zimbabwean environment which need to be elaborated in order for one to clearly understand the context within which the study will be undertaken.

“If there is hyperinflation, political unrest, poor human resource development, insufficient resources to meet basic needs and ineffective communications, it is unsurprising that the social security system does not work as it should” (Bailey 1997, 7 quoted in Charlton and Mckinnon 2001). The above statement by Bailey explains well why in the Zimbabwean context the social security systems, such as pensions have failed to assist the very people who have made contributions in an effort to ensure a comfortable later life. Hyperinflation and political unrest have ensured that even those people who have been formally employed and made contributions to cushion their old age find themselves in as serious a crisis as those who had not been formally employed and do not have a pension.

To illustrate this, newspaper articles on the Zimbabwean crisis present numerous stories of elderly people who had been gainfully employed but whose condition is now piteous due to the fact that their pensions had been eroded by hyperinflation. One newspaper presented a case of a pensioner whose monthly pension had been reduced to less than Z\$0.30 (a loaf of bread then cost Z\$15 000) (*Zimbabwe Situation*, September 8, 2008).

Another newspaper report gives the case of a retired National Railways of Zimbabwe employee whose monthly pension is not enough to buy a postage stamp (*Sokwanele*, October 30, 2007).

The hyperinflationary environment has also stripped the workforce of its financial resources. A primary school teacher in October of 2008 earned a salary equivalent to US\$30 (Matenga 2008). This salary was insufficient for the teacher and her children, let alone the extended family. At the time of investigation, the government had introduced a foreign-currency based economic policy and all individuals were being paid in either the United States Dollar or the South African Rand. It was hoped that this development would reduce the pressure on the Zimbabwean dollar and thus curb inflation. The government however did not have adequate funds to pay salaries and all civil servants were getting a flat “allowance” of US\$100 per month regardless of their position at work. This amount is inadequate to cater for the basic needs of a small family for a month. This was established from the interviews that were conducted in the study.

At this point it is vital to look at the impact of hyperinflation. According to Makochekanwa, in general terms hyperinflation is “. . . a condition in which prices increase rapidly as a currency depreciates value” (2007, 2). Hyperinflation is mainly associated with instabilities such as wars, economic depressions, political and social upheavals which may, in turn, force a government to rely on the issue of new money as the principal source of tax revenue (Makochekanwa 2007, 3). Hyperinflation has eroded not only the elderly people’s capacity to take care for themselves, but also the capacity of the extended family to play its crucial role of caring for the elderly. Charlton and McKinnon, argue that “. . . Successive crisis . . . have effectively undermined community and family capacity to support the elderly despite an apparent continuing commitment to meet such traditional obligations” (2001, 171). A fundamental aspect raised here is that of the community’s ability versus the willingness of the community and the extended family to care for their elderly. One fundamental question which this study sought to answer was in what way the hyperinflationary environment has changed the attitude to support elderly relations. It aimed to establish if in the Zimbabwean context Charlton and

McKinnon's arguments are relevant and if the extended family has succumbed to the pressures of the times and neglected their role of caring for the elderly. Following this, the study also sought to establish if more elderly people turned to institutions for care than was the case prior to this era of crisis.

Zimbabwe has been experiencing one of its worst crises since its independence in so far as food security is concerned. There are a number of reasons why Zimbabwe has moved from being the bread basket of the Southern African Development Community (SADC) to one of the most food insecure countries in the region. These range from politics, droughts and the land reform program which slowed down production on farms. What is important to note is that today more than 50 percent of the people of Zimbabwe are in need of food aid. A 2003 Zimbabwe Urban Areas Food Security and Vulnerability Assessment revealed that 64.8 percent of Zimbabwe's urban population was food insecure, with a large percentage of these people surviving on less than two meals per day (Urban Report 2004). It is therefore clear that in this context, there are a number of problems other than the hyperinflation.

Today the political problems in Zimbabwe have ensured that the most basic services such as health and education for which the government is the key provider have been paralyzed. Zimbabwe has also made the headlines because of the cholera epidemic which broke out in the summer of 2008 and saw many people losing their lives. The cholera epidemic has arisen due to poor health delivery systems, and poor sanitation, especially in urban areas. The government also announced that institutions including hospitals and schools could start trading in foreign currency at the beginning of 2009. This further stretched the capacity of the Zimbabweans to care for themselves and also made other groups more vulnerable. The elderly are the worst affected as they are more susceptible to different ailments which require medical attention. Most elderly people often do not have access to foreign currency as most of them do not have a source of income.

Masvingo, which is a small town in the Southern part of Zimbabwe, falls in the Lowveld region of the country. It is a generally dry area and is suitable for livestock ranching. A

2003 food assessment study revealed that about 54 percent of urban Masvingo population was food vulnerable (Urban Report No. 1 2004). According to this report, it means that more than half of the urban population did not have access to proper food supplies and survived on two or less meals a day.

The town is the provincial capital of Masvingo province. It houses 4 percent of the country's old age institutions. It has one major government hospital, which is a provincial referral hospital. It also houses the provincial head offices of all government departments in the province, including the social welfare department. Madzingira, (1997) argues that Masvingo has the second highest percentage of very poor elderly persons in the country, i.e. 13.7 percent of its elderly are very poor. The study will be conducted in a suburb of Masvingo called Mucheke. This suburb houses medium to low income families and most of the houses were established under the home-ownership projects by the local government. Mucheke is home to an old age home called Mucheke Old People's Home. The Mucheke old people's home is where the study was conducted.

### **1.3 RESEARCH QUESTIONS**

This study will seek to answer a number of questions in relation to the case study of Mucheke.

- How has hyperinflation changed the lives of old people?
- Has there been an increase in number of elderly applying to enter the old age institutions?
- How do the elderly perceive themselves in relation to the institution in this context?
- Does institutionalization improve any domains of the elderly's quality of life?
- What are the advantages and disadvantages of the institution to the elderly in this context?
- What other coping alternatives are there for the elderly?
- What are the roles of key stakeholders in caring for the elderly in Zimbabwe?

#### **1.4 RATIONALE OF STUDY**

There are perceptions among some Africans in Zimbabwe that old age institutions are for those individuals who are destitute and do not have anyone to look after them (Hungwe 2005; Nyanguru 1990; Nyanguru 1991; Rwezaura 1989). It is implied in the literature that those people who had been institutionalised historically were either outcasts or foreigners who did not have their family close to care for them. The economic conditions in Zimbabwe have limited the extent to which ordinary households and individuals can cope under such chronic poverty conditions and this compromises their capacity to cater for their elderly relations. The rationale behind this study is to establish whether institutionalisation has become a coping strategy for the elderly in this context.

#### **1.5 SUMMARY**

Zimbabwe's current economic crisis has left many elderly people vulnerable to poverty. It has been characterised by hyperinflation which has ensured that many elderly people now live below the poverty line. This situation has left many people food insecure. It has also paralysed the activities of educational and health facilities. Old age institutions have been the government's main solution to problems faced by the elderly although previous studies have revealed that these were not being fully utilised as many elderly people were cared for by their families. The hyperinflationary environment has however altered the family's capacity to continue providing care for the extended family in two ways. Firstly it eroded people's salaries such that they were no longer adequate to cater for a small family unit, let alone the extended family. It also resulted in high unemployment levels thus many people were left without a stable income. It has also eroded pensions for those elderly people who had pensions. The study therefore seeks to establish whether the old age institutions have become relevant in this context.

## **2 CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

There is a large body of literature globally which looks at the elderly from different angles. Most scholars have studied aging in relation to poverty and vulnerability and the need for some form of support for the elderly within communities. This understanding has led to the perception that largely elderly people and women in most instances are among the most vulnerable groups. What is noteworthy about most of the literature studied from different parts of the world is the need to establish, understand and improve the livelihood and quality of life of the elderly. The literature studied looks at different systems, informal and formal that have been employed by different countries and communities to care for the elderly. It also looks at the different factors that have led to poverty in later life.

The purpose of this chapter follows Hart's (1998, 27) identification of the purpose of conducting critical literature review. These are:

- distinguish what has been done from what needs to be done,
- discover important variables relevant to the problem or topic,
- identify the main research techniques that have been used
- relate ideas and theory to application,
- synthesize and gain new perspectives,
- establish the context of the problem.

With the above in mind, the literature review section of chapter two will be divided into four sections. Each section will represent a category of literature which has been studied. Each of the categories will play an important role in addressing some of the fundamental issues relating to literature reviews as stated above. Fundamental theories that have laid grounding for this study will also be presented.



## 2.1 Old Age and Poverty

There is a consensus among authors that the elderly, like children, and the disabled are a vulnerable group especially in the developing world. Barrientos, Gorman and Heslop argue that poverty tends to take a “U” shape, i.e. it is higher among the younger and the older members of the society (Barrientos, Gorman and Heslop 2003, 558). By poverty they mean one living below the poverty line. There are a number of reasons for poverty among elderly people in the developing world. These include the absence of incomes, inadequate family and social support as well as poor health (Barrientos, Gorman and Heslop 2003, 559). Gender also plays an important role in poverty. For example, elderly, widowed women tend to be poorer than men in the same age group i.e. over the age of 65 years.

It is also recognized that poverty is intergenerational and transferable. For example, poor households may be less likely to be able to send their children to school or training institutions. In the end, their children will not be able to acquire good employment and can therefore easily fall into poverty. Barrientos, Gorman and Heslop (2003) present the case of Cambodian families who own infertile land. Over time, they transfer their infertile land to their children, and thus the poverty continues as a vicious cycle. It is implied in this study that those people who are poor at a younger age will continue to be poor in their old age. The absence of pension plans is also a central cause of poverty in later life and this often forces elderly people to continue working after their retirement age Barrientos, Gorman and Heslop (2003).

Another cause of poverty identified by Barrientos, Gorman and Heslop (2003) is the lack of extended family support. They emphasize that households and social networks are a fundamental part of old people's livelihoods in the third world. In Asia for example, elderly people with no family support often get help from neighbours in an informal way. In Lao, homeless elderly people are cared for by non related households where they are given food (Barrientos, Gorman and Heslop 2003, 565). What is clear is the fact that without some mechanism by the government to support the elderly, the community

carries the burden and often this leaves the elderly vulnerable to poverty as there are no guarantees and security in the informal social system.

Social networks are therefore important tools which cushion the elderly from poverty in most developing countries. Literature on Zimbabwe reveals that the greater percentages of elderly people who become destitute are impoverished because their social networks are weak. Kaseke (1991, 39) argues that “Elderly people with no family may turn to the Department of Social Welfare for support”. Barrientos, Gorman and Heslop (2003) also argue that the household and social networks are an important part of the old people’s livelihood. They give the Ghanaian example where the elderly talk about “cash poverty versus familyless poverty” (Barrientos, Gorman and Heslop 2003, 565). The same sentiments are presented by Rwezarura, (1989) who argues that colonialism stripped the elders of the hold they had over their younger generation. This made the elderly vulnerable to destitution as the social fabric crumbled. Poverty among elderly people is therefore greatly affected by the nature and access they have to supportive social networks.

An interesting argument is however raised by Heywood (2002) quoted in Best (2005) who argues that the expectation of a reliance on social networks is actually unfair to the community. He says the government’s insistence on “independent living” for the elderly is the government’s way of withdrawing from the responsibility of care. This withdrawal of the government from providing care to the elderly at the same time imposes the responsibility on the community with no support from the state (Heywood 2002, 299). From this perspective, it is clear that there is some uncertainty on the future of social networks as a means of livelihood for elderly persons especially in contexts where the community feels abandoned by the state.

Barrientos (2006) identifies the absence of social security as the “missing piece” in poverty reduction in Latin America. He argues that in Latin America, like most countries in the developing world, pensions are limited to those in formal employment. He presents the argument that there is evidence that old-age cash transfers tend to reduce poverty in

later life. Barrientos goes on to argue that cash transferred, especially if targeted to poor households, tends to have an impact on the younger generation especially where the elderly live in multigenerational households as benefits are shared with other family members (Barrientos 2006, 376). The problem with most Latin American policies according to Barrientos is that they are targeted at children and women, but exclude elderly members of the society.

The relationship between poverty and old age is also evident in Zimbabwe. Madzingira (1997) argues that poverty assessment surveys on Zimbabwe reveal that generally people aged above 60 years are poorer than other age groups. The retirement age in Zimbabwe is 65 years. He also argues that as in most parts of the world, the majority of elderly poor are women who live in rural areas. Like other parts of the developing world, the causes of poverty in Zimbabwe include intergenerational poverty, unemployment, droughts and the impact of policies such as the Structural Adjustment Programme which resulted in job losses and less government spending on social security.

From the literature studied above, poverty and old age in the developing world are related. It is clear that in Zimbabwe, as is the case in most developing countries, elderly people are among the poorer members of the society. One of the key missing pieces in poverty alleviation among the elderly is the absence of or the failure of social security systems in the third world.

## **2.2 The elderly in Zimbabwe**

The literature presently available on the elderly in Zimbabwe is old, suggesting that there is a gap in research about the elderly in the country. Despite its age, the literature is however still relevant as it serves as important background. Kaseke (1991) argued that the Zimbabwean government has in place policies that cater for the elderly but their main expectation is that when the community fails to care for the elderly, the responsibility of care is placed on old age institutions. Kaseke goes on to argue that “there are indications that institutionalization of the elderly will become the answer to the problem of the

elderly, particularly in urban areas” (Kaseke 1991, 39). He argues that the impact of westernization is likely to be the cause of this increased reliance on institutions, because westernization has the capacity to erode the cultural networks which once ensured that elderly people were catered for in their communities. This argument will be very important in this study as one of the key issues which the paper will seek to establish is whether after more than a century of exposure to westernization, the community under study has been influenced by their interaction with a different ‘culture’ in relation to their perception of old age institutions?

The following section of the literature review will present the general perceptions on African elderly in Zimbabwe as reflected in the different literature studied. It will then look at the literature which has been presented about the elderly in relation to institutionalization in Zimbabwe.

Hampson (1990) argues that traditionally, the elderly were seen as important members of the society who were respected because they were deemed to be spiritual or religious leaders. Prior to the colonial era the elderly also had economic power due to the fact that they were the ones who controlled the means of production i.e. the land; livestock and harvests (Hampson 1990, 10). This authority however shifted with the coming of colonization as well as the industrialization of Zimbabwe. Africans lost their land and agriculture was no longer the core economic activity. According to Hampson, this change led to a shift in the perception of and the authority held by the elderly. This was due to the fact that there were now new alternatives and agriculture was no longer the key economic activity. The elderly, even after independence have remained marginalized, and this has left them pauperized and socially excluded. They are also not a priority in government planning. The elderly are impoverished because most of them are not educated, which means that they cannot get access to post retirement employment as education is now a prerequisite to obtain a job. They had previously been viewed as embodying the value systems of the society and played the role of educating the younger generation on matters of cultural value. Today however, very little appreciation is being

given to the role of cultural educator which the elderly previously held (Hampson 1990, 16).

Hampson's work is complemented by that of Rwezarura who presents the changing roles and obligations of the elderly in Africa. Rwezarura argues that “. . . the older the individual became the higher were his chances of gaining upward mobility in the social hierarchy” (Rwezarura 1989, 5). Rwezarura like Hampson argues that traditionally, the elders were generally in greater control and had a say in a number of issues due to the fact that they had authority to control things such as land, bride-wealth and religion. A fundamental point raised by Rwezarura is that the governments of developing countries see their role in the care of the elderly as that of complementing the efforts of the family and the community and therefore very little attention is given by the state to policies relating to the elderly. This is different from welfarist and socialist countries, where the elderly are catered for by the state through state pensions and other such related policies. The attitude towards the elderly in the third world is unfortunately taking place at a time when the values of the community are changing. The elderly are in a difficult position as the social backbone they relied on is also no longer dependable.

Ramji (1990) brings in a new perspective on the issues affecting the elderly in Zimbabwe and how they should be catered for in relation to policy, arguing that there is a gap in policy which needs to be addressed. He brings in the aspect of HIV and Aids and how this has changed the responsibility and the role the elderly play in the society. Ramji argues that the role of the elderly is once again shifting as they become more and more responsible for the care of their sick children as well as their orphaned grandchildren (1990, 45). There is very little being done to care for the elderly's primary health care. He divides primary health care into different elements, ranging from sanitation, education on health, social networks, rehabilitation and control and treatment of diseases. What is clear in Ramji's (1990) presentation is what Rwezarura (1989) and Hampson (1990) have alluded to as the exclusion of the elderly in policy and society in Zimbabwe. The elderly are neither given the recognition which they deserve nor the care which they should be given.

What the literature studied above has done is to illustrate the changing roles of and the changing attitudes towards the elderly in Zimbabwe, from the pre-colonial era through to present day Zimbabwe. The literature shows an increase in vulnerability of the elderly. Their roles in society have evolved, from controllers of means of production in the pre-colonial era, to ordinary individuals accorded little attention in the colonial era and the post colonial era. Presently, the elderly are providing care to their children and families in the era of HIV and Aids. What remains constant is the little recognition of the role of the elderly in government policy in Zimbabwe. Rwezarura and Hampson go further to argue that some of the policies introduced in post-independent Zimbabwe such as the legal age of majority further stripped the elderly of their authority over the younger generation. This law states that once one is over the age of 18 years, they no longer need their parent's consent to do things such as getting married, they are adults. They no longer control their children's future or have a say in the paths which their children may take.

As mentioned previously, the only other policy in place in Zimbabwe is that of institutionalization for elderly people who find themselves destitute. It is therefore fundamental to study the aspect of old age institutions in the Zimbabwean setting and how different literature has presented them.

Kaseke argues that "... There are indications that institutionalization will become the answer to the problems of the elderly, particularly in urban areas" (1991, 39). This argument is also supported by Nyanguru who argues that due to the economic hardships prevalent in Zimbabwe, "... there is growing consensus among service professionals and community leaders, as well as the elderly themselves, about the need for a residential care system" (1990, 27). There is also an agreement among authors that as the socio-economic environment of Zimbabwe becomes more difficult, institutionalization will become the only resort in solving the problems faced by the elderly. From these assertions, it is clear that old age institutions have been deemed a key policy in dealing with the elderly in Zimbabwe for a long time. The literature studied on old age institutions in Zimbabwe

generally focuses on the well being and quality of life of the elderly people in institutions as will be presented below.

### **2.3 The elderly in old age institutions in Zimbabwe**

Nyanguru's 1988 study referred to previously revealed a number of differences in the quality of life of the elderly in institutions according to their race. It revealed that unlike the elderly white people, most coloreds and Africans were in old age institutions due to desperation and the fact that they had become destitute. They could not afford to care for themselves, had poor backgrounds, with no families they could rely on and had to depend on charity for their survival. The blacks experienced family-less poverty. The Africans and coloreds in old age institutions depended on government support to sustain themselves. The white people in institutions however were mostly there by choice and had opted to be in old age institutions because of loneliness and the fact that their children had moved either out of the country or to different towns. Unlike Africans, the whites paid for their upkeep in old age institutions and got more visitors, better quality meals and generally enjoyed a better lifestyle. Nyanguru's study therefore revealed that Africans in institutions did not enjoy as good a quality of life as the whites. Nyanguru 1988 recommended that more funds be dedicated to old age institutions catering for black people so that the quality of life of the government-funded institutions improves.

In another paper, Nyanguru (1990) focuses on the health problems of elderly in institutions. He focuses mainly on African elderly people and realizes that unlike their counterparts in the white old age institutions, Africans did not have professional resident doctors, nutritionists, and physiotherapists to look after them and their health needs. Because of this, African old age institutions residents, tended to have more health problems compared to their counterparts in more professionally run white institutions. Nyanguru's study proves once again that the quality of life of elderly black persons in institutions is not as good as that of white Africans in institutions. However his research does not answer the question of whether the black elderly feel that their lives have improved by being admitted in old age institutions.

Hungwe (2005) presents an analysis of the effects of institutionalization on the elderly drawing Foucault's (1978) hypothesis and the arguments advanced by Green (1978) on the internal colonization theory. This theory argues that old age institutions have a way of controlling and limiting the freedoms of the inmates. Hungwe argues that despite this limiting nature of old age institutions the inmates seem to have strategies to improve their lives within the institution. This study plays an important role in dispelling the belief that old age institutions are prison-like and deny the elderly room to live as they desire. It was however recognized that institutions have to have rules so that they function orderly (Hungwe 2005).

In summary, the literature studied on the elderly and old age institutions in Zimbabwe reveals two important issues. Firstly that white old age institutions in Zimbabwe were more privileged than the black and colored ones. This was due to the fact that white institutions were better financed by their residents and the black institutions were supported by the government only. Secondly, it revealed that institutions for the elderly seemed to go a long way in improving the quality of life of those elderly people who were admitted to them, particularly in the case of Africans who had previously been destitute and did not have anyone to care for them.

## **2.4 Social Security in Africa**

Having studied literature on the elderly and poverty and one type of policy which has been used to address the problems being faced by the elderly in Zimbabwe, institutionalization, it is important to also look at the aspect of social security in Africa and the third world more generally as this is an important foundation in addressing the problems faced by the elderly in the community.

It must be appreciated from the onset that social security policies play an important role in poverty eradication. A good example is the old age pension in South Africa which has improved the quality of life of elderly people and their families. Schatz and Ogunmenfun



(2007, 1391) argue that in “poor rural households, social grants ... are sometimes the most reliable household-income sources”. Social security therefore plays an important role of providing a safety net against poverty. However Africa, unlike other continents, has among the poorest systems of social security and social welfare (Charlton and McKinnon 2001, 168). South Africa stands out as the country with an exceptional social security system in Africa. At this juncture, it is important to analyze literature on social security in developing countries. In this section, I will look at social security in the third world and how and why it has not been a successful project in most developing countries.

Charlton and McKinnon (2001) review social security in Africa. They argue that formal social security systems in Africa have failed to realize their aims and objectives. They identify a number of factors which have contributed to the failure of these social security systems. These include poor administrative structures, corruption, limited resources and political unrest (Charlton and McKinnon 2001, 168). It is recognized that very few members of the labor-force, both formal and informal, are actually covered by the pension schemes and the situation seems to worsen the poorer the country gets as fewer people are covered by such schemes. They identify a number of pension schemes in Africa which have all failed to realize their set goals.

What Charlton and McKinnon acknowledge, however, is the fact that there is an over reliance in third world countries on informal community based systems of support (2001, 169). These sentiments are supported by Palacios, who argues that pensions are effective in industrialized parts of the world, but in the developing countries, there is generally a “dependency on informal intergenerational transfers mainly in the family unit” (2002, 788). However due to different crises in the developing world, many communities and extended families are becoming less able to assume their role of caring for the extended family.

Palacios raises the argument of the unreliable nature of social networks. He argues that whilst parents have an instinct to provide care for their children without the need for an incentive, often children provide for their parents because they have obligations towards

them. These obligations can be because they feel indebted to their parents for providing for them when they were younger. The weakness with the informal types of social security systems is however that they are difficult to maintain in the case of urbanization and migration. They also assume that the children will have resources to share and yet those parents with poor children will not have anything to fall back on. What is clear from the study of social security in the developing world is that formal systems need to be put in place to complement the informal systems already in existence.

## **2.5 Theoretical Framework**

Two main theories are used in this study. These are the quality of life and social networks. These two theories lay the grounding for the study.

### **2.5.1 Quality of life**

The concept of quality of life was established in the 1960s and revolves around the acknowledgement that in order to have a fulfilling life, there are different domains in a person's life which need to be catered for. Maslow presented a hierarchy of needs which he argued were important to any individual in order to realise a happy and fulfilled life. The lowest and most basic needs shall be explained here as they are the ones the study will focus on.

These basic needs according to Ventegodt, Merrick, and Andersen, (2003) were divided into four groups. The first set of needs were physiological needs and these included aspects such as food, clothes and sleep. The second group focused on the need to have peace of mind. One of the main aspects of human life which falls under this group was an individual being able to access decent and safe accommodation. Thirdly, Maslow wrote about human beings need for love and here he brought about the aspect that everyone wanted to belong somewhere and to be cared for by someone. Fourthly, every individual had the need to be respected. All these facets of Maslow's theory on quality of life are important in this study.

Wilhelmson et al, support the views above by arguing that there are many dimensions to quality of life “such as physical functioning, cognitive functioning . . . health perceptions, economic status, recreation . . .” (2005, 586). All these are generally perceived to be pivotal in ensuring that individuals have a certain basic level of fulfillment. One key problem which has been identified in relation to a quality of life approach is that there has not been a standardized definition of what quality of life is. Wilhelmson and colleagues argue that “If social and health services are to assist people improve their quality of life, they need to know what aspect of their lives people themselves consider to be important” (2005, 586). They bring in an important aspect on the difference between what the elderly people themselves think is important and what outsiders which include the policy makers think is important.

This point is particularly important in studying the elderly and policies implemented for them because one of the main underlying factors is the need to improve their quality of life. For example, Nyanguru found that one of the key reasons why elderly white people in Zimbabwe joined institutions was because of the need for security whilst the Africans entered due to destitution (1990, 35). What this example presents is that people joined institutions in order to satisfy certain domains of their lives, thus improving their quality of life. Most of the studies which have been conducted on elderly in Zimbabwe have focused on one domain of their quality of life. Nyarugu (1991) focused on the health conditions of elderly people living in old age institutions. The question is to find out if institutionalization helps the elderly satisfy certain aspects of their quality of life in a context where the people they previously depended on are no longer reliable or equipped to take care of them.

### **2.5.2 Social networks**

Social networks are important in any society and are fundamental in establishing social capital. Hulbert, Begges and Haines present the argument that social networks are the “foundation of social capital which captures the links between actions, structural constraints” (1999, viii). Social networks are also greatly affected by the social context within which they operate. Hurlbert, Begges and Haines’ study brings in different angles

of viewing social networks in harsh environments, asking if social networks are more reliable in affluent areas as compared to less affluent areas (1999). This perspective is supported by Das (2004) who argues that the conditions within which poor people are in limit the extent to which social capital is effective.

Social capital can be defined as the value which can be drawn from social networks. According to the World Bank, social capital incorporates institutions and relationships that form the quality and quantity of a society's social interactions (World Bank, 2009). One of the key problems with social capital however is that it is difficult to quantify as it includes aspects ranging from trust to networking which cannot be measured. The World Bank however goes on to argue that despite these limitations in the use of social capital, different studies have illustrated that social capital has a great impact on poverty reduction (World Bank 2009). Social capital also plays a pivotal role in the economic prosperity of societies as it creates the community's capacity to work as a collective for a common set of goals. At its smallest unit, social capital involves individuals working together at a personal level in order to improve their own welfare. This unit could be a family and its members working together to realise their well being and a good quality of life. According to Burt (2000, 3) the people who do better in life are generally better connected.

The policies in Zimbabwe that cater for the elderly are heavily reliant on social networks and social capital. With this in mind, the social network theory forms a foundation upon which the study will be carried out. The study will seek to establish the level at which social networks and social capital can endure the pressure of extreme economic and political conditions. Can social networks be relied upon as the key solution to the problems of elderly people in the context presented above?

## **2.6 SUMMARY**

The literature review has analyzed different perspectives in the development of social welfare both in Zimbabwe and in the world at large. It has raised a number of aspects

relating to the elderly. The first issue is to do with how poverty and old age are closely linked. The literature has presented a number of aspects which contribute to the elderly being more vulnerable to poverty and these include the absence of a reliable income, and the inability of elderly people to fulfill economic responsibilities among other reasons. The second part looked at the elderly in Zimbabwe, tracing how their role and position in society has changed over time. It presents a historical perspective in understanding the society in relation to the elderly, tracing their lives from the communist era up to a more capitalist driven society. The third and final section looked at social security and social welfare in Africa. This section looked at policies relating to social security in Africa. After looking at the different problems facing the elderly in Africa as presented by different authors, the literature review also presented the loopholes that have been identified in existing social security policies in the developing world. The two theories were also central in molding the research questions used in the study and are central to the analysis. Social networks play a pivotal role in assisting the elderly to realise a good quality of life.

### **3 CHAPTER THREE: METHODOLOGY**

This chapter will present the methodology employed in the study, explaining its strengths and weaknesses, thus justifying its use in the study. The study used a qualitative approach and this was achieved through conducting interviews and observations. The research method is grounded in ethnography, although due to time and resource constraints it was limited to mainly qualitative interviews and a few days dedicated to observation.

#### **3.1 RESEARCH DESIGN**

A qualitative approach was used for this study. The anthropological nature of the study, according to Pelto, aims at establishing the “inside view” (1970, 68). The relevance of the qualitative approach in this study is that it examines human behavior in the social, cultural and political contexts in which they operate. This is important as it was the key goal of this study to establish the socio-cultural views of elderly people living under economically turbulent conditions in an institution caring for the elderly in Masvingo. The importance of qualitative research in presenting the inside view is presented by Lindlof and Taylor (2002, 18) who argue that the purpose of a qualitative study is to “improve the researcher’s depth of understanding of the phenomena under investigation by examining the entire processes involved in the context of study”. The qualitative approach is therefore relevant in this context, where the study is being conducted by someone who does not belong to the same age-group as the targeted individuals. This means that the researcher does not have a clear understanding of the perceptions; challenges and expectations of elderly people although some preconceived ideas may exist.

In this study the ethnographic method was employed. According to Emerson, Fretz and Shaw (1995, 17), the ethnographer presents what they “have seen, heard and experienced in the field”. It allows the researcher to participate as well as observe what happens in the field, thus allowing the researcher to ascertain a deeper understanding of the research participants and their context. Ethnography gives room for individuals to tell their story while at the same time allowing the researcher to get an inner feel of the environment

under study. The qualitative approach is therefore a strong research tool in cases where the research is looking for more than just statistics.

There were a number of advantages which were realized from using a qualitative approach in this study. Firstly, it allowed the respondents to be at the centre of the enquiry hence ensuring that their voices were heard. Because the approach gives allowance to human interaction at a higher level, it allowed the researcher to explore the behaviors and attitudes of respondents with little difficulty. Ethnography also allows the researcher to interact with the participants for a long period of time and this allowed a certain level of trust to be established, thus more intimate details were shared between the researcher and the participants. This also allowed the researcher to get greater understanding of the lives of the respondents. Although I did not spend a lot of time in the field, my advantage is that the area under investigation was a familiar space to me as I was born there and lived and worked there for about 25 years. This meant that I was familiar with some perceptions as this was not a new space altogether.

Ethnography also has a number of shortcomings and these were also evident in this research. Firstly, due to time constraints, some of the respondents remained reserved. This was realized especially with those individuals living in the community, who would just inform me that they could not disclose certain aspects of their lives. Secondly, the study only focused on one institutional case study therefore the findings can not be generalized to any other institution caring for the elderly in Zimbabwe. Thirdly, because the researcher was solely responsible for data collection, the study is not immune to personal perceptions although I tried to remain objective and record all the details from the interviews without biases.

The shortcomings however do not undermine the fact that the qualitative approach proved invaluable to the success of the research and did not compromise the quality of results obtained. It allowed room for me to get an in-depth understanding of the lives of respondents something which was necessary for the study but would not have been achieved had a quantitative approach been used.

### **3.2 DATA COLLECTION**

Sampling is an important facet of any study. When studying a certain population, the researcher has to determine who is going to be used to represent the general population or the group. Due to time constraints and resources, it is often impossible for a researcher to study a whole population. Sampling is therefore an important tool employed by the researcher to find out more about a given population. This research used a non-random sampling method called snowballing. Snowballing is a method where the researcher uses one person to connect them to another. This process is repeated until the researcher has acquired information which they deem to be adequate and this is realized when the people being interviewed no longer bring in new ideas into the study, i.e. the ideas reached saturation.

Snowballing is advantageous to a researcher entering an unfamiliar space or is targeting a group or type of people who are not very well delimited. In this study, I identified the Social Welfare Department as the entry point. It was through referral by the head of the department that I managed to access the old age institution. The same method was used in identifying those elderly people who did not live in the old age home. The church pastor was used to identify the first respondent and this respondent also referred me to the next and the process continued in that manner. This stands out as the advantage of snowballing. In this case the researcher only had to find a relevant entry point (individual) into the study. This person played the role of linking the researcher to other people and a chain was established. According to Trochim (2006) the greatest weakness of snowballing lies in that it is often said to be less representative of the whole population and is therefore less preferred when there is the option of using probability sampling methods such as random sampling. It is also very prone to biases, as often individuals tend to be linked to people whom they share common interests and beliefs.

Due to the nature of snowballing as a sampling method, there is no defined sample size and the researcher uses a level of discretion to determine whether or not enough people have been accessed. This sampling method is relevant to this study as there were no clearly delimited members of the population under study, especially when dealing with



those elderly people living out of institutions. A church pastor was identified as the entry point and although he was not part of the population under study, he knew some elderly people who could participate in the study. It was through this process that the snowballing process was developed.

In this study semi-structured interviews were used as a way of guiding the course which the interviews followed. The interviews allowed the interviewees to express freely their opinions and beliefs as interviews are not as rigid as questionnaires which have a tendency to box respondents into certain categories which might not be representative of their opinions, though these may be close to what they think. Questionnaires do not allow room for explanation of the choice made by the respondents.

The nature of the interviews in this study was also advantageous as they were flexible and language sensitive. Due to the nature of the population under study, i.e. the elderly, there is often need to explain issues. The interviews used were semi-structured, and the questions were simply used as a guide, to start a conversation.

Qualitative method implies that the researcher chooses depth over breadth. The research wants greater understanding of the subject under investigation. This means that more time is consumed in the study and even the simplest details are noted. The major drawback to this approach is however that statistical generalization is difficult.

Appendix I presents some of the key questions which were presented to each category of interviewees as a guideline to discussion. These questions were used as a way to stimulate the discussion in the interviews and give it direction. The questions were a guide for the interviews, the researcher was flexible and allowed new ideas to be introduced by the respondents. For example, the question asked of the elderly living in institutions, "Who made the decision for you to come here" often led to the respondents telling the story of their lives and the struggles they encountered before they came into the institution. This information was very important to the research.

At the Social Welfare Department, one interview was conducted with the head of the department. I however visited the offices on three occasions to observe the activities which took place there. The interview sought to acquire the government's perspective on the situation of the elderly in this context. It also sought to establish what the government was doing for the elderly under the economic crisis as well as any changes which they might have noted. After the Social Welfare Department, I went to Mucheke Old People's Home. At the home the first interview conducted was with the overseer of the home. This interview aimed at establishing the views of the administrators of the home. The main aim of the interview was to establish a background into the home, who they were, what problems they were experiencing during the economic crisis as well as to ascertain if there had been any significant changes due to the economic crisis at the home in relation to the inmates they were accepting as well as what they were doing to sustain themselves.

The overseer gave me permission to interview those residents who had been institutionalized in the last 5 years, which was the worst economic period for the country. A total of four residents were interviewed. Only four were conducted due to the fact that these were the only people who had been admitted into the old age home during the time under investigation, i.e. between 2004 and 2009 when the economic situation in the country had worsened. The interviews focused mainly on the quality of life of residents as well as what drove them to joining a home and the extent to which some of the challenges they were facing living in an old age home. The home was visited on five occasions for the purposes of observation. The final group interviewed was that of elderly people living in the community. These were more complex and required a lot of patience. Three elderly people living in the community were interviewed and observed. The interviewees were interviewed in their homes. Each individual was visited on two occasions. The key issues which the researcher sought to establish was the extent to which the economic crisis had affected their lives, how they were coping under the difficult conditions they lived in as well as well as their expectations. Other elderly people were interviewed randomly as they waited in a queue to collect their monthly ration at a hall in the residential area. These were however not exhaustive and only helped to get a general insight as they were very informal.

### **3.3 METHOD OF DATA ANALYSIS**

Data collected through qualitative methods involves mainly words in contrast to the numeric nature of quantitative data. According to Lewins, Taylor and Gibbs (2005) after data has been collected, there is a need to create meaning out of it mainly through interpretation of the data and this is achieved through a process called qualitative data analysis. Through qualitative data analysis, the researcher can identify a number of factors such as “someone’s interpretation of the world; how they came to hold certain views and beliefs and how they identify themselves in relation to their circumstance” (Lewins, Taylor and Gibbs 2005).

Qualitative Data Analysis was used to analyze the data which was collected in the study. According to Seidel, (1998) qualitative data analysis involves a process of noticing, thinking and collecting. The data collected went through a process of sifting and analysis. The first step was to compile all the field notes and ensure that they were presented in the correct chronology. I then began a process of reading through the notes and highlighting key ideas and issues which stood out in the findings. After going through this process a number of times, I then began to draw links from the key ideas which I had identified. Similar ideas were grouped together. A process of analysis then followed. Here I set out to draw the themes which ran through the study and these were then interpreted so as to give the different issues raised greater meaning. By giving meaning I mean that it was now time to give an explanation for the different themes and what they were implying about the situation under study.

### **3.4 SUMMARY**

The chapter has sought to present the approach employed by the research, which was a qualitative approach. It has sought to justify why this approach was relevant to the study as well as illustrate some of the shortcomings such an approach has. The chapter explained that interviews and observations were employed as methods of data collection. Qualitative data analysis was then used to give meaning to the data.

## **4 CHAPTER FOUR: RESEARCH FINDINGS**

This chapter presents the findings of the study. The interviews and observations were conducted in three categories. These were with government, as represented by the Social Welfare Department, the institution as represented by Mucheke Old People's Home overseer and residents, and the elderly living in the community as represented by the elderly people interviewed outside the old age home. It is in these three categories that the chapter will be divided.

### **4.1 OBSERVATIONS AND FINDINGS**

I went into the field at the beginning of what many call a "new era" in Zimbabwe. There had been an agreement signed by the two rival political parties, the Movement for Democratic Change (MDC) and the ruling party, ZANU PF. This agreement meant that the two parties would start working together and share political power. The inauguration ceremony of the new government was on the 11<sup>th</sup> of February 2009. The new government was about a month old at the time of the study as I went into the field in March. This new era seemed to have changed the mindset and nature of affairs in the country as will be explained below.

Upon entry into the research area, improvements were evident in the state of affairs in the country. Schools had reopened and hospitals had started functioning as the teachers and nurses' strike had ended. Shops had been restocked with food and basic commodities and even clothes are now found in shops. This was a positive development when compared to a few months earlier when shops had been empty. All commodities were however being tagged in foreign currency, i.e. mainly the American dollar and the South African Rand. I did not see any Zimbabwean dollar notes for the duration of the visit, although some shops claimed that they accepted the local currency. General discussions among people were hopeful. They thought that the new government would improve the state of the country.

The black market foreign currency dealership, which had been a thriving business and a source of income for many unemployed youths, seemed non-existent. The dealers who

were dealing in foreign currency no longer have a market as shops no longer charge their commodities in the local currency. There was an acknowledgement among people that resources were now very limited because the black which market had become an important source of livelihood for many was now inactive. There was a general feeling that it was now time for people to look for formal employment.

#### **4.1.1 Social Welfare**

The office of Ministry of Social Welfare is located in the Central Business District of Masvingo town. There were very few people at the offices on all the three occasions visited. Most of the people present were employees of the government department and a handful of people seated on the benches waiting to be attended to. Employees seemed demoralized and their discussions were mainly on issues relating to their salaries. The government did not have money to pay salaries, but every employee was being paid an allowance of US\$100 per month, regardless of their position. Employees seemed dissatisfied with this arrangement.

I managed to secure an interview with the head of the department in Masvingo, Mr. Chapungu, a friendly man whose first sentiments were that the situation was very tough for the employees of the ministry themselves as even he was finding it difficult to sustain his family. He also emphasized that social welfare assistance does not really function under such harsh economic conditions. He argued that the policies were there in writing, but the implementation was lacking. The most frustrating part of his job was that he came to work and listened to people's problems, but most of the times he could not do anything practical to help them except to listen.

Mr. Chapungu then said that the department had witnessed a significant increase in the number of elderly people seeking assistance and being abandoned by their families due to the economic conditions. He said previously, the government had preferred that the community carry the burden of caring for the elderly. It would then assist those who cared for the elderly with some form of allowance. But this allowance was only awarded to needy families, it was not a universal allowance. The economic conditions prevailing at that time prevented the government from providing the assistance. He said that the

government lacks the capacity to distribute food or money, emphasizing that if they could not pay their own employees, their capacity to cater for welfare issues was even further reduced. Mr. Chapungu's view is that destitute elderly people should be placed in old age institutions.

Mr. Chapungu said the advantage of institutionalization is that the institutions could solicit assistance from other sources. The government no longer gives out grants to the institutions caring for the elderly, but has assumed the role of facilitating for these institutions to access scarce commodities such as mealie-meal from the Grain Marketing Board. He also said that previously the government used to provide public assistance grants to encourage the elderly to stay in the community. Elderly people would approach the ministry and go through a means testing process and be awarded a certain amount of money every month if the test proved that they needed assistance. Mr. Chapungu said before the crisis began, most elderly people in trouble actually preferred to stay in the community instead of being institutionalized and hence the old age homes were not operating in full capacity. Things have however changed, and many elderly people have actually asked to be institutionalized. He said that even elderly people from rural areas are coming forward seeking institutionalization, something which had been so rare before the economic woes began. More families were coming forward and openly declaring that they could not care for their elderly and requested that the government take over. This was very rare particularly among people in a rural setting where family ties had previously been very strong. "Cracks are starting to show in the family structure and community care is becoming unreliable" said Mr. Chapungu.

The unfortunate part is that this was happening at a time when the government had become stricter on the means test which allows individuals to be admitted into institutions. Mr. Chapungu said unlike in the good days when the institutionalization of individuals was not very difficult because very few people wanted to be placed in institutions, today the ministry will try to make sure that only the very desperate get into institutions as the institutions themselves have not been spared the economic problems.

#### **4.1.2 Mucheke Old People's Home**

One of the institutions that fall under the jurisdiction of Mr. Chapungu's department is Mucheke Old People's Home. The home is situated at a relatively central place in Mucheke suburb. The home is walled and securely gated. Within the walls are eight small cottages each made up of four bedrooms and a bathroom. The dining room is communal, it is a large hall which contains tables and chairs as well as a television set. The yard and the rooms are very well kept and there are caretakers who assist with the maintenance of the home, although the elderly people housed there are responsible for cleaning up their own rooms. There is one administrator and an overseer who ensures that the place runs smoothly. The rooms are not shared, each individual is allocated a small room in the cottage but they share the bathroom. Behind the cottages is a plot of land which is used for gardening. The residents are allocated a small portion where they are allowed to grow different vegetables. Besides gardening, the elderly are involved in different handcraft activities such as making reed mats; knitting and repairing of metal pots and cans. This is done at a very small scale.

The food is prepared communally by a cook and there are specific meal times. The residents are served three meals a day although they are allowed to make small snacks for themselves. These were not prepared in the communal kitchen. They were allowed to make a fire at a fireplace to prepare their personal snacks. The meals consist of vegetables which are obtained from the plot of land behind the home as well as tea, maize meal, porridge and beans.

The home is generally very quiet, with very few people coming in or leaving. The residents are seen just sitting around or in the gardens. They are allowed to take walks around and also attend different activities such as attending church meetings. These are organized and managed by the home.

At the home I interviewed Mr. Phiri, who was the overseer of the home. I was informed that the home was established in 1980, as a government and Masvingo town council initiative. It is the main old people's home in the province. There was one other old

people's home in Bikita, Mutikizizi, a district in the province. He however informed me that unfortunately the home in Bikita had been closed as they had run out of food. When asked where the residents were taken, he said arrangements were being made to relocate the very desperate to Masvingo, but the rest had been sent back into the community.

Initially, the government provided a grant for every individual in the home which catered mainly for the food and upkeep of the residents. The home operates as a charity and therefore the residents do not pay anything. Due to the economic crisis, the government no longer provided any resources and the home was surviving solely on gifts from well-wishers and some charitable organizations. He was however not in a position to reveal any of the charity organizations providing the assistance.

The Department of Social Welfare was responsible for referring individuals to the old age home after conducting the means test. The test was conducted through accessing the lives of the person concerned and the extent to which the applicant was in need. People from rural communities were assessed by the chiefs who in turn wrote a letter of recommendation to the social welfare. The home does not cater for pensioners, but for those people who have never been employed formally and who are over the age of 65 years. This is mainly because there are no state pensions and the only pensions are based on contributions, hence pensioners are not accommodated because it is assumed that they have resources. The home provides residents with clothes and blankets and takes them to hospital when the need arises. The home strives to provide three meals a day although this is not always achievable.

At the time of the study, the home only had 26 residents and was ironically not operating in full capacity. Mr. Phiri informed me that although there had been an influx of elderly people trying to get admitted into the home, the home was not taking in new residents as they did not have enough money and food to feed more people. Since the economic hardships began, the home had also reduced the number of people it took into the home.



After assessing his records, Mr. Phiri informed me that there were very few individuals who had been taken into the institution and of the 26 residents, only about five had been taken in during this period of time. Mr. Phiri went out to call those people he believed were relevant to the study. He sat in on the interviews and this might have created some biases. The residents kept looking at Mr. Phiri and doing some kind of public relations task when they were asked about their life at the home. When they spoke of their trials before entering the home however, their emotions ran high. I interviewed them until I could tell that I had exhausted the important aspects of their lives i.e. no new information was coming from them. Although they came from different contexts, their stories seemed to resemble each other in so far as the economic crisis facing the country had brought them into destitution.

The first interviewee, who will be referred to in this study as mbuya Ennety was a widow who came into the home out of her own free will. She was not sure of her age, but was in her early 70s. She said she traveled on foot for about 120km until she got to Masvingo town, from a district in the province called Gutu. She had one child with her husband, and that child was also deceased. She said she was chased out of her matrimonial home by her husband's relatives and her extended family said they did not have the capacity to care for her. Her in-laws took away all her resources including the grain she had harvested before chasing her away. After a number of days sleeping outside, she was advised by someone to go to the Social Welfare Department where she might get assistance and that is how she ended up in the old-age home. She suffers from ill-health, particularly herpes zoster and was glad she was in the home because they took her to the hospital for treatment whenever she was unwell. She said she was very grateful to be in the home because her life outside the home had been "very frustrating" and at the home she got clothes, blankets and at least two meals a day. She never got visitors and seemed very excited that I was there talking to her.

Mbuya Ennety took me around the home and showed me her room and her vegetable patch. She made an effort to get time with me each time I visited. She informed me that previously the home had allowed them to sell their vegetables in order to make a bit of

money for themselves. They had however been told that due to the economic hardships, they would now supply the kitchen with their vegetables (they mainly grow a local vegetable, popularly known as covu, spinach, tomatoes and onions). She did not seem very happy with this arrangement as she said that there were things which she would have wanted to buy with the money, but said that she was learning to live without some of the things.

The second interview was with a man who will be referred to as sekuru G (78 years of age). Sekuru G was a sickly looking man from the southern part of the province called Nyajena. He was placed into the institution because he was unwell and he immediately informed me that he was HIV positive. He had been in the home for two and a half years. He said he was married and had four children. All of his children and wife were living. He however said that they all, including his wife, had relocated to South Africa where they were working. They left him behind when he was very sick and they had never come back to check on him, although he said before entering the institution he used to get information that they were all fine. He seemed very bitter that his family had abandoned him and that he did not know what was happening in their lives. Sekuru G has never been formally employed. He said he had stayed in the major cities in Zimbabwe where he used to sustain himself repairing watches. He used to have a small shack which he used as a shop. He did not have formal education and when he grew too old to work he moved back to his rural home. He also informed me that his mother had been a resident at the home but had passed away recently. She had been cared for there due to the fact that there was no one to take care of her especially after his wife left and sekuru G's health failed him.

An elderly couple from Chivi South district were the last people I interviewed at the home. Sekuru Gumbo, I was informed was 100 years old but mbuya Gumbo was unsure of her age, but appeared to be in her late 80s. The man informed me that they had come into the home about two years ago. They were a very pleasant couple and laughed a lot before answering any question. Sekuru Gumbo said he and his wife were too old to care for themselves and most of their children had died. Their two surviving children did not

have jobs, one was married and the husband said that he could not care for them. The second lived in the country's capital and rarely came home. He was informally employed and could hardly make ends meet for himself there because he only had primary school education. Mbuya Gumbo said before the economic crisis, life had been satisfactory and their two children used to send them things like sugar and milk. She did not blame her children as they hardly had enough for themselves. Both sekuru Gumbo and his wife were peasant farmers when they were able bodied.

Their extended family i.e. brothers and nephews brought them to the institution and convinced the authorities that there was no one to care for them. They said they lived at their homestead alone and could no longer go to the fields and even collecting water and firewood had become a daunting task. They said although the neighbors used to assist them whenever they could, the rains have been erratic in the last couple of years and they found themselves going for days without food and at other times just a plate of porridge the whole day. They were very happy to have been institutionalized. They said at least here they got clothes and food and medical attention which they both needed. The man suffered from arthritis and his wife had hypertension so being in the home ensured that they get the attention they required. They felt that their lives have improved greatly and they were grateful that they were at the home. Their children had not visited them since they got into the home neither have any of their relatives but that does not surprise them as they rarely got visitors when they were at their home. At the old age home they did not do much, they had a vegetable patch and mbuya Gumbo made reed mats, although she said of late she had not made any because the reeds she uses to make the mats were usually found in damp places and since there had not been a lot of rain, she could not find any at a small swamp near the home.

All the residents who had been accepted in the home during this difficult time, when the crisis in Zimbabwe was at its peak, were from rural areas. This was different from the expectations I had when I entered the field. This was a variation from what previous studies had revealed, that is, residents were mainly from urban areas and of foreign origin.

#### **4.1.3 Elderly in the community**

In Mucheke, the residential area where I conducted the study, there were long queues at community halls. Upon investigation I established that people were waiting for food rations from NGOs such as the Red Cross; Care International and Dutch Care. They received monthly rations of maize, beans, porridge powder and cooking oil. The NGOs also distributed water purifying tablets as there was a cholera out-break in the country. Very little was however being said about cholera in the community. I had thought that there would be a lot of talk about it considering that there had been many media reports which had covered it. There were people of all age groups in the queues but women and children were dominant. They waited in the long queues from dawn as the organizations did not tell the people what time they would start distributing the food. The people were very patient and told me that they did not mind waiting as the things they got would make a huge difference in their households.

The task of identifying and actually getting into households with elderly people proved very difficult. They were hesitant to talk about their lives. I however managed to interview three elderly people who lived alone with the help initially from a church pastor.

Mr. Shiri (not real name) was the first elderly person who allowed me to interview him. I managed to secure a visit and an interview at his home. Mr. Shiri is a retired messenger and cook. He used to work for the city council and after they retired him at the age of 60 years, he went on to work as a cook for a white couple in the up-market residential area in the town. They then retired him and he now stays at home and makes a bit of money making and selling hoes. He and his family lived in a two roomed house but the three of them used one room as they decided to lease out the other room in order to make money. He also had a variety of fruit trees in his yard and sold the fruit to make money. At the time of my visit, he was selling oranges, naartjies and avocados. This was on a small scale. He put a small table in front of his house and people came to purchase the fruit they wanted. The fruits cost between R2 and R3.50 depending on the size.

He said officially he was 80 years but there had been a mistake on his identity card because he was actually 72 years. He lamented how that mistake cost him a few more years in his job. Mr. Shiri was married and had a daughter who also stayed with him and his wife. Their daughter was not formally employed, having failed her ordinary level. She was 35 years old. His wife used to work as a volunteer at the Red Cross. This was very helpful for the family as they got an allowance but at the beginning of the year she was told that she was being retired, she was 62 years old. The family had very few belongings which all seemed to fit in their small room. They had one bed, a hotplate stove and a very small radio and an old television. I was informed that things had been very difficult for them, but they were managing to get food on their table because their daughter had been listed on a program run by the Red Cross which provided food for people living with HIV and Aids. She was also lucky to be a beneficiary of a charity program at the government hospital which gave free antiretroviral drugs to underprivileged people. They were very open about their daughter's HIV status.

He said that initially his pension from the council had been enough to pay for their water and electricity charges but now since everything was now being paid in foreign currency, he no longer went to collect the money as it was insignificant. The money he got from the tenant was usually what he used to pay for their water and electricity charges. Because of his daughter's condition, they tried to have at least two meals a day. If the food was too little, preference was given to their daughter. Their daughter informed me that she had just gotten a job assisting at a pre-school close to their home. They were not getting much money but she felt any amount could help. Both Mr. Shiri and his wife were hypertensive and said they were grateful that at least they both qualified for free medical treatment at the public hospitals due to their ages. Life for them was very tough. Mr. Shiri would not want to be institutionalized because he would be worried as to what would happen to his house if he was placed in an old age institution. Since he had been the breadwinner for his extended family as well, he was less likely to have anyone to help him, if ever he needed assistances financially.

The second and third interviews were conducted with retired teachers. One had been retired for the past five years whilst the other had been retired for three years. What stood out in both of these cases was how both women felt that they had labored in vain and that their investments in social security and pension schemes were not paying off. The former, Mrs. Gono (68 years of age), told of how her husband had died many years ago leaving her to single-handedly raise her children. She said she had looked forward to her retirement now that her children had grown up. However the economic situation had reduced her to a charity case. At the time of the study, like most pensioners in Zimbabwe, she received her pension in the local currency although all commodities were sold in foreign currency. She said she had to rely on her children who were mainly civil servants and could hardly feed themselves for assistance. She had a piece of land in her communal home but the last couple of seasons had been very dry and she had not harvested much.

Her greatest and most significant assistance came from her church and the Red Cross which were distributing mainly food parcels to elderly people like her. She also received rentals from her tenants as she owned the house she lived in. She was renting out three rooms of her six roomed house. At the time of the interview however, I noticed that she had one room which seemed unoccupied and she told me that one of her tenants had moved out as he could no longer afford the rent, which was pegged at R150 per month for one room. She had not been able to get another tenant since then. She said that since the black market, which was a key source of most people's earnings, had crumbled, most people could no longer afford the rentals. She said she just hoped that her other two tenants would stay as they were a very important source of income for her. "That is how I have managed to sustain this household" she emphasized.

The other pensioner interviewed lived in a crowded household, in Mucheke. She was Mrs. Shava (70 years of age). The house was made up of two bedrooms, a kitchen and a living room. She lived with her husband, who was in his late 70s and had had a stroke which rendered him an invalid. In the same household, she also lived with her son and his wife and their two children. She said they were both teachers but moved in with her and her husband because they could not afford the rentals expected of them and also send the

children to school, as well as feed them. At the time of my visits, she was also nursing her daughter who was very sick and had moved in with her. The ninth resident of this household was Mrs. Shava's oldest son, who was 37 years old. He was an electrician by profession, but was now unemployed as he suffered from some mental problems and could not look for work because of this. The resources were limited in the household and they usually had one and a half meals a day (the half meal was a plate of maize meal porridge in the morning). She said her daughter had been ill for a long time and they had sold a few of their cattle in their communal home to pay for her hospital bills.

The decision to move in together appeared to be the coping strategy which her family had adopted. All of her children except one who stayed in another town lived at this house. They shared everything they had. "It is not easy for me however, I had hoped that by this time it would be my turn to enjoy life. Now, I have gone back to being the provider. I have sold most of our cattle to ensure that my grandchildren stay in school and to pay the bills. Soon there will be nothing and I don't know what we will do after that. There is hardly ever enough food, the ration I get from the church is small and we try all we can to compliment this, but then there are other things to take care of..." she said. I asked her why she had not relocated to the communal area with her family as it would be cheaper for them to stay there. She said it would worsen the burden because there was a huge extended family in her communal home which still perceived her and her husband as the well-off middle-class couple they used to be and who still expected a lot from them. "We decided to ignore that part of the family and focus on the immediate family . . . the burden would be too much for me".

## **4.2 SUMMARY**

The chapter has sought to describe the general findings of the study. It has presented the different perspectives of the elderly in Zimbabwe. It has told different stories and presented observations about the different experiences of some elderly people living in Mucheke suburb in Zimbabwe. It has looked at three views. Firstly the official view of the condition of the elderly and old age institutions under such difficult economic

conditions. This official view was obtained from the officials who are the Social Welfare Department. It has also looked at the old age homes themselves and sought to establish their relevance under such harsh conditions and to establish what they were doing to cope with the conditions they were working under. The third view was established from elderly people living outside institutions and how they were coping under the harsh economic conditions as well as though living within old age institutions.



## **5 CHAPTER FIVE: ANALYSIS**

This chapter aims at analysing the data which was presented in the previous chapter. Qualitative data analysis was used to analyse the research findings described in Chapter 4. This chapter will break down the findings in order to establish themes and trends which can be established from the data and conclude by presenting a hypothesis which will be drawn from the findings. Five major themes were drawn from the findings. These are firstly, the changing role of the government in an economic crisis. The second theme is the role which civil society plays in the same crisis. Thirdly, the weakening social fibre was also identified and examined. The fourth aspect is that of the role of pensions and the fifth aspect will look at the coping strategies adopted by the elderly under the economic crisis.

### **5.1 THE CHANGING ROLE OF GOVERNMENT IN A CRISIS**

The role of the government in social welfare and social security was greatly altered by the economic situation in the country. Through the interview held with Mr Chapungu, it is clear that the government no longer had the capacity to provide assistance to those people who were less fortunate, including the elderly. The social welfare department used to cater for the underprivileged elderly people in a number of ways. Mr Chapungu from the Social Welfare Department indicated that they used to give out grants to poor elderly persons who chose to stay in the community. The government also paid school fees for those children who were under the care of underprivileged elderly people in order to lighten their burden. For those under-privileged elderly people who were under the care of an extended family, the government used to provide incentives which were mainly in the form of financial allowances to help make their task less difficult. This was however at a very small scale.

The government also used to give grants to those institutions caring for the elderly. These grants were calculated by allocating a certain amount for each individual who had been admitted into an old age institution. During this time, the government was therefore the main source of funds for the old age institutions. The institutions however still got aid

from other well-wishers and charity organisations but these were not their main source of upkeep.

Due to the economic problems however, the government could no longer do this. The findings reveal that the government at the time of the study had a very minimal role in the operations of social welfare related issues in the country. The ministry of social welfare does not have the capacity to perform its responsibilities. The head of that department who was interviewed was quick to acknowledge that the social welfare malfunctions under such harsh economic conditions. All the government could do was provide care in a limited way, such as providing free health care in government hospitals which were not really functioning effectively due to the economic crisis.

There are a number of pointers which best illustrate the way in which the government has shifted its roles over time due to the economic crisis. Previously, the government used to act as the provider and guardian of the less fortunate members of the society as explained above. Due to the economic crisis however, its role has been greatly reduced. Under the economic crisis, the government began to play the role of facilitator in two main ways. Firstly, it facilitates for old age institutions access to cheaper commodities, mainly from government owned institutions like the Grain Marketing Board more easily. Secondly, the government also plays the role of facilitator, through advocating and allowing non-governmental organisations to come into the country and provide food aid and other assistance to the needy people in the country. The government seems to have virtually disappeared from the social welfare space and left that area to aid organisations.

## **5.2 THE ROLE OF CIVIL SOCIETY IN A CRISIS**

As alluded to earlier, civil society during the time of the study was seen playing a more pivotal role where the government was failing. The main civil society groups who were active were the church and the non-governmental organisations. These institutions were distributing food aid and trying to contain the cholera epidemic in the country. They were active in the lives of both the institutionalised elderly people and those living in the

communities. All the individuals and officials interviewed acknowledged the importance of the aid they were getting from these two branches of the civil society. It was apparent that where the government was failing, civil society attempted to fill the gap.

The ministry of social welfare representative informed me that the institutions were allowed to solicit aid from non-governmental organisations. Mr Phiri the overseer at Mucheke Old People's Home also pointed out that all the elderly people at the home were registered with different organisations such as the Red Cross which provided food aid for them every month. Because the government no longer provided grants, the old age home was now reliant on the civil society to fill the gap. Those elderly people living outside institutions also benefited directly and indirectly from the functions of civil society in the country. The Shiri family got aid from an NGO which provided assistance to those people living with HIV and Aids because their daughter was a beneficiary. The Gono family also benefited from the assistance they got from the church and the Red Cross.

Civil society was making a remarkable contribution as the families interviewed were so quick to acknowledge the difference which the NGOs activity in the country had made in their lives. In the community in general, there was a heavy NGO presence. There were long queues of people waiting to get food and water purifying tablets from different NGOs. This was a clear sign that civil society is often heavily relied upon in the context of a crisis. They were playing central roles in trying to control the spread of cholera, something which the government had failed to control and was killing many people. The government was actually appealing for more aid to be directed to the country.

An important issue raised is that there is an intimate relationship between civil society and government. These two complement each other and when there is instability in a country, which compromises the government's capacity to function the civil society comes in to assist the government.

### 5.3 WEAKENING SOCIAL FIBRE

Another glaring issue presented in the findings is the weakening of the social fabric due to the economic hardships. The Ministry of Social Welfare brought out an important aspect, i.e. there were now people coming from rural areas hoping to be institutionalised. Previously, institutions for elderly black Africans had been meant primarily for those people who were of foreign origin. The black elderly would be institutionalised due to the fact that they did not have an extended family to assist them in the rural areas like the locals did. Due to the economic hardships however, more people coming into the institution were actually Zimbabweans by descent. All the elderly people in the old age home who were interviewed were actually coming from their rural home to be institutionalised. There were elderly people being abandoned, a phenomenon which was very rare before the crisis. They were being abandoned primarily due to the fact that their families no longer had the capacity to care for them.

A good example is that of sekuru G. Sekuru G used to be informally employed in the urban area but when he was too old to work, he relocated to his rural home. The norm would have been that he would have found a close knit extended family in his rural home ready to care for him. His family left him when he was sick and left the country to seek employment in South Africa. This left him vulnerable and hence he became destitute. Even his mother had also been abandoned and had been a resident at the same old age institution at the same time as he was there and had actually died there. This illustrates the strain which exists in the family structures. Resources have been stretched to an extent that when things reached unbearable levels the older generation were being neglected by the younger generation. Sekuru G's example also presents the negative impact which migration can have on the social fabric. While migration is often celebrated for having kept families alive through the remittances which were sent back home, here its negative impact on the existing social structures which people had relied on is evident.

It is apparent in almost all of the interviews conducted that the elderly have also learnt to accept that they can no longer rely on the extended family for support. Most of the

elderly people interviewed in the old age home did not seem to mind the fact that they did not get visitors. They were more focused on survival.

#### **5.4 CONTRIBUTORY PENSIONS**

There is a general view which the pensioners brought forward in the study. All of them felt that their life savings had been eroded by the inflationary environment. There was a feeling of being short-changed and that their investment in their old age had been useless. All pensions had been quoted in the local currency and at the time of the study when almost everything was being quoted in foreign currency their savings had become irrelevant. The pension did not make a difference to most of the elderly and most of them no longer went to collect the money. A good reason why the pensions were no longer being collected was because they were very small amounts which could not even cover the cost of the bus fares.

#### **5.5 COPING STRATEGIES**

The economy is the backbone of almost all sectors of the society. When there is a setback in the economics of any country, often almost all facets of the society do not work. An important issue which stood out from the data is that the elderly have found ways of coping under these harsh conditions.

Seeking to be institutionalised in an old age home is one coping strategy which seems to have been taken by the elderly. The Social Welfare department acknowledged that more elderly people were seeking admission into institutions. When their families abandoned them, the elderly sought refuge in old age institutions. The fact that there were elderly persons from rural areas actually finding their way to old age institutions, a phenomenon which was very rare, proves that these institutions were a coping strategy to the severe poverty and lack of assistance from family that was experienced.

What was clear from the study was that the elderly were still productive in different ways. The elderly in the old age homes grew vegetables and made reed mats which they

would sell. Those living outside institutions also carried out different activities to help them get an income of some sort. Two of the three elderly people staying in the community rented out rooms in the houses they owned in order to generate an income. All three were also involved in the production of different crops which they either used for their own upkeep or sold to make an income. Mr Shiri sold hoes and fruits outside his home; Mrs Shava sold some of her assets such as the cattle in the communal area. Mrs Gono was a subsistence farmer and mainly used the food grown for sustenance. Mrs Shiri volunteered at an organisation as this ensured that she also got an allowance. The elderly both in and out of the institution have therefore remained productive ensuring their livelihood.

One of the key coping strategies which was adopted by the elderly both inside and outside institutions is that of resource pooling. The elderly in institutions do this in a number of ways. The first way in which they pool together resources is by incorporating their small-scale agricultural outputs into their diet. Mbuya Ennety alludes to the fact that initially they had been allowed to grow the vegetables and sell them for personal profit. As the economic crisis worsened however, they were now required to give these to the kitchen to supplement their diet. This meant that they were now operating as a collective in order to ensure that even those who were too frail to work in the garden also had something to eat.

Outside the institution, there is also a lot of resource pooling. Of the three elderly persons interviewed, none of them stayed in a house alone and each member of the household made a contribution, directly or indirectly. In the Shava household for example, although the house is small, Mrs Shava's children have moved into the house and were benefiting from staying with her rent free. In the process, she also benefited from them staying with her as they assist in the payment of bills from their salaries though their wage was very little. In the Shiri household, the father contributed his pension; money from the sale of fruits and hoes as well as from the room he rented out. His wife contributed the money she got as an allowance for volunteering. The daughter contributed the food aid she got from the NGO assisting people affected by HIV as well as her small wage from working

in the pre-school. Through these various sources, the household has managed to sustain itself. What this also revealed was that those elderly people with strong social capital used it as a coping strategy.

This resource pooling strategy is however being practiced at a small scale. Another coping strategy adopted by those elderly living outside institutions was linked to the size of the household. They tended to keep it small. Ironically this strategy has in turn led to the abandonment of those people living inside institutions. All three elderly people interviewed directly and indirectly showed that concentrating on the core family unit was one of the coping strategies they employed. Mrs Shava said that she did not want to relocate to her communal home where life is cheaper because she would have a larger family to support as that is where her extended family stayed. Mrs Gono and Mr Shiri stay with only their immediate family and there is little mention of the extended family in their interviews. The economic crisis shrunk the extended family's capacity to care for many people and they have resorted to splitting it into small composite units. It is this coping strategy which has brought about problems in a context where the extended family had always been a pillar of survival.

The overseer at the old age home also alluded to the fact that they were at that time not taking anymore residents despite the institution not being in full capacity because they did not have enough food. This statement on its own re-emphasises the fact that limiting numbers was another coping strategy. Like the families outside institutions, the institution had become a family in its own way and was also becoming more closed up and restricting numbers so that those who were already in could survive. This situation causes a lot of problems for those members of the society who would not fit into both the old age institution and whose social capital was weak.

## 5.6 OVERVIEW OF FINDINGS

The economic crisis in the country led to people resorting to numerous avenues to make a living. Before the crisis, the elderly could depend on pensions and the extended family to make ends meet. The crisis brought about an increased need to diversify sources of income even further among the elderly. There appeared from the study, to be an intricate relationship between aid from civil society, aid from the government as well as individual productivity. This relationship existed for both the elderly in institutions as well as those living in the community.

For those living in institutions, the government had facilitated for their enrolment. Instead of the government providing any assistance directly, it assisted in the institution acquiring different commodities from organisations more easily and at a cheaper price such as the Grain Marketing Board. The old age institution then had to find resources to use to buy these commodities. The government also provided free health care for them. It is here that aid organisations and other philanthropic institutions and individuals came into the picture, providing food as well as money to assist the old age institution. The elderly in institutions also grew vegetables which would in turn compliment their diets.

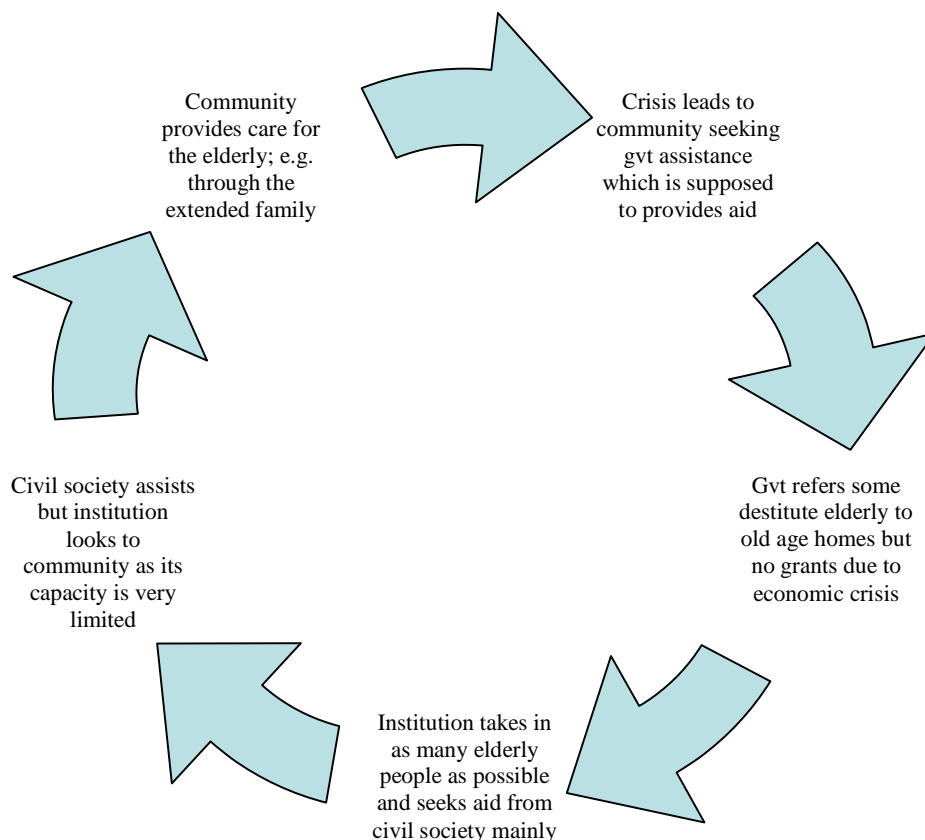
Outside the institution, similar traits were also realised. The only role the government played was that of providing free health care to the elderly. The elderly then had to find other means of sustaining their lives. The pensions which some of them had saved had been depleted. The civil society gave those who were registered some food to compliment what they already had. They were also still very productive, as they were seen renting out rooms in the houses they live in as well as selling different things ranging from vegetables to livestock. The elderly therefore combine many different things together to survive.

Another important issue which was established from the study was the relationship between the government, the community and the institution. This relationship was cyclical in nature and is illustrated in Fig 1 on the next page. It was realised that initially, the community had the greatest responsibility for providing care for the elderly. Due to



the economic crisis, a greater number of people in the community began to fail to provide the required assistance for the elderly and the elderly turned to the government for assistance. The government then referred them to old age institutions. The institutions take in as many people as is possible but have a limited capacity since the government no longer provided grants. In fact the old age institution in question is almost insignificant as it only provides for very few people, and this means those elderly persons whom the institution is failing to accommodate are being sent back into the community. The Mutikizizi Old People's Home example serves to further emphasize this assertion. Mutikizizi Old People's Home had been shut down at the time due to food shortages. What this meant was that the institution had returned the desperate elderly people back to the community and it was now up to members of the community and the former residents themselves to look for ways to survive outside the institution.

**FIG 1: THE RELATIONSHIP BETWEEN THE COMMUNITY, THE GOVERNMENT AND THE CIVIL SOCIETY**



## 5.7 SUMMARY

The chapter has presented a number of interrelated issues which were established from the study. Five major themes were established from the data. These themes included the changing role of the government, civil society as well as the weakening social fabric under the pressures of economic crisis. The complex nature of the relationship between the state, institutions, the community and civil society was also interrogated.

## **6 CHAPTER SIX: DISCUSSION**

This chapter aims to test the extent to which the study has answered the research questions posed. The first part will establish the extent to which the paper has managed to illustrate how the context has been altered for the elderly living in Zimbabwe due to the hyperinflationary environment. Secondly it will look at the extent the role of the old age institutions as policy options have been tackled by the study. That is, how the elderly people perceive themselves in relation to old age homes and how this policy has fared under the economic crisis. Thirdly, the chapter will seek to establish if the old age institution had in any way improved the quality of life for elderly people living in it. The fourth part will look at the alternatives that were used by the elderly to survive under such chronic poverty conditions.

The study revealed that hyperinflation had a huge impact on both the quality of life as well as the social networks of the elderly people. The most notable factor is that it eroded the pensions which were the elderly people's source of livelihood. All three pensioners living in the community who were interviewed talked about how their pensions were no longer significant due to a number of factors. Firstly, they had been paid out in the Zimbabwean dollar and as it got eroded, their savings were reduced to nothing. The second aspect is that in a bid to curb inflation, the government went on to introduce a foreign currency based economy. What this meant for the pensioner was that his life savings were useless as they were quoted in a currency which was no longer in use. For those elderly people who had been beneficiaries of government grants, the situation was equally bad. The social welfare interview revealed that the government no longer had the capacity to pay these grants. Hyperinflation hence reduced the capacity of the elderly to take care of themselves as it depleted their resources, reducing some of them to destitutes. The hyperinflationary environment saw the elderly struggling to meet the most basic human needs, i.e. food, shelter, clothing and health care. The residents at the old age home were particularly grateful to have these basics provided to them.

Hyperinflation also impacted immensely on the social networks and social capital of the elderly as it eroded the extended family's capacity to care for the elderly. This is due to

the fact that the economically active members of the extended family's salaries had also been eroded by the hyperinflation. The Social Welfare Department alluded to the fact that more families were actually coming through to seek assistance in providing support for their elderly. The elderly people who had been institutionalised in the period after the economic crisis acknowledged that their families did not have the capacity to care for them because of the crisis. The study emphasized what Charlton and Mckinnon (2001) and Bailey (1997) argue that in a context of hyperinflation and successive crisis, both social security and the family and community's capacity to provide care for the elderly are affected negatively.

The hyperinflation played a pivotal role in compromising the quality of life of many elderly people. Wilhelmson et al (2005) define quality of life as having many dimensions. These dimensions include good health, adequate food supplies, and availability of financial resources. From the study, it is clear that under such harsh conditions, old age institutions tended to improve the quality of life of residents as will be explained below.

It must be acknowledged that all of the elderly people in the old age institution had been destitute before being admitted into the old age home. They admitted that prior to being admitted into the old age home, some of them did not have shelter, others did not have enough food, and none of them had individuals able to take care of them. From the interviews conducted with the residents at Mucheke old people's home, there was a lot of appreciation for the fact that their quality of life had been improved. Mbuya Ennety appreciated the fact that she now had somewhere to stay, had two to three meals a day and received clothes and blankets from the home. She also appreciated that when she got sick, the administrators would take her to hospital. Sekuru G and the Gumbos also appreciated the care which they got at the home which they did not have when they were in the community. The institution had come in where their social networks had failed. Sekuru G's family had abandoned him when he was sick and he acknowledged that it was because of the care he got at the home that he was now recovering. For all the four respondents, the institution played a pivotal role in providing food, clothes, and health care.

Unlike those elderly people living outside institutions, the residents of the old age institution did not have to look for food, and stand in queues for basic commodities. Their supplies were sought by the administrators of the home and this in a way reduced their stress levels. Although the residents suffered from different ailments, none of them suffered from stress related ailments such as high blood pressure. Those elderly people living outside the home however were found to be prone to stress related ailments. Compared to those elderly people interviewed living in the community, those elderly people residing in institutions seemed to have a better quality of life. They did not have to worry about their food and upkeep related issues such as payment of rentals, whilst those who were living outside had to come up with different initiatives to meet the most basic needs, not only for themselves, but for their families as well. The only key issue which seemed to greatly affect the residents was that they tended to miss their families. Very few of them got visitors. The elderly living in the community however enjoyed their social networks more.

From the analysis above, the study managed to reveal that the old age institution at hand improved the basic domains of quality of life. This was also recognized in a study by Hungwe (2005) which also revealed that old age institutions did improve the quality of life of residents.

The study revealed that the elderly's perceptions of old age institutionalization depended greatly on their situation and experiences. The residents in Mucheke Old People's Home saw the institution as a savior as it ensured their survival. These residents had experienced a very difficult life before they came into the institution. All of the interviewees claimed that their lives had been very difficult before they were accepted into the institution, with most of them being destitute. Mbuya Ennety for example appreciated receiving at least two meals a day at the institution. Those elderly people living outside the home, especially those who owned houses did not seem to want to be institutionalized. Mr Shiri for example clearly stated that he would not want to be institutionalized because he would worry about what would happen to his house.

The contrast above presents an understanding that old age institutions are viewed differently by elderly people depending on their situation or context and what their experiences have been. For those elderly individuals who did not have any other source of livelihood, and whose social networks were weak, old age institutions were the best and often the only alternative. For those who had other options or whose social networks were stronger, the old age home did not emerge as an option.

The projection by Kaseke, (1997) that old age institutions would become the key policy to cater for the elderly as the country developed economically particularly in urban areas is challenged by this study. Kaseke's study overlooked the possibility of an economic crisis and what its implications would be on such a policy. It also overlooked the impact which the Economic Structural Adjustment Programme (ESAP) implemented by the Zimbabwean government in the early 1990s had on social welfare. ESAP being a neo-liberal policy encouraged minimal government expenditure on social services. This on its own could have impacted negatively on a social welfare policy which would require government to spend a lot more on such a social service. It is however true that the Zimbabwean government had institutionalization as the only policy to cater for the elderly who could not be cared for by the community. This study revealed that in this context, whilst government had hoped that institutionalization would be the answer to destitution of the elderly, it failed to provide the funds necessary to run the institutions. Under the economic crisis, even those institutions which had been privately owned and reliant on the elderly people paying for their care were failing to meet their obligations. An example is that of the Eastern Highlands Trust, which was appealing for assistance in newspapers. It argued that the residents' pensions which had paid for their upkeep, had been eroded to such an extent that it was no longer feasible to run the home without assistance from other sources (See Appendix II).

The study revealed that the government had continued to conduct means tests to evaluate who would qualify to be admitted in old age homes, at a time when the only active charity old age home in the province was no longer accepting anymore residents as it did

not have supplies to cater for more people. The Department of Social Welfare argued that within old age institutions, the elderly could get assistance from elsewhere as a group, something which was not possible for individuals. Another old age institution in the province, Mutikizizi had also been closed due to lack of funds. Both the charity and private institutions were struggling to cope in the economic crisis. The British government had also taken the initiative to relocate to Britain those elderly people who were in private institutions in Zimbabwe of British decent (see appendix II). Both the two types of homes (government funded and private) were now turning to well-wishers for assistance.

From the findings, it was clear that there were limits to the extent to which institutionalization could function effectively as a national policy on elderly. It showed that Kaseke's projection would be feasible in a context where the economy was functioning well and the government had the resources to establish more homes. The moment a crisis arose however, it was difficult for such a policy to continue working. The economic crisis in Zimbabwe led to the weakening of the government's capacity to provide care at a time when the community's social fabric was failing.

What the study revealed however was that in such a context, the civil society came in to assist to the best of its capacity. It was the civil society which was providing most of the assistance to the elderly living both inside and outside institutions, thus supporting Charlton and Mckinnon's (2001) view that social security and social welfare is greatly compromised by crisis. All the respondents in the study were beneficiaries directly or indirectly of a civic group's contribution. The civil society assisted with things ranging from food, soap and even water purifying tablets to ensure that life was bearable. As alluded to earlier, in the suburb where the study was conducted, long queues were identified, with churches and NGOs giving people different basic commodities as a way to try and help the situation. Some churches were giving people small things such as a new bucket which they could use to store purified water as there was a cholera outbreak. The only problem was however that these civic groups could not provide shelter.

The elderly people themselves were also active in different ways, which have been alluded to in the previous chapters. They pooled together resources with other members of their families, sold different things as well as rented out rooms, for those who owned homes, to ensure that they at least met the most basic of needs.

This chapter aimed at establishing the extent to which the study managed to realise its set goals. From the analysis presented above, it is clear the study managed to a great extent to answer the questions it set to investigate.



## **7 CHAPTER SEVEN: CONCLUSIONS AND RECOMMENDATIONS**

Chapter Seven will start by presenting a summary of the study. It will then illustrate some possible recommendations towards solving the problems faced by the elderly in the case presented. The study implies that there is a level of hopelessness for social security and social welfare in this context. It has presented weaknesses and failure to cope with the economic hardships by government as well as the family structure. This chapter will however seek to establish some possible recommendations which can be implemented in order to try and solve the different problems identified.

This study sought to establish the role which an old age institution catering for elderly people in a suburb in a town called Masvingo in Zimbabwe was playing during an economic crisis in the country. One of the key aims of the study was to establish whether this old age institution had become more relevant in a context where most black Africans did not believe in institutionalization of the elderly and preferred caring for them within the extended family. It also sought to establish what coping mechanisms the elderly were using to manage their situation if institutionalization of destitute elderly people, which was the prime policy of the government of Zimbabwe was not the solution.

The study used a qualitative approach. This approach was particularly relevant due to the nature of respondents, i.e. elderly people. It was also relevant due to the fact that this study sought to establish, the life history of respondents. The qualitative approach ensured that important details which could be easily missed were captured and preserved. The data collection tools employed, i.e. interviews and observation played an important role as they ensured that as much detail as was possible was captured as the study progressed. The study revealed that the economic crisis had not spared the institutions as they too were operating within the same context. It revealed that the elderly had started employing other coping mechanisms to cushion themselves from chronic poverty. One limitation of this study is that the findings cannot be statistically generalized but may well be applicable in similar contexts.

The study revealed that there was a gap in policy to cater for the elderly in Zimbabwe in general. The post-independence government had done very little to cater for the needs of the elderly, preferring to leave the burden of care to be carried by the community. This explains why those elderly people who had not been formally employed were so heavily reliant on their social networks for survival. Unlike countries such as South Africa, where the government has taken the initiative to give grants to elderly people who live below the poverty line, the government of Zimbabwe did not offer many packages to assist the elderly. In future, elderly people in Zimbabwe are likely to be vulnerable to poverty if policies are not introduced which create a pension programme for those individuals working in the informal economy. The economic crisis ensured that more than 90 percent of the population was unemployed. This percentage started increasing from the early 1990s when ESAP was introduced. This economic reform package encouraged the government to reduce expenditure. This meant that many people were retrenched and the government reduced its expenditure on social security. This led to the establishment of a generation which continues to be reliant on the informal sector. If the situation does not improve in the next 20 years, the crisis would have created a group of elderly people who will not have any form of social security and who will be very heavily dependent on social welfare and the community to care for them in their later life.

The study showed that all the residents who had been interviewed at Mucheke Old People's Home had never been formally employed. This made them more vulnerable to poverty than their counterparts who had been employed in the formal sector. I would recommend that there be initiatives to create a pension fund which will provide funds for people working in the informal sector and those elderly people living below the poverty line. This fund would take the form of social assistance, which is defined by Farrington and Slater, (2006) as a non-contributory transfer which will be issued to those elderly members of the society who are vulnerable to poverty. These can be in the form of money or vouchers issued out to the elderly Kakwani and Subbarao, (2005), present the fact that in light of the current trends, where the Aids epidemic has made elderly people the breadwinners in most parts of the world, non-contributory pensions targeted at poor elderly people will reduce poverty at a national level. This they argue is because elderly

people do not live in isolation and other members of their household would also benefit from these funds. Lund (1999) presents the positive impact which the pension grant has had at alleviating the poverty faced by the elderly and their households in South Africa. The pension grant has trickled down to the younger generations, ensuring for example, that younger members of the different households stayed in school for longer before looking for work as there will be some money coming into the family. It has also ensured better nutrition in the beneficiary households. The grants also go a long way in empowering the elderly. With this in mind, I would recommend that social assistance grants be introduced and awarded to the elderly in Zimbabwe as a poverty alleviation tool. For this system to work however, it must be acknowledged that the economy must be stable.

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## **APPENDIX I: Questions guiding the interviews**

### **Ministry of Social Welfare**

- a) What assistance is the department offering the elderly in institutions?
- b) Has there been any change in the numbers of elderly people seeking assistance from the department since the economic crisis began?
- d) What challenges has the department faced during the prevailing economic conditions in relation to the elderly?
- e) Have there been any changes in the number of elderly becoming destitute under this period?
- f) Have you noticed any change in the family network's capacity to care for the elderly?

### **Overseer at Mucheke Old People's Home**

- a) When was the home founded?
- b) In the beginning what type of people joined the institution?
- c) How has the economic crisis altered conditions at the home?
- d) Has there been an increase in the numbers of elderly seeking assistance from the institution in the last 5 years?
- e) What assistance have you been getting from the government?
- f) What type of services do you offer to the elderly?
- g) Has there been an increase in local people seeking assistance from the institution vs the traditional norm argued by many scholars, that foreigners generally filled the institution as opposed to locals?
- h) How have you dealt with the pressure?

### **Elderly in institutions**

- a) When did you come to this care institution?
- b) Who made the decision for you to come here?
- c) Do you like being here?
- d) Why have you been institutionalized?
- e) How do you find life in the institution?

f) How does it compare to the life you were living before?

g) Any notable challenges

**Elderly outside institutions**

a) How has your situation changed under the economic crisis?

b) What is your perception of your social networks? Have these changed in any way under the economic crisis?

c) What alternatives have you identified to help you cope with the economic situation?

d) What are your greatest challenges?

## **APPENDIX II: Newspaper articles on the plight of the elderly in Zimbabwe**

### **The impact of hyperinflation on Zimbabwean pensioners: Mr Keswa's story**

Tuesday, October 30th, 2007

Those who have not been exposed to Zimbabwe's hyperinflation may find it difficult to comprehend the intensity of the suffering it causes to the country's citizens. What difference does it make to people's everyday lives? To say that inflation has become a matter of life and death for many, may sound like an exaggeration to readers outside Zimbabwe. But that is the tragic reality as this real life story illustrates. Inflation is a direct cause of incredible stress and hardship in many Zimbabwean lives.

The names in this article have been changed to protect the identity of our interviewee and people around him, but all the other details are exactly as provided to our reporter.

Mr Bernard Keswa is 85 years of age. The National Railways of Zimbabwe (NRZ) employed Mr Keswa for most of his working life. His pension from the NRZ amounts to a paltry 33,000 Zimbabwe dollars plus some loose change. This income will not even buy him the lowest denomination postage stamp available in Zimbabwe.

To get the measure of this sum, consider that a pound sterling now equates to something in excess of a million Zimbabwe dollars. In other words our 85-year-old pensioner receives the equivalent of a tiny fraction of one pound a month to live on. Of course it is ludicrous. In fact it is an insult to Mr Keswa, a man who has worked hard all his life, deprived now of a dignified old age. 33,000 Zimbabwe dollars will not even provide a single one-way ride into town in an emergency taxi (public transport). (At the time of speaking to Mr Keswa an emergency taxi trip cost 150,000 dollars, but the fare increases almost daily).

The old Rhodesian Railways (precursor to the NRZ) was one of the country's major employers and a rock-solid financial institution under colonial rule. It provided financial security to employees and pensioners alike and was much respected for that. But uncontrolled inflation and gross mismanagement of the national economy over nearly a decade have eroded pensions (and not just of railway employees) to the point at which they are now effectively worthless. Mr Keswa is a tragic example of this trend: he is only one among hundreds of thousands. And remember, there is no social security network in Zimbabwe to provide even the basics like food, shelter, medicine, water and electricity.

Out of his paltry 33,000 Zimbabwe dollars, Mr Bernard Keswa is expected to feed, educate, clothe, and accommodate his four grand-children (Beatrice[15], Brian[11], Belinda[8] and Beater[5] ) whose parents died of AIDS in 2005. Imagine the stress that comes with the responsibility of feeding four vulnerable children on an income that will not buy a postage stamp.

As a diabetic, Mr Keswa also has to provide himself with a special diet. This is an extremely difficult task: due to the current food shortages in Zimbabwe Mr Keswa can no longer even afford a simple ordinary breakfast. It is impossible for him to find food like the brown rice that forms part of a special diet for diabetics, and even if he could, he wouldn't be able to afford to buy it.

Mr Keswa said that finding flour or bread is like looking for snowballs in the Sahara. To eke out his meager supplies during the times he has no alternative sources of food or support, Mr Keswa mixes small amounts of mealie-meal, sugar and water into a stiff paste. He then rolls the paste into small balls and boils them in water. The cooked product is called "maqhebelengwana", and is usually eaten accompanied by a cup of tea, but Mr Keswa says it has been a long time since he has had tealeaves and sugar in his cupboard.

Mr Keswa owns a four-roomed house in Luveve, a high-density suburb on the western side of Bulawayo. He bought the house during the "good old days when the NRZ floated a rent-to-buy scheme for its workers. Now two rooms leased to a well-mannered couple provide Mr Keswa with a modest monthly rental that does no more than pay for electricity, water and city council rates. But at least he has a roof over his head: many poverty-stricken pensioners had their fragile homes destroyed by the government during Operation Murambatsvina. Mr Keswa, as hard as it may be to believe it, is lucky.

The reality is that the Roman Catholic Church is Mr Keswa's salvation.

Through its philanthropic programme called the St Vincent's Society for the Very Poor [SVP], a society that looks after the most needy in the community, Mr Keswa receives regular handouts of sugar beans and mealie meal. Though the handouts arrive with long intervals between them (these were never intended to provide more than a food supplement for the very poor) they go a long way towards keeping extreme hunger from his door.

The SVP has, until recently when certain members of the Luveve Community took over, also been providing the funds to educate Mr Keswa's four grand-children. And the church has managed to provide him with clothes to wear for a number of years.

Help Age Zimbabwe, a non-governmental organisation that assists the elderly, has given Mr Keswa supplements of sorghum, grain and bulgar. These have been an essential part of his diabetic diet.

Mr Keswa's story highlights the charitable spirit of the community he lives in because, with their help, he has over the past five years been able to find ways of coping with his special dietary requirements despite the extreme difficulties presented by hyper-inflation and poverty.

Mr Keswa makes sadza made from ground sorghum (mhunga). This mhunga, or milo as it is also called, is brown in colour and is a delicacy for Shona traditionalists. (It is served in wooden utensils during holy ceremonies (zviringo zvinoera)). Mhunga's metabolisable

energy content is about 5-10% lower than maize, but it has a protein content that is 10-12% higher.

Mr Kaswa takes an extra precaution of his own: including garlic onion in vegetables and other dishes is now an ingrained habit because, as he says,

“It keeps me away from Dr Gloria’s vital medical check ups. It also saves me the humiliation of having to kneel down before my benefactors begging for money to pay for Dr Gloria’s check ups”.

The responsibility Mr Keswa has for his four young grandchildren means that he is keenly aware that he has to do all he can to stay healthy. Without him, they become mere numbers in the nation’s growing AIDS-orphan statistics.

As if all this was not enough, Mr Keswa also has heart problems, resulting in the occasional serious heart murmur. For someone living altogether on charity and, as the church would say, by the grace of God, it is nothing short of a miracle that to date he has managed to buy the prescribed drugs which come at a cost of 7.4 million Zimbabwean dollars. (Remember, his railway pension is 33,000 dollars.)

In April this year 85-year-old Mr Keswa suffered a mild stroke that badly affected his speech and left his mouth looking twisted. All of his dining, bedroom and lounge furniture was sold to pay the doctor’s consultation fees, hospital bedding, medicine and physiotherapy costs.

Within inflation-ravaged Zimbabwe Mr Keswa is one of the fortunate few whom friends, the church and other charitable bodies have kept alive. The government which has created the conditions leading to his sorry predicament, provides him with nothing whatsoever for his old age.

Were there even a semblance of democracy and free choice in Zimbabwe, it goes without saying that this government would have been shown the door many, many years ago.

(Story adopted from *Sokwanele*: 30 October 2007)

<http://www.sokwanele.com/thisiszimbabwe/archives/category/pensioners>

## **Pensioners with British passports repatriated from Zimbabwe**

Petros Nyathi

Mon, 01 Jun 2009

BRITAIN will, in the next few weeks, repatriate over 60 pensioners with British passports and living in Zimbabwe - a move which comes as Britain is accused of abandoning hundreds of UK-based pensioners who served the Crown in pre-independence Zimbabwe (then Rhodesia).

They are receiving help to come back home after hyperinflation ate up their nesteggs, government officials said.

There are an estimated 40,000 British passport-holders living in Zimbabwe, of whom about 25,000 are registered with the British High Commission.

British local government minister John Healy told the BBC Saturday that more than 60 elderly British passport holders who have been living and working in Zimbabwe will be repatriated and settled in England with the government's help.

"People were looking for help, particularly as the economy was still collapsing, the healthcare system, food supplies were getting more difficult," Healy told the BBC.

The British government says it may eventually have to pay for the return of 750 pensioners who hold British passports.

The scheme is available to people aged over 70 with medical or care needs, but their children and grandchildren will also be eventually included as they can claim the right of abode.

Britain has been criticized for the repatriation policy which has been branded racist.

"This is a racist policy that is meant to support only a few white Zimbabweans and not the rest of the Zimbabwean population," says a Zimbabwe government official who requested anonymity.

"Britain has imposed crippling sanctions on Zimbabwe and is leaving Black pensioners to suffer and repatriating white British passport holders. This is blatant racism," added the official.

With the new inclusive Government in power, the economy in Zimbabwe is beginning to stabilize; but Britain has not reversed the policy.

The first five of these 60 British passport holders - most of them born in Zimbabwe - to be repatriated by the British government will leave for London on Sunday.

The British Foreign and Commonwealth Office decided three months ago to repatriate the elderly British passport holders under pressure from various organizations including the Ex-Services League.

The move which came as Britain was accused of abandoning hundreds of UK-based pensioners who served the Crown in pre-independence Zimbabwe (then Rhodesia).

(Story adopted from *The Zimbabwe Guardian*: 01 June 2009)

<http://www.talkzimbabwe.com/news/117/ARTICLE/4790/2009-06-01.html>

## **Eastern Highlands Trust, Mutare**

### **RE: APPEAL FOR ECONOMICALLY TRAPPED SENIOR CITIZENS**

The senior citizens of Mutare are most fortunate that they can turn to the Eastern Highlands Trust for accommodation and care, during these unfortunate times, the highest inflation in the World, coupled with empty food shelves in supermarkets, currency changes that challenge even the most qualified accountants, limits to our cash drawings (if you have any) due to shortages etc etc. Who would want to be faced with this situation, as an able bodied, capable person, let alone a pensioner who is TRAPPED in the country, at this time of economic hardship?

We have an example of a pensioner who is receiving only 30 Zim cents (US\$0.00016667current value) a month pension, in return for their 38 years of dedicated service in building, what was the jewel of Africa! Compare this to a cost of a loaf of bread which is selling for zw\$140. Difficult to comprehend! Due to the diligence of a dedicated few, the Trust is struggling and limping along, by the GRACE of GOD, to provide the necessary for those who are unable to fend for themselves. Under these horrific challenges the Trust needs to find wages for staff, food for the kitchen, medical supplies for the infirmed, maintenance for the various sections and fuel vehicles to carry out these tasks and ferry those who need outside medical attention. Daunting to say the least!

The Trust caters for the following within their three sections:-

50 Self catering cottages - currently housing over 60 residents

31 rooms – Strickland Lodge - full board - housing 34 residents

20 beds – Frail Care - full board with nursing care - 20 residents

Over 65% of these people need financial assistance in meeting their monthly bills. As if this were not enough burdens for any organisation, the Trust is also assisting senior citizens (OVER 60'S) in the community, outside of the Trust, with regular imported, survival-food parcels.

We sincerely appreciate any assistance or donations you are willing to make! The Board & Trustees give an assurance that any assistance received is guaranteed to be utilised for the direct benefit of those in need!

(Adopted from *Zimbabwe Situation*, 08 September 2008).

[http://www.zimbabwesituation.com/sep8a\\_2008.html#Z11](http://www.zimbabwesituation.com/sep8a_2008.html#Z11)