SOCIAL SECURITY AND OLDER PEOPLE IN SWAZILAND

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I, Lungile Patience Nakiwe Bonsile Mabundza-Dlamini, declare that

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This is to appreciate all those who supported my journey. Thank you, I am forever indebted to you.

Special thanks and appreciation to my supervisor, Dr. D. P. Manicom

DEDICATION

I dedicate this thesis to my best friend and husband Sidumo Dlamini who has been my cheerleader and pillar of strength. Thank you Mlangeni there is no way I would have done this without your support and encouragement.

To my three children Mthokozisi, Siphosethu and Ayabonga thank you for being the best children in the world. I had to finish this work for you guys, just so you know that no matter how tough life gets, there is always a silver lining in the horizon and so giving up is never an option!

To my Mum and brothers, thank you for prayers and support…. finally we made it!!!!!!

LIST OF ACRONYMS

ADB	African Development Bank
ANAO	Australian National Audit Office
AU	African Union
CRC	Convention on the Rights of the Child
CSO	Central Statistics Office
DPMO	Deputy Prime Minister's Office
DSS	Department of Social Security
DSW	Department of Social Welfare
EU	European Union
GOS	Government of Swaziland
GHH	Grandmother Headed Households
ISSS	Indigenous Social Security Systems
ILO	International Labour Organization
LL	Lihlombe Lekukhalela
MEPD	Ministry of Economic Planning and Development
MoH	Ministry of Health
MoLSS	Ministry of Labour and Social Security
MoPS	Ministry of Public Service
NCPs	Neighbourhood Care Points
NDS	National Development Strategy for Swaziland
OAG	Old Age Grant
OVC	Orphans and Vulnerable Children
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Program for AIDS Relief
PLHA	People Living with HIV/AIDS
PPP	Public Private Partnership
PSPF	Public Service Pensions Fund
PIT	Policy Implementing Theory
RHM	Rural Health Motivator
SHIES	Swaziland Household Income and Expenditure Survey
SSS	Social Security Systems
UNICEF	United Nations Children Emergency Fund

ABSTRACT

SOCIAL SECURITY AND OLDER PEOPLE IN SWAZILAND

This study explored the lived experiences of older people in Swaziland who are recipients of the Old Age Grant in Swaziland (OAG). It sought to understand their views on being old in an environment where there is insufficient social security coverage and disintegration of the extended family structure. The study sought to examine older people's ways of life on a daily basis, the levels of independence and ability to care for themselves as well as other forms of care, in which they are involved in based on the Active Ageing Framework, the Notion of Care and Human Rights Based Approach. The Policy Implementation Theory was used to understand the context, content, nature of the policy process, actors involved in the formulation process and how all these components influence the implementation of OAG in Swaziland. This theory therefore, showed the dynamics of implementation and how each component is important in the effective policy implementation of the grant. The study utilized in-depth interviews and focus group discussions in order to strengthen the methodological vigour of the study.

A qualitative research methodology was used in order to gain a rich and detailed account of the social security experiences of older people. Purposive sampling was used to select participants for the study who were recipients of OAG and who live in different geographical regions of Swaziland (Hhohho, Manzini, Lubombo and Shiselweni). Qualitative methods included in-depth interviews and focus group discussions with older people and a questionnaire was used with government officials and implementing partners (local and non-government organization representatives) involved in social protection and ageing issues.

In total, there were 172 participants for the study, including sixty-one in-depth interviews and one hundred focus group participants. Eleven questionnaires were distributed to five government officials and six representatives of local and international NGOs working in social security issues or as implementing partners for the government of Swaziland.

Further, there were some differences in terms of overall needs, educational levels, previous employment, perceptions and overall understanding of the issues, which they face based geographic on location (whether urban, peri-urban or rural). The overall perception of participants in the study was that government and non-governmental organizations have been slow in responding to the urgent needs of the ageing population in Swaziland. The study further revealed that there is lack of understanding of the experiences of the ageing population in Swaziland, and that their needs are not known or inadequately addressed because there is no platform to discuss the issues of older people in the country.

Overall, the older people perceived social security as a right which government must award to them since they are citizens of the country. From the participants' responses, it was clear that HIV/AIDS had caused significant strain for older people as they had assumed caregiving duties in old age. All these experiences were well captured under the Notion of Care, Human Rights Based Approach and Active Ageing Framework.

Regardless of all their caring responsibilities, older people desire to live in an environment free of ageism, abuse and social exclusion. At a policy level, the study revealed numerous implementing challenges of the OAG and that Swaziland needs a programme that is more responsive to the daily needs of older people. HIV/AIDS is a significant factor in the lives of older people and as such need to be weaved into programmes targeting this population. The study further revealed the importance of designing programmes that take into account Swaziland's specific socio-political and cultural heritage. From the study, it emerged that in Swaziland formal and indigenous social systems co-exist and both play an equally important role in an environment where the majority of the ageing population is not protected or supported by formal social security. Indigenous social security mechanisms cover the gaps created by lack of adequate coverage from state provided social security. Community-based and neighbourhood welfare practices have somewhat assisted older people in maintaining their social networks which are built on reciprocity and Ubuntu in meeting some of their needs.

Conclusions and inferences from this study suggest that the current State social security systems (SSS) have not adequately responded to the day-to-day needs of older people. Older people in the study were more heterogeneous than homogenous therefore, makers

need to factor in these differences during policy formulation and implementation. The study proposed a more inclusive, collaborative and bottom-up approach to implementing programmes targeting older people. Improvement on the current safety net could be realised if the input of the recipients is solicited. The study further proposed strengthening of indigenous social security systems (ISSS) to supplement State based social security in an effort to improve the livelihood of older people in Swaziland. Lastly, a one-stop comprehensive model in the delivery of the old age grant was proposed in order to improve the quality of services and to encourage cooperation between the different agencies working with older people in Swaziland.

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CHAPTER ONE

GENERAL ORIENTATION TO THE STUDY

1.1. Context of the study

The International Labour Organization (ILO) sees social security as a human right that all people should be guaranteed regardless of their geographical location and social standing in society (ILO, 2012:v). As state-based protection, social security makes provisions for risks during the lifecycle (ILO, 2014:1). Social security provides protection or coverage through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from illness, parenthood, occupational injury, joblessness, invalidity, ageing and mortality; the provision of medical cover; and the provision of grants for families with minors (ILO, 2003:1). Social security needs to be universal and based on non-discrimination principles in order to protect and preserve the dignity and worth of people (ibid). Furthermore, social security is seen as a tool that can reduce the divide between the poor and the rich; it can assist in combating poverty and it is an essential ingredient in promoting development, equality and equal access to essential goods and services (ILO, 2012:v).

Even though the International Labour Organization (ILO) and United Nations (UN) instruments regard social security as a basic human right, yet only twenty percent of the world's population has access to social security coverage leaving eighty percent without any coverage (ILO, 2012:2). Those excluded from formal social security are normally overrepresented in the informal sector and cannot afford savings, health insurance and are not protected in old age. If done right, social security can have a positive impact at all levels of any given society (ibid). Population ageing as a new phenomenon in developing nations presents a very important challenge in the provision of social security to all people throughout the lifecycle.

Population ageing has been viewed as a triumph of the 21st century because less developed countries have made positive strides towards the reduction of infant mortality rates; whilst

showing significant improvements in health care, clean drinking water, nutrition, sanitation and housing (WHO, Projections of Mortality and Burden of Disease, 2004-2030). All these factors have accounted for the significant increase in life expectancy as well as an increased visibility of older people in developing countries (WHO, Projections of Mortality and Burden of Disease, 2004-2030). Even though the HIV pandemic has also resulted in many deaths, the anti-retroviral treatment (ART) has contributed to longevity in poorer countries.

The triumph over communicable diseases amongst infants and small children has been offset by the burden of chronic non-communicable diseases amongst older people coupled with other economic and social challenges associated with the ageing process (WHO, 2011:6). However, an even bigger challenge for Africa is the decline of indigenous social security systems (ISSS), which played a crucial role in the lives of individuals and communities in the form of cash and community resources (African Development Bank, 2011:10). For centuries, indigenous social security systems improved the quality of life of people by providing economic, social, spiritual and material support, all of which acted as buffers for vulnerable populations while ensuring that all individuals had an incentive to contribute to the wellbeing and welfare of the society (Tshoose, 2016:11).

For the first time in human history, older people will outnumber children and the absolute numbers of the oldest old population will increase exponentially across the globe (WHO, 2014:1). In the 1950s, life expectancy was less than fifty years; but between 2010 and 2015 there was a peak in the absolute numbers of people aged sixty and above from eleven to twenty-two percent globally (ibid). Population estimates for the year 2035 predict that the number of over-eighties and centenarians will increase significantly in developed countries and that a correlation exists between financial stability and longevity (WHO, 2014:1). No historical precedent has witnessed such a demographic shift where there was such an exponential increase in the number of older people compared to the number of children in both developed and developing countries (WHO, 2002:12).

The issues of ageing are leading the entire globe into unexplored and unfamiliar demographic terrain. Currently, sixty-four percent of older people live in less developed countries, but this figure is expected to increase to eighty percent by year 2050 (HelpAge International, 2012:1). In 2012, four-fifths of older people did not have regular income, and millions did not have access to basic services such as transport and healthcare; this was

due to high costs, inadequacy of services, indifference of officials and age discrimination (HelpAge International, 2012:1). As a result, the basic human rights of older people are being ignored and there is a lot of discrimination, poverty, violence, abuse and lack of specific measures and services targeting older people (ibid).

Even though population ageing is taking place at different rates within specific countries, four factors (fertility rates, mortality rates (life expectancy), initial age profile of the population and migration) are cross-cutting including the total fertility rate (TFR) at a global scale has significantly declined based on the lower replacement rates needed in maintaining populations (UN Population Division, 2015:4). A normal replacement rate was five children per woman to two children per woman, a rate that is below the acceptable range of population replacement (ibid). Women's access to education, access to contraceptives, increased costs to raise children and changing cultural patterns have influenced the fertility decisions of many women globally (Hilgeman, Lunney, Gabel and Lynn, 2001: 103).

The ageing of the "baby boomers" in industrialised countries has also contributed to the visibility of older people in those countries (UN, 2015:9). The high levels of disease and disability associated with ageing present a challenge in terms of care of older people in most societies. Women are particularly burdened with child and elder care as some societies rely on informal carers (WHO, 2015:37). There is a relatively high dependence on home care due to prevailing social norms which associate home-based care with quality care; in addition the high costs of formal care also fuels the notion of informal carers to bear the burden of caring for family members (ibid). Africa as with other poorer continents is not well placed or resourced to meet the challenges of this rapid demographic shift (Treasurer, 2002:1). In many ways, African countries are still at the beginning stages of the ageing process but the acceleration will happen at a faster pace compared to other regions; and governments thus need to start the preparatory work for this demographic transition that will take place in the midst of other social problems facing the African continent (WHO, 2000:12).

Different regions perceive ageing differently, and as such defining 'who' older people are varies over place and time. Ageing as a social construct is influenced by the prevailing circumstances in the environment and many social services lag behind this demographic transformation (Levy, Slade, Kunkel and Kasl, 2002:261). However, globalisation has

necessitated a uniform categorization of older people for statistical purposes, and the United Nations (2002:1) defines an older person as one who is 60 years and over. This definition is more suitable for developed countries where 65 is equivalent to the retirement age. Even though this definition of an older people has been adopted globally, it does not adapt well in other regions where other factors are used to define older people in society. Furthermore, such a definition disregards and devalues any economic efforts performed by people aged 65 and over, which fuels discrimination, social exclusion and isolation of older people because of the prevalent ageist views that surround the ageing process (Sixsmith and Guttmann, 2013:58).

The experiences of older people vary significantly based on the type of State social security systems targeting this sector of the population. Ageing in the African context is characterized by income insecurity, poverty, ill-health and poor living conditions whereas ageing in developed countries is significantly different in that there are still many challenges experienced by older people in terms of security and dignity and Neo-liberalism has affected the supports available. Examples of such systems in developed countries are the large public or private pension and health systems (National Research Council, 2006:9).

A more comprehensive definition would be one that acknowledged the other forms of social security that exist as a result of the exclusionary nature of state social security as defined by the ILO (2014:1). Population ageing therefore makes claims on governments to provide social security to its ageing population as part of the social contract between the government and its citizens. Thus far, most developing countries in Africa (Swaziland included) are providing social security to its citizens using Neo-liberalism frameworks that exclude a substantial number of poor people who desperately need some form of security.

1.2. Background

Swaziland is a landlocked country between South Africa and Mozambique and has a population of 1.2 million people, and older people make up five percent of the entire population (SHIES, 2010:20). The country is currently experiencing the worst brunt of HIV/AIDS; high unemployment rates; a weak and deteriorating economy; high levels of poverty and an uneven distribution of wealth in which the top five percent of the population controls seventy-five percent of the economy (SHIES, 2010:21). Seasons of

severe drought have resulted in poor harvests and deaths of livestock resulting in income and food insecurities within families. The HIV/AIDS pandemic and urbanization have also compromised the structure of the family unit and the roles within the family have reversed to some extent in that in certain families older people are providing care for orphaned and vulnerable children (OVCs), while in other families children are heads of households (AfDB, 2011: 10). The rise of HIV-related deaths has led to the increase of vulnerable older people who are neglected, some of whom live alone without anyone to care for them.

Due to the high unemployment rates, there has been a "brain drain" especially in the health sector where doctors and nurses migrated either to the United Kingdom or South Africa, resulting in shortages of health personnel in the country (World Bank, 2012:12). This move (coupled with unavailability of institutional health care services) has resulted in poor service delivery towards older people, and further increased the number of vulnerable older people needing or relying on informal carers, which function is mostly provided by women (ibid).

Consequently, the social safety net is fragmented, inefficient and has incredibly high costs and overheads, which further challenges a smooth implementation of the old age grant (OAG) in Swaziland. Such inefficiencies call for overhaul and reform of the system in order to deliver integrated, comprehensive and coherent social security programmes that are effective and efficient. The inconsistency and uncertainty that surrounds the disbursements of the OAG results in grandmother headed households (GHH) becoming vulnerable as grant disbursement is determined by the availability of resources in government coffers. The failure to consistently provide the grant is a result of many factors such as lack of legislative frameworks, poor targeting and coverage, poor economic growth and diversification, all of which need to be addressed urgently in order to provide older people with a predictable social environment in which their contribution is appreciated.

According to the CIA (2016:1), the dependency ratio in the Swazi population is sixty-nine percent; amongst older people it is six percent (ibid). These and other circumstances have increased the burden of care on women who have to provide care for small children and older people. Grandmother headed households (GHH) are vulnerable to multifaceted insecurities in that the lack of adequate family and/or ageing policies and programmes increases vulnerability, risks and shocks for this population and their dependents.

Older people as heads of households are burdened with providing income and food security for their dependents. The only source of income for older people is the old age grant (OAG), which is disbursed quarterly at E720.00 per person. Despite the visibility of older people in the Swazi society their issues are invisible in major national policy documents. As a result, issues of older people are not part of the development agenda for 2022, and this lack of attention makes ageing the least resourced of government priority areas.

Sixty-three percent of the Swazi population subsists below the poverty datum line, more than thirty percent of the population lives below the extreme poverty datum line, while seventy percent of the population reside in rural areas (The Central Statistics Office of the Kingdom of Swaziland, CSO, 2016: 5). Social security programmes geared towards lessening the effects of poverty are urgently needed and have to include developmental aspects in order to provide springboards out of the poverty trap. Effective social security programmes need to be effective, efficient, economical and sustainable and all this can be achieved if there is proper planning and forecasting during the design and formulation stages of the policies (Mokaba, 2005:iii).

With the high illiteracy, unemployment and poverty rates, older people are often viewed as passive partners in development initiatives and are the most marginalized due to issues associated with ageing. Stereotypes about older people reduce the information needed about this population, and media portrayal of old age not only hampers their image in the society but also their self-concept (Raina and Balodi, 2014:1). The media should not only focus on the negative imagery of the ageing process but it can also build positive ones, thus helping the older population maintain their much desired respect and dignity (ibid). Older people are particularly vulnerable to being overlooked and excluded, not only because of features intrinsic in processes of change, but largely because of underlying discrimination, which development aims to change.

The Government of Swaziland has shown its commitment to social security by endorsing important international treaties and agreements. These include the ILO Philadelphia Declaration (1944); the Universal Declaration of Human Rights (1948); the SADC Charter of Fundamental Social Rights (1980); the Livingston Accord (2006); the National Development Strategy (1997-2022) and the Constitution of the Kingdom of Swaziland

(2005) has provision for social security specifications (International Labour Organization, 2009:9-12).

Even though State social security (SSS) is a new concept in Swaziland, there were informal ways of caring for older people through indigenous social security systems (ISSS), which were largely dependent on the extended family. As the nation progressed and gained independence in 1968, a "diarchy" system of governance emerged in which the king rules with his mother (Queen Mother) who oversees the welfare of the entire nation. In recent years, the queen mother has spearheaded informal drives, which put the spotlight on the increasing vulnerability of older people in Swaziland (GoS, 2015:7). In 2005 the king made a pronouncement that saw the government adopting a proactive approach to meeting the needs of older people. Even though there are no policies in place governing the activities in support of older people, in 2016 the government partnered with the European Union in an effort to formalise this social contract between the government and older people (ibid).

Population ageing has ushered in wants, requirements and raised expectancy for government to provide social security for older people in Swaziland (Paudel, 2009:36). The government is seen as the custodian and driver in the provision of social welfare, social protection and overall provisions for social care services for the older generation (Cloete, Groenewald and van Wyk, 2006:183). As such, effective implementation and service delivery have become an indispensable factor for the public sector executive institutions in the quest for better service delivery to this populace.

1.3. Statement of the problem

As the world celebrates longevity, ageing is becoming a serious risk factor because it is associated with poverty, ill health, abandonment and abuse especially in poorer settings in poorer countries (Ferreira, 2004:5). Ageing in developed and developing countries varies significantly. Older people in developed countries are part of the working population and have access to social assistance, social insurance, health care and residential homes for frail older people; all of which supplement their monthly incomes (ibid). In developed countries the social protection mechanisms support the realization of universal human rights to social security as social and economic necessities for citizens. Well-designed social security systems act as a supplement for income and domestic consumption rather

than being the main source of income as they build human capital and increase productivity (ILO, 2014a:vi). Older people in Swaziland lack income and they enter old age without any resources to pull them out of the poverty cycle.

Even though older people make up on 5 percent of the 1.1 million people in Swaziland, yet they lack access to comprehensive social security systems. Qualifying for social security is cumbersome and discourages some of the older persons from accessing the grant. Swaziland is showing signs of being unable to provide adequate coverage for socio-economic development in the short and long term resulting in income security for older people. Older people struggle to access to health care and other social care services, which provide some form of empowerment to individuals.

Some of the oldest old people lack identification cards, birth certificates passports, and this situation of vulnerable older people means that they enter old age with absolutely no social security coverage and this increases old age poverty. Swaziland as most African governments has not made the issues of demographic ageing a priority in their development agendas and poverty reduction strategies. The issues and challenges of ageing are still under-researched in Swaziland and nothing informs policy on the state of old age poverty as well as other issues concerning this population. Poverty, isolation and vulnerability have not been prioritised in Swaziland and there is lack of clear guidelines on how to reduce their impact on the lives of older people. National circumstances have not been aligned with personal realities and needs of older people in Swaziland. The need to develop African gerontology is critical and specific solutions, which directly address the unique issues of older people in the African context is necessary (Lalitha, 2012:1). Similarly gerontology in Swaziland needs to develop in order to include the experiences of older people in Swaziland. Little is known about the unique and distinct needs of the ageing populations especially what makes them vulnerable, they also have limited recourse to support systems and their active participation is often lacking at all levels.

Policies targeting older people in Swaziland are weak and in some cases unavailable and this compromises the basic human rights of older people. The limited knowledge of the impact of social exclusion, discrimination and isolation of older people requires more research in order to inform policies and programmes. Lack of sensitivity and responsiveness to common physical problems associated with ageing, impairments and

disabilities of senior citizens such as chest diseases, visual defects, functional limitations, hearing impairment and body weakness and pain call for comprehensive approaches in dealing with the ageing issues. Such problems need proactive policies that provide access to healthcare and excellent services throughout the lifecycle. Common psychological problems experienced by older people include depression, cognitive impairments, death of loved one, anxiety, insecurity, neglect by family members and suicidal tendencies are rarely understood in the context of ageing in Swaziland.

Many older people in African countries (including Swaziland) experience these social problems in the midst of the HIV and AIDS epidemic, resulting in an increased strain on resources as well as family networks (Dekker, 2003: 2). Older people have assumed "mothering" roles and are responsible for medical care and extremely costly funerals. Older people in Swaziland are the main carers for their adult children and grandchildren, but the impact of all these life situations have also not been adequately studied in the context of a developing country such as Swaziland.

Even though ageing is still a slow process in Swaziland with older people making only five percent of the entire population, ageing is still not a priority area in the government agenda. Sen (1994: ix) notes that ageing is the most overlooked of all developmental areas. As the population ages, more and more older people are becoming the strength and glue holding together families; despite the vulnerabilities imposed by ageing in a society that is least prepared for this population's needs for wellbeing. Older people live in a state of shock because of the roles, which they have assumed as heads of households; and they are expected to provide for the family as well as share their grants with members of their families. Lack of comprehensive coverage for older people makes it hard to undertake all the roles in a meaningful manner. "As a result ageing should not be seen as separate issue but as part of integration, gender advancement, economic stability and issues of poverty" (Dessai, 2000:1).

Even though the Constitution of Swaziland of 2005 recognizes the right to social insurance and social assistance, grants as a means-tested form of State social assistance are insufficient in addressing the needs of older people. The lack of consultative forums infringes on the right to active participation for older people. Older persons rarely participate in the formulation of legislation, policies and/or programmes due to the

invisible ‘unbridgeable’ gap between older people and other groups in society in Swaziland. As a result of this invisible divide, issues of older people have made it to the development agenda of government.

According to Kaseke (1997:39), prospective recipients of social assistance programmes are often uninformed of the different provisions and hence do not benefit from this support. In times of financial difficulties and budget cuts, social assistance programmes are the first to get cut resulting in months of unpaid social grants to older people. On reinstatement, there is no back pay to try and make up for the shortcomings of the system. There are no alternative sources of income which government can utilise in order to ensure that there are no disruptions in the provision of the social assistance programmes.

The contributions of older people are rarely acknowledged and/or compensated. Although stereotypical depictions of ageing portray older people as dependent, illiterate and needing assistance all the time, evidence shows that older people are very useful and helpful in their families and communities. Given the impact of rural-urban migration and HIV/AIDS deaths, most families rely on the older members of the family to care for grandchildren. State based social security systems (SSS) in most developing countries such as Swaziland are inadequate, however, if used properly they can be positive instruments for fighting chronic poverty.

A majority of older people lack carers when they need to be cared for. The high mortality rates due to HIV-related deaths has resulted in a ‘skipped-generation’ resulting in two vulnerable groups (older people and children) having to live together, which requires older people to take care of children. State social security covers only a small proportion of this population. As a result of this gap, indigenous social security systems (ISSS) continue to act as alternative forms of protection for older people who are not adequately covered by the State’s social security mechanisms.

According to the Madrid Plan of 2000 and the Active Ageing Framework of 2002, ageing of all people in society (not only older people) is important so that governments can start making plans on how to sustain the growing number of the older population. Swaziland needs to actively engage in a preparatory process for the steadily increasing numbers of older people in the country. Government policies on ageing need to adopt the long life approach to ageing rather than treating ageing as a “once off” event, so that there is

continued conversations on ageing and how to best respond to the issues and challenges of the ageing process. Better preparation for this demographic shift is essential in least developed countries such as Swaziland where governments have to plan appropriately on where to access alternative sources of income in order to accommodate the ageing process.

The disbursement of grants to older people is confounded with systematic and structural issues that discourage beneficiaries from accessing social assistance. Such structural issues impact on the smooth operation and/or implementation of the State's social security system in Swaziland.

1.4. Objectives of the study

The key focus of this study was to understand the lived experiences of older people living in urban, peri urban and rural areas in Swaziland. The study also explored the OAG as a State social security system that protects older people. Lastly, the study also investigated how the old age grant as a form of social assistance is being implemented and thereby highlighted its prospects and challenges. The objectives of the study were to:

i. Understand the lived experiences of older people amidst inadequate social security in Swaziland.
ii. Explore the ways in which social security can improve the care and welfare of older people in the context of a developing country such as Swaziland.
iii. Examine the challenges of effective implementation of social protection programmes in Swaziland.

1.4.1. Research Questions

This can be further refined through sub-questions:

i. What is the Swaziland's government conception of older persons?
ii. What is their rationale to offering social security to older people?
iii. What are the current government interventions (policies or programmes) protecting older persons in Swaziland?
iv. What are the organizational arrangements (processes, structures, resources and systems) that are used to deliver these policies and programmes?

v. What are some of the current issues that the Swaziland government faces in implementing interventions to protect older people?
vi. What are the issues confronting older people in Swaziland?
vii. What coping mechanisms are older people using to address problems associated with poor social security?
viii. What are the gender differences that exist with regards to the provision of social security mechanisms?
ix. How do older people take care of their needs?
x. What have been their experiences with State social protection interventions?
xi. How have indigenous social security mechanisms been organized and in what ways are they effective?
xii. What kinds of activities do older people engage in to support themselves?
xiii. What are the experiences of older people with various types of indigenous social security systems?
xiv. How can efficient systems of social security be supported and extended to cover other vulnerable groups in society?
xv. What kind of indigenous social security arrangements (if any), do older people have access to counter exclusion?
xvi. How can different state and non-state actors collaborate to help older people overcome their daily hardships and provide for social protection measures?

Responses to these research questions helped address secondary as well as subsidiary questions raised in this study. The answers provided responses on challenges and determinants of ageing as well as providing evidence on the current policies and programmes of ageing in Swaziland. In addition, information was provided on indigenous forms of social security systems, which are coexistent with the formal social security mechanisms for older people in Swaziland.

1.5. Significance of the study

This study contributes to the growing resource of gerontology in the field in Swaziland. Just as the population ages worldwide, ageing issues are not currently a key focus area of the development agenda in Swaziland and therefore this study hopes to contribute towards the field of gerontology in Swaziland. Previous research conducted on ageing focused on the overall social safety nets, however, most of those studies did not focus policy processes that a policy or programme undergoes. None of the previous studies highlighted the implementation process and its implication on the success of any policy. Furthermore, the role of street level bureaucrats was seen as key to the implementation of good or bad policies. This study focused strictly on the implementation of the old age grant as a state social security system. Its challenges are highlighted in view of overall implementation issues from the local context as well as in the African context. This study further utilized the provisions of different treaties, conventions and agreements to which Swaziland is signatory to in an effort to highlight the possibilities of developing a more comprehensive and integrated system for caring for older persons. The study further highlighted older people in their roles as carers, as well as caregivers needing someone to care for them.

1.6. Limitations of the study

The sample size was 172 and does not allow for generalizability of the study to the wider population. Limited resources prevented the researcher from engaging in a larger study. Some older people were not comfortable talking about the old age grant because they felt that other researchers had manipulated them in the past. As a result of these concerns, some of the focus groups were cancelled due to participants' discomfort with being interviewed. Other participants were of the view that they would be paid for their contributions to the study; however, when they realized that there was no payment forthcoming they were visibly upset; some refused to participate in the study due to health and other physical disabilities: some of the beneficiaries had difficulty following the line of questions and/or responding.

1.7. Delimitations

This study adopted the UN definition of older people that is set at sixty years and above as this is the cut-off point for those receiving the old age grant in Swaziland. The study focused on older women and men who are 60 years and over currently receiving the OAG. The study used in-depth interviews as well as focus group discussions on the experiences of older people and social security in Swaziland. The study also focused on the implementation process of the OAG. The main aim was to highlight the critical role of street bureaucrats in the successful implementation of policies.

Key informants for the study included the Department of Social Welfare (DSW) in the Deputy Prime Minister's Office (DPMO), United Nations Children Emergency Fund (UNICEF), PEPFAR, and European Union (EU-Human Dynamics) Technical Team on Social Protection Framework for Swaziland, World Vision Swaziland, Umtfunti WeMaswati Charity Organization and Philani Maswati Charity Organization. Key informants were selected based on their knowledge of social security and social protection in Swaziland.

Future studies could include the participation of the Ministry of Social Security (MoLSS) that is responsible for social insurance in order to provide an overview of the effectiveness of this system. Also the Ministry of Health and Social Welfare could give more insight in issues pertaining to the ageing process. In addition, other researchers could look into the possibilities of merging the Ministry of Labour and Social Security with the DPMO in order to have better co-ordination and possibly lead to a Ministry of Social Development. More research could be undertaken on the implementation process and how qualifications of street level bureaucrats can hinder or contribute positively to the interpretation of policies.

1.8. Definition of key terms

The Universal Declaration of Human Rights of 1948 and other conventions, treaties and agreements identify social security as a fundamental human right for all people. The International Labour Organization defines social security in terms of income security, affordable health care, support for employee and his family and protection from poverty and social exclusion (ILO, 2003:1). The ILO sees the function of social security as

twofold; namely, income security and accessible, affordable and quality health care for all (Declaration of Philadelphia of 1944: no.202).

i) Social Protection and social security are used synonymously. Social protection is seen as a more encompassing and broader concept compared to social security (ILO, 2014:162). Social protection has the ability to provide coverage to families and communities whilst it can be narrowly used to just focus on the poorest and vulnerable members of society (ibid). In this study, social security is used as an encompassing term in the protection of the vulnerable and frail, older people.

ii) Social Insurance which involves individuals pooling resources by paying contributions to the State or a private provider so that if they suffer a shock or a permanent change in their circumstances, they are able to receive financial support (for example, unemployment insurance, contributory pensions and health insurance) (ILO, 2014:165). Social insurance is, in general, more appropriate for better-off individuals, although it can have an important role in preventing them from dropping into poverty.

iii) Social Assistance involves non-contributory transfers to those deemed eligible by society on the basis of their vulnerability or poverty. Examples include social transfers (non-contributory pensions, child welfare grants, food vouchers) and other initiatives such as school feeding or fee waivers for education or health (ILO, 2014:166).

iv) Social Transfers are a form of social assistance including cash given to individual households, as distinct from communities or governments; cash grants, cash for work and voucher programmes rather than interventions such as monetization, microfinance, insurance, budget support and fee waivers; cash as an alternative to in-kind transfers such as agricultural inputs, shelter and non-food items, as well as an alternative to food aid distribution (Harvey, 2005:5 and DFID, 2005:11).

v) Indigenous Social Security Systems (ISSS) are normally associated with rural communities; however, such systems are not an exclusive feature of rural communities as there are examples in urban areas (Patel, Kaseke and Midgley, 2012:12).

vi) Social security or social protection system: this is the totality of social/protection security programmes in a given country. These systems are interlinked to one another and ideally have to be complementary in nature (ILO, 2014:166).

vii) Universal Scheme/Programmes: accessible to all and able provide benefits in a one-stop centre where beneficiaries are able to access different services at the same place (ILO, 2014:165).

1.9. Organization of the study

Chapter One: This chapter establishes the basis for the study by providing a brief assessment on ageing and social security and a background of the study is provided. It also includes the statement of the problem, rationale of the study, the objectives of the study, questions to be answered by the research, definition of key terms and is concluded by the structure of the study.

Chapter Two: This chapter presents literature and other important studies undertaken on social security, implementation and ageing. Books, journal articles, Internet sources, magazines and newspapers were used to write this chapter. Other studies conducted in the field such as Masters and PhD dissertations (unpublished and published) were also used as reference points.

Chapter Three: This chapter presents the case study and begins with information on the international, regional and local instruments on social security to which Swaziland is signatory. The chapter also provides detailed information on the different types of social security provisions in Swaziland. It includes an overview on nation building to date; and traces the history of social welfare provisions in terms of legislation, policies and other factors.

Chapter Four: This chapter focuses on the theoretical frameworks and conceptual frameworks guiding the study. The notion of care, human rights based approaches, policy implementation and the concept of active ageing are extensively assessed and the links between these approaches are demonstrated in the study.

Chapter Five: This chapter consists of the research design and methodology used in the study. It includes the steps taken by the researcher to collect, analyse and interpret the data. The chapter concludes with a reflection on ethical consideration and the limitation of the study.

Chapter Six: This chapter analysis and discusses the lived experiences of older people in Swaziland. Data collected from older people is presented in this chapter and analysed using the literature review and the theoretical frameworks chapters.

Chapter Seven: In this chapter, an analysis of older people's experiences with the OAG disbursement process is discussed. A further discussion with the implementers (key informants) is also included in this chapter. The implementation of the Old Age Grant (OAG) and the challenges surrounding this grant are discussed at length.

Chapter Eight: This chapter concludes and summarizes the study based on the findings. This is then followed by suggestions for further research and the recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter offers an overview of previous research and literature on ageing and social security. It introduces these concepts by offering definition of the ageing process. Demographic or population ageing is contrasted with individual ageing to demonstrate ageing as a social construct as well as a subjective or individual process. The opportunities and challenges of ageing at global, regional and local contexts are also included in the discussion. Benefits and prospects of ageing are reviewed as well as the overall challenges of population. Ageing policies offer the basis for understanding of the dynamics of the ageing process and its impact on the ageing population.

State social security as a concept is defined, as well as the types of State social security systems such as social assistance, social insurance, and social protection are discussed in contrast to community-based social protection. The chapter further presents the notion of social security and how different definitions of this concept are given by international and regional organizations. The historical background of social security is provided with the emphasis on formal or state social security and indigenous social security systems. Differences of the application of social security are highlighted with regards to least developed and developed countries.

The chapter further discusses different components that are responsible for successful implementation including financing of social security; means testing and universal coverage; weak legislative framework; and programme design issues. The global demographic transition; lack of participation for individuals and communities; the impact of political commitment in social security provision as well as the impact of limited social security coverage for vulnerable populations are also discussed in this chapter.

Indigenous social security systems are also discussed with particular intention on definition of indigenous social security (ISSS); functions and characteristics of ISSS; weaknesses of

ISSS and specific studies on social security and older people. The chapter ends with a conclusion on the focus sections.

2.2 Ageing

2.2.1 Definitions of ageing

The definition of ageing has not only transformed over time but has also been varied amongst diverse societies (Hareven, 2005:199). As a result ageing should be seen as both a socially constructed phenomenon with a natural manifestation. Ultimately, accurately defining ageing is a very daunting task as most societies have different ways of defining this phenomenon over time and space (ibid). In many developed countries, the age 65 is used as a reference for people who have reached pensionable age and who are entitled to state social security benefits and social insurance (UNFPA and HelpAge, 2013:20; WHO, 2002:1). This is partly due to the fact that although ageing was historically a preoccupation primarily of the developed nations, however, with population ageing becoming a global challenge, a more encompassing definition was provided by the United Nations which defined the aged, elderly or older people as aged 60 years and above (UN, 2013:11). This invisible line divides younger and older cohorts of the population. Most countries worldwide have accepted (not without reservation) this cut-off age to refer to older people. However, defining ageing is difficult because no two societies define issues of ageing uniformly.

Human ageing is too rich a concept to be reduced to chronological age only. Using a fixed age or number provides a biased view of the ageing process. This is because the age at which one becomes an older person is a concept that is inconsistent as it is determined by prevailing conditions and circumstances in each society over time (Freixas, Luque and Reina, 2012:44). For instance, defining "old" is further challenged by the changing average lifespan of human beings. Around the year 1900, the average life expectancy was between 45 and 50 years in developed countries of that period (WHO, 2002:2). Today, life expectancy in developed countries reaches 80 years, however ageing in developing and developed countries is characterized by differing experiences (Freixas, et al., 2012:44).

According to Freixas and others, society instils negative attitudes towards growing old and this creates apprehension and fearfulness towards the ageing process, as we nervously

dissect and inspect our bodies for the smallest signs of ageing (Freixas, et al., 2012:44). The schemes of concealing and disguising oldness intensify societal ageism by inferring that there is something in the bodies and lives of aged that should to be concealed, legitimising the perception that ageing is in some way a negative concept (Calasanti, 2004:1-8).

As with many Western concepts, using the cut-off age of 60 to define who is old does not adapt well to the situation in Africa where other characteristics are used to define the "old" that go beyond chronological age (Nhongo, 2005:100). Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. Ageing is often described as a stage at which functional, mental and physical capacity is declining and people are more prone to disease or disabilities (ibid). Nhongo (2004:1) postulates that the chronological definition alone presents immense problems in Africa for the following reasons, namely that many older people do not know exactly when they were born and tend to use events to determine their ages, which leads to their ages being estimated (ibid).

Within the African continental context itself there are variations within different societies and/or ethnic groups as far as who is defined as an older person. In some cases, these definitions are based on what people have achieved in life, their wealth, the number of wives and children, the number of grandchildren, the ability to give birth, etc. (Nhongo, 2004: 2). Physical features are sometimes used i.e. the colour of hair, the stoop while walking, wrinkled face, widowhood, senility, pensioner etc. In addition, the knowledge that one has of important events, rituals and traditional processes is used in some societies to determine who constitutes the older generation. Retirement ages are also used to define older people. In Africa, these range from around 45 to 65 years (ibid).

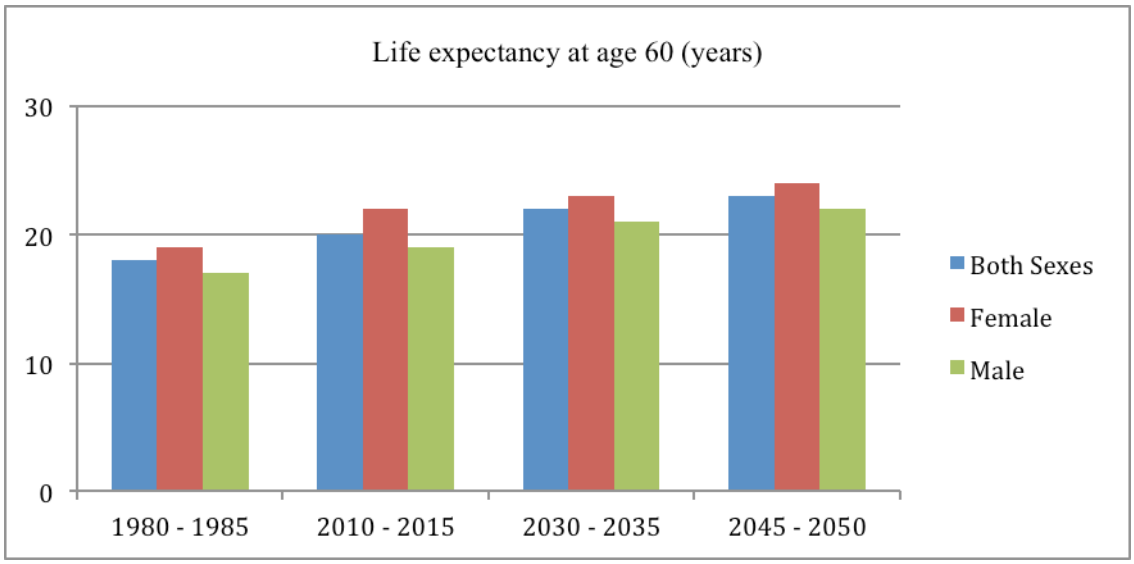
As a concept that has been transplanted directly from the West, the current characterization of older people is problematic because it is invalid, unsuitable and does not fit well to an environment where the majority of people work in the informal sector or are unemployed, thus making social insurance or retirement pensions non-existent and/or irrelevant (World Bank, 2012:4). In many developing countries, old age is said to begin at the point where active contribution to society ceases to be possible (Gorman, 2000:3-21). According to the World Bank (2002:2), "realistically, if a definition in African context is to be developed, it should be either 50 or 55 years of age, because it correlates with the chronological ages 50

to 65 years. Although this is somewhat arbitrary and introduces additional problems of data comparatively across nations but this is what captures the essence of ageing in the context of Africa." Some of the issues that are prevalent in Africa are that most of older people do not know exactly when they were born and lack the proper documentation that give their specific dates of birth (UNDP, 2002:5).

2.2.2 Demographic or Population Ageing

When speaking about ageing, it is essential to separate demographic or population ageing from individual ageing (WHO, 2002:6). Demographic or population ageing can be defined as the significant increase and visibility of older adults aged sixty years and over in most developed countries (ibid). Generally, population ageing occurs when there is corresponding growth in the number of very old people compared with younger populations (UNFPA and HelpAge International, 2012:20). On a global scale, the representation of "oldest old" and centenarians is increasing and the majority are women (UN, 2015:8).

Figure 2.2.2-1: Life expectancy at age 60 Worldwide



Source: United Nations Department of Economic and Social Affairs, Population Division (2015)

As can be seen in Figure 2.2.2-1, since the 1950s women have outnumbered their male counterparts and therefore understanding the demographic changes that will unfold over the coming years due to accelerated population ageing is crucial. Further, addressing gender specific challenges will require government to design and implement policies and

programmes that address economic, cultural and institutional barriers that hinder the progression of women.

According to the World Health Organization (WHO, 2007:7) in 2000 there were three hundred and thirty six million women aged 60 and over, and in 2050 it is estimated that there will be at least one billion women globally. Globally, there are hundred and twenty-three women for every hundred men over the age 60 (ibid). The statistics suggest that women will continue to form the majority of the ageing population which calls for gender sensitive policies to address the specific issues affecting women.

The life expectancy of women is higher in both developing and developed countries and the ageing process is faster in poorer countries. Older women remain invisible in most policies, especially in the developing world where they form the majority of the older population. In these environments, the knowledge base on the impact of gender and sex on the health outcomes of older people is limited. Older people are normally excluded from development programmes including credit schemes, help for small businesses, farming and community development projects. According to Holzmann and Joergsen (2002:21) there are five dimensions of social exclusion in society, namely: "exclusion from goods and services, labour markets exclusion, exclusion from land, a specific aspect of social exclusion in developing countries; exclusion from security which covers material and physical security; social exclusion from human rights." Such exclusion impacts older people negatively and denies them their human rights to social security.

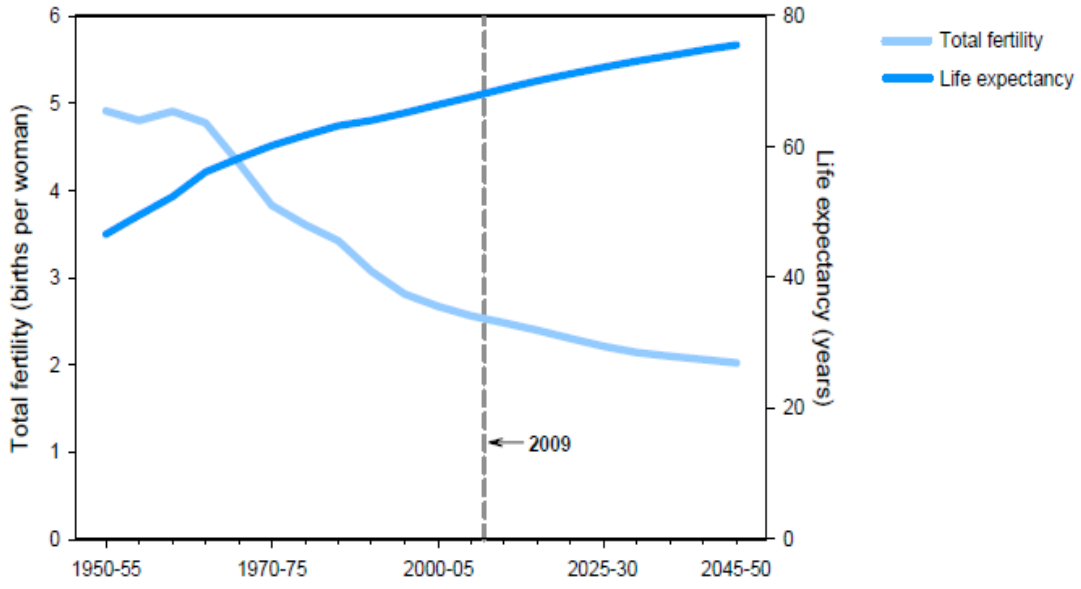
Furthermore, the social determinants of healthy ageing are not incorporated into policies and programmes targeting older people. Women as a group are heterogeneous and these differences are also reflected in the 60 years and over as well as women of 80 years and older. The effects of exclusion threaten the fundamental human rights of older people while heightening income insecurity in old age. Solidarity and togetherness are impacted negatively when some members of the society are excluded from mainstream development (Kaseke, 2003:33).

According to the World Health Organization (WHO, 2007:3), regardless of the fact that there are issues that are crosscutting (such as shared political, economic, cultural and social environments), the experiences of older people are diverse, and programmes should capture those differences based on their life experiences and further address culturally-based traditional roles which hinder the active participation of women in development.

Furthermore, research suggests that the ageing process is influenced by lifestyle early on in life. For instance, if women are kept healthy from birth it means that when they age they might reap the gains of that healthy lifestyle and prevent certain illnesses from developing later on in their lives (WHO, 2007:4). In societies where the boy child is preferred, chances are that the girl child's health and overall well-being is impacted negatively leading to inequitable access to health care, food and education compared to their male counterparts (ibid).

Global fertility rates dropped significantly between the 1970s and the early 20th century, from 5.3 children per woman to 2.5 children per woman (UN, 2007:xi). The marriage age also increased significantly during this period as women were getting more opportunities for education and also working outside the home. More women are deciding not to get married or to have children outside marriage (ibid). The use of contraceptives has also enabled women to have more control over the number of children they have. According to the UN (2007:xii), the use of contraceptives amongst women aged 15 to 49 increased by ninety three percent worldwide. Some women remain childless by choice and this also contributes to the significant decline in fertility rates around the world (ibid).

Figure 2.2.2-2: Total Fertility Rate at Birth Globally, 1950 - 2050



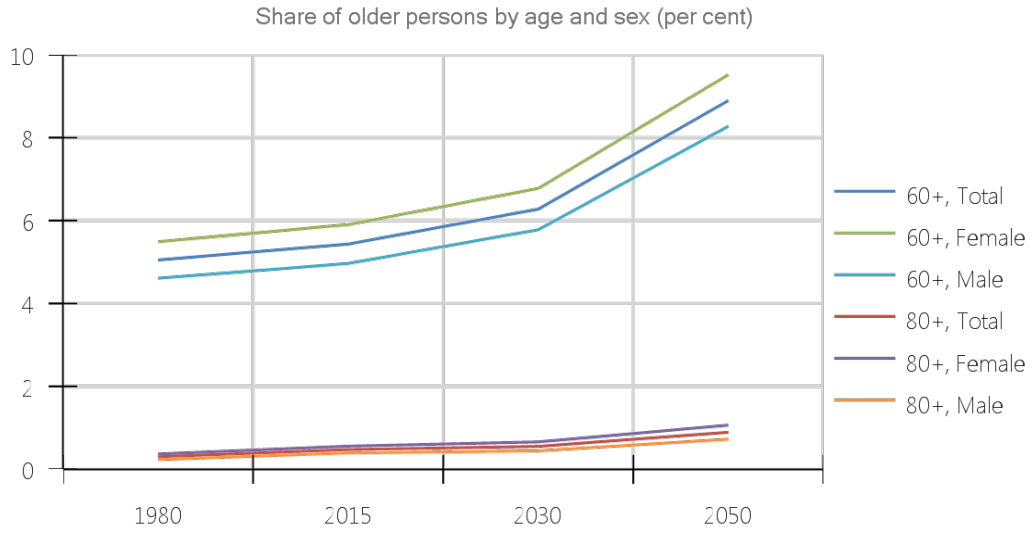
Source: World Population Ageing (2013)

Another impact of the low fertility rates is the increased visibility of the "oldest old." Globally, the population aged eighty years and above is increasing faster than other older persons. According to projections, by 2030 older people will outnumber children aged zero

to nine years. The number of older people will be 1.4 billion, while the number of children will be 1.3 billion (UN, 2015:3). In the year 2030, the projections reveal an increase in the number of the aged 60 years and above compared to adolescents and young people (2.1 billion versus 2 billion) (ibid).

On the African continent the population growth of the sixty and above group is estimated to increase by three percent to almost four percent in the year 2040 to 2045. The African region will experience the fastest growing number of older people since 1950 (UN, 2007:22).

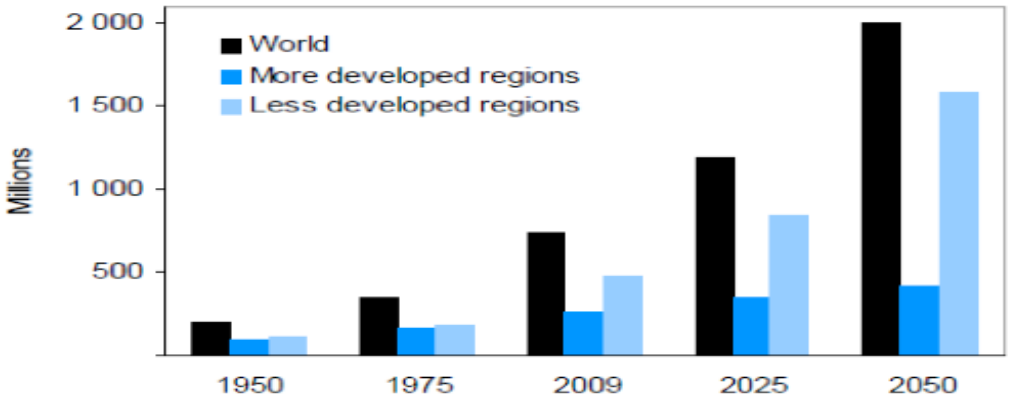
Figure 2.2.2-3: Proportion of older People by Age and Gender In Africa



Source: United Nations Department of Economic and Social Affairs, Population Division (2015)

Figure 2.2.2-3 demonstrates the increase of older people in both urban and rural areas. In 1980 the older persons made up only 7.9 percent of the population in rural areas, and in urban areas older people were 9.8 percent. In 2015, female older persons living in urban areas rose to 14.5 percent and 11.9 percent in rural areas according to the United Nations Department of Economic and Social Affairs, Population Division (2015:9). There was at least a forty-eight percent increase from the six hundred and seven million older people worldwide in the year 2000. In 2030, it is projected that there will be at least two billion older people globally (UN, 2015:6). Women form a majority of the ageing population worldwide (ibid). The fertility declines are recorded in all regions of the world as demonstrated in Figure 2.2.2-4 below.

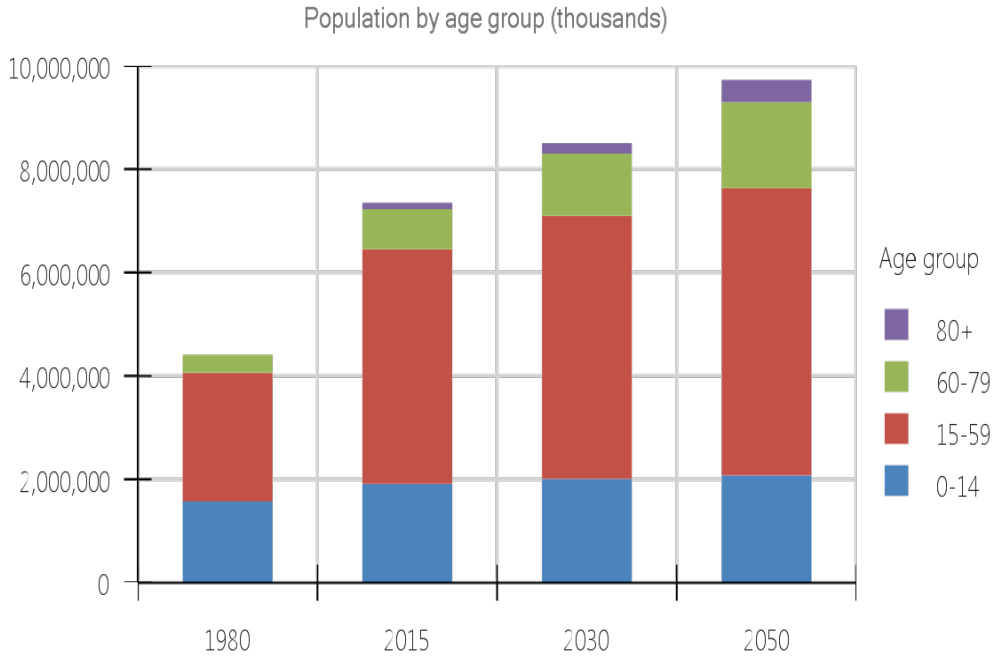
Figure 2.2.2-4: Fertility Declines, 1950-2050



Source: United Nations World Population Ageing (2009)

Fertility rates are so low in some countries that they are now below "replacement level" and this decline is still expected to plummet further, except in Africa (UN, 2015:18). Consequently, longevity will heighten the concomitant ageing of the population (ibid). Migration has also had a significant impact on the level of fertility around the globe in terms of decelerating it. Globalization has facilitated free movement resulting in younger age distributions.

Figure 2.2.2-5: World Population by Age Group



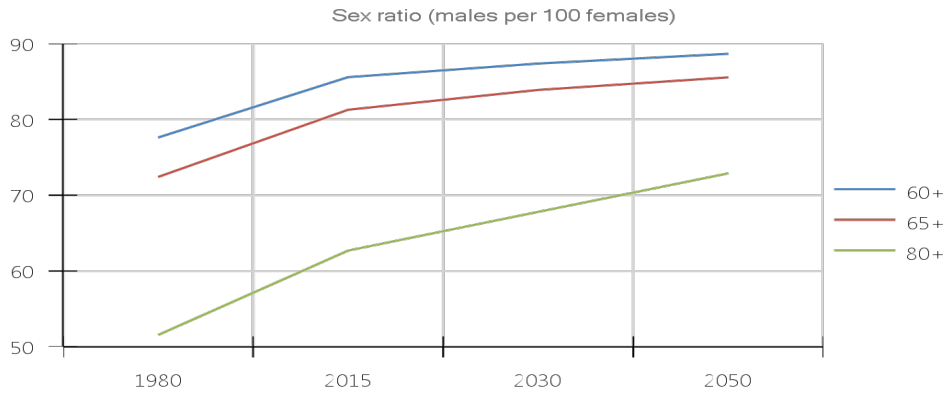
Source: United Nations Department of Economic and Social Affairs, Population Division (2015)

As younger people migrate to other countries the ageing trend can be offset. Conversely, migration impacts on the number of children that migrants can have. Some women might

choose not to have any children. According to global projections, migration will slow population ageing by at least one percentage point in twenty-four countries and accelerate population ageing by at least one percent in fourteen countries (UN, 2015:5).

When comparing older people with the other age groups, Figure 2.2.2-5 indicates that in 1980 the percentage of older people was very low but in 2050 the oldest old will be a visible group. According to the United Nations (2007a: 7), the majority of older people are women. Globally, sixty eight percent of the 60 years and over were living in urban areas between 2000 and 2015. For every hundred women aged 60 and above and over globally, there are just eighty-four men (United Nations, Department of Economic And Social Affairs, 2013:6).

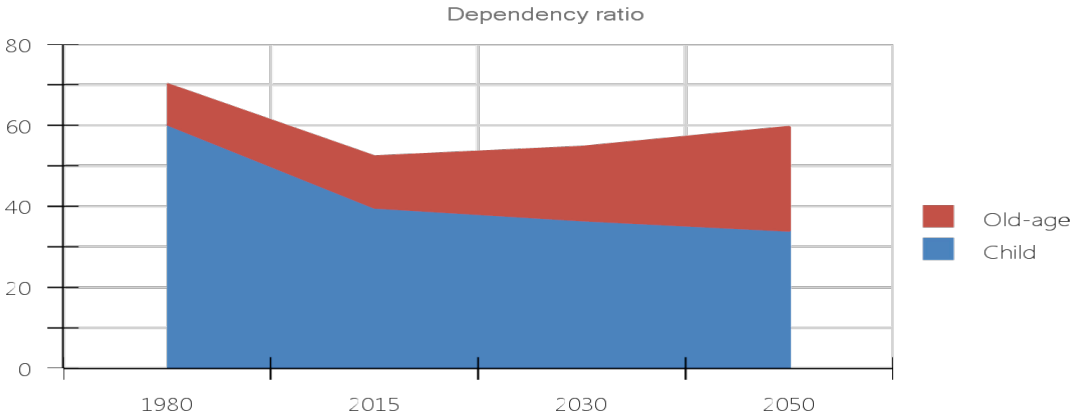
Figure 2.2.2-6: Global Sex Ratios, Males per 100 Females



Source: United Nations Department of Economic and Social Affairs, Population Division (2015)

Such gender disparities are an indication that women tend to outlive their male counterparts by at least five years. This results in a feminisation of ageing globally. In response to the visibility in the number of female elderly persons, policies that empower women throughout their lifecycle are urgently needed. A gender sensitive approach can be adopted as policy makers address societal and cultural issues that have previously disadvantaged women. A gendered approach is essential in the employment sector, as more women will work in old age. A discussion on whether to increase the retirement age or not is necessary in order to increase the participation of older people in the labour force. Hannon (2014:4) further suggests that older people can participate in part time employment after retirement just to maintain income security while harnessing their social networks.

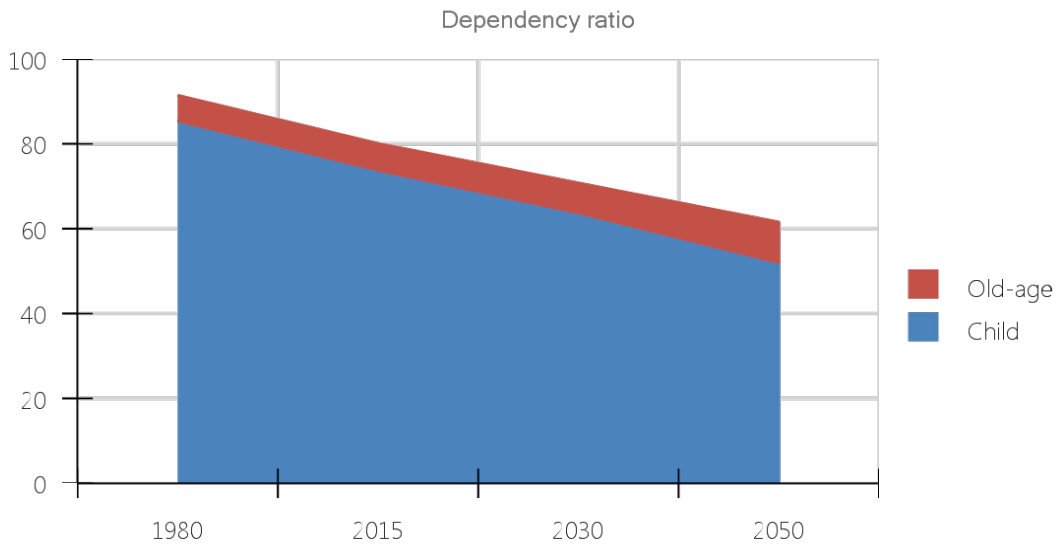
Figure 2.2.2-7: Dependency Ratio Globally



Source: UN World Population ageing (2009)

As women outlive their partners, policies and programmes for developing women proactively are essential so that they do not age in a poor manner. Challenging global wage disparities is increasingly becoming an issue that has to be resolved in order to address the dependency ratio. Older women are burdened with caring for small children and support structures need to empower them to effectively undertake this task.

Figure 2.2.2.8 dependency ratio in Africa per 100 persons aged 15-64



Source: UN World Population ageing (2009)

Addressing gender relations that affect the entire life-course of men and women has a bearing on access to resources and opportunities through an impact that is both on-going and cumulative (ibid).

2.2.3 Individual Ageing

Individual ageing can be seen as the unique experience process of growing old physically, psychologically and assuming new social roles in society (UN, 2015:17). In addition, individual ageing can be seen as a time for an inward focus in terms of concern for meaning making, self-worth and overall wellbeing experiences of later life. Individual ageing is specifically shaped by the economic, social and cultural conditions of the individual as well as by the societal context; these are constitutive and formative for the ageing processes and the life-course (Motel-Klingebiel, Hyden and Cedersund, 2015:9).

Ageing is therefore not only a social construct but also an individual and subjective experience that is multifaceted. According to Vina, Borras and Miquel (2007:249), individual ageing affects four critical areas in human development namely mind, body, wellbeing and emotions. Individual ageing is therefore a very subjective experience because no two people react the same and/or experience ageing in the same manner. The environment, social support or networks and genetic makeup determine how an individual is likely to experience the ageing process.

The life expectancy of women is higher in both developing and developed countries and the ageing process is faster in poorer nations. Older women remain invisible in most policies especially in developing countries where they form the majority of the ageing population. In these environments, the knowledge base on the impact of gender and sex on the health outcomes of older people is extremely limited. The social determinants of healthy ageing are rarely incorporated into policies and programmes targeting older people. Women as a group are heterogeneous and these differences are accounted within the different age groups (60-69 years) (70-79years) and 80 and over. The needs, health outcome, literacy levels and overall capabilities differ significantly. According to WHO (2007:3) regardless of crosscutting issues such as shared political, economic, cultural and social environments, the experiences of older people are diverse. Programmes should capture those differences based on the life experiences of older people and further address culturally based traditional roles that hinder the active participation of women in development.

Furthermore, research suggests that in societies where the boy-child is preferred, the likelihood increases of the girl child's health and overall well being impacted on

negatively, thus leading to inequitable access to health care, food and education (WHO, 2007:3).

The cultural and political context also shape the individual's experiences of ageing based on the policies for older people; societal and media portrayal of older persons influences the overall perception and reception of older people in a particular environment. All these factors indirectly influence how older people view themselves within the parameters of the ageing process. Opportunities to contribute to the development process, access goods and services or get medical attention when needed are to a large extent influenced by the prevailing messages that society holds towards ageing (ibid). As a multi- dimensional process individual ageing can be summarized in the following manner:

(i) Ageing as a universal concept indicates the progression of the ageing process occurring in various degrees (Vina, Barras and Miquel, 2007:250).

(ii) Ageing as an intrinsic concept that grows from within the organism of any living organism. It is an innate and natural feature of all living organisms and environmental factors also mediate the length of life and time of death (Dychtwald, 1986:11).

(iii) Ageing as a progressive phenomenon that begins at conception and gradually develops throughout the lifespan. No two people age in the same way because ageing is determined by the internal and external genetic programming of each human body as well as the physical and social environments (Matteson, 1997:158).

(iv) Ageing must be deleterious due to its potentially debilitating effects for the body. It weakens the body and causes the individual to be susceptible to a number of health-related issues due to the weakening body structure. Ageing makes the body susceptible to diseases and illnesses (ibid).

The role of society in encouraging socio-emotional functioning in the ageing population can assist people to ease into growing old. Ageing causes loss in the capacity to maintain the internal milieu of the individual when faced by changes in the external atmosphere, this causes the body to lose some of its "normal' functioning. Society can contribute to a positive process functions. Society can contribute to a positive ageing process by supporting individuals to modify their lifestyles to adapt to the physical declines; allowing

them to continue to make decisions; uphold and maintain their independence (Berk, 2014:11).

Physically, individual ageing is associated with loss of movement and abilities to perform everyday tasks due to muscle and fibre loss in the bones. Activities such as walking, washing, dressing, toileting can be difficult for the individual to perform daily. The ageing process forces an individual to disengage from society; and if in paid employment, this is determined to be the time for retirement. Older people become more susceptible to accidental falls, loss of teeth, poor hearing and eyesight.

Functioning deterioration relates to the "person's ability to perform activities necessary to ensure well-being" (Heikkinen, 1998:2). Limited functionality can result in the onset of disability and the need of care and support from other members of the community and broader society. Chronic diseases can progress faster with weakened immune system and bone structure (ibid).

Sociologically, ageing is viewed as a process accompanied by social isolation either voluntary or involuntary (Bennett, 1968:127). Voluntary isolation occurs when an individual retires and slows down from a busy lifestyle. On the other hand, involuntary isolation is a result of "physical deterioration, death of peers, stigma, enforced retirement" (ibid). Social isolation can cause more harm to the ageing person because humans are social beings who thrive through social interaction.

2.2.4 Benefits and prospects of population ageing

Population ageing should not be seen as negative "global shock" but as the final phase of this massive global transition, which began after World War II (WWII) when population growth spiralled out of control globally. Ultimately, population ageing should be seen as a facet in the human experience that will normalise and/or balance age structures. In this case, as governments provide better services that encourage and protect expectant mothers, the population will balance once again (WHO, 2015:12).

A society and community benefits by having at its core older people who are categorized as conservative, this means that they are most likely not to be deviant because of their high morale and standards with regards to working. Criminal activities are likely to decrease

due to the sense of responsibility that characterises older people's behaviour (World Bank, 1994:xiii).

Older people already perform very important roles such as pacifying the young, caring for the sick and mediating in family disagreements. Older people are the glue, pillar and familiar landmark within families (Peterson, 1999:19). With adequate support from the State, older people can provide better financial, child-care and emotional assistance to other family members. Unpaid care work for instance could be a source of income older people. Having older people active in their communities is an opportunity for governments to repay them for their contributions in society (Peterson, 1999:19).

Governments can make adjustments in the employment policies and allow those older people who are still willing to continue working to do so after age sixty as opposed to enforcing retirement (Paxton, 1999:88). The advantage of this is that of intergenerational sharing of information for better performance and service delivery.

Improvements in health and nutrition means that more people are ageing healthier and stronger. The financial benefits for governments are that they can still access taxes if such individuals remain active in paid employment (Olshansky and Ault, 1986:335).

In developing countries where older people are increasingly adopting caregiving roles and are burdened with providing for their dependents, governments can include the aged in developmental initiatives to ensure that they also have a stake in progress. In order to ensure that the next generation is sufficiently empowered to break the poverty cycle, older people need to be empowered in order to access and share empowerment knowledge and opportunities for the children in their care (Preston, 1984:59).

The Universal Declaration of Human Rights (UDHR) of 1948 justifies the provision of social services to all citizens as a part of their human rights; therefore, if governments have obligations to all people, this includes the older population (Raven, 2002:954). Older people have the right to age with dignity and self-worth. The State is supposed to be at the forefront of the protection of the rights of older people.

2.2.5 Challenges of population ageing

Inadequate understanding and appreciation of the ageing process continues to negatively impact on the provision of basic needs, which can assist older people in living fulfilling lives (WHO, 2002:16). This dearth in knowledge and experiences of ageing results in a dire lack of social security, limited access to healthcare and social exclusion of older persons as some of the main concerns of states internationally. At a number of international conferences, considerable distress has been articulated with regard to older people, with insightful plans made about developing strategies to address their issues. These international conferences include the United Nations' First World Assembly on Ageing in Vienna in 1982 (United Nations, 1982 cited in NPC, 2000:3), International Conference on Population and Development, 1994, and the Madrid International Plan on Ageing, 2000:2 (NPC, 2000:3).

The ageing phenomenon requires policy makers to mainstream ageing into their agendas in order to have equitable integrated approaches to ageing issues (WHO, 2002:6). Even though Africa is seen as a 'youthful' continent in terms of ages of populations, the HIV/AIDS pandemic, declining fertility rates, migration and other factors have brought older people to the forefront as they act as caretakers of children who are parentless due to HIV-related deaths and/or migration (United Nations World Population Ageing, 2009:34). As more women gain education and enter into formal employment, the number of children born per woman has declined significantly over the years (ibid). Moreover, as life expectancy increases it means that more and more people are living to old age, even in poorer societies.

Furthermore, Africa has a relatively small but growing percentage of the older population who require specific policies and frameworks for social and economic development as well as the development and implementation of human rights approaches that address the challenges, which accompany population ageing (United Nations World Population Ageing, 2009:34). Governments need to develop policies and programmes that will help regulate and coordinate issues regarding and affecting older people. Even though Africa is relatively a young continent, it needs to begin the foundation phase of policy formulation on ageing issues. The African Union (AU) Plan of 2002 asserts that older adults and children are the two most vulnerable groups in that "apart from children, old people are the social group most vulnerable to the numerous ills facing Africa: poverty, food insecurity,

civil strife, armed conflict, violence, inadequate social welfare services, to mention but a few" (AU, 2002:5). Similarly, the plan emphasizes older people's valuable roles and contributions to the well being of their families and communities.

The common thread amongst international and regional bodies is that issues of ageing must be priority issues for developing countries. Africa, as a young continent still needs to work on the definition of older people based on the needs of that sector of the population. In addition, in the midst of other social problems, ageing issues need to be assessed and international lessons be utilised in order to develop hybrid plans that take into consideration the prevailing economic, social and political standing of older people.

Old age constantly creates opportunities for different analyses, assessments and images. The way in which older people carry themselves mirrors societal perceptions that other people have about them, and such perceptions influence their own perceptions about themselves; who they mingle and associate with also impacts on their attitudes towards in life; and what the society thinks of them influences their livelihoods (Neugarten, 1988:3). A traditional description of older persons differs from culture to culture. In most cultures, older people are custodians of cultural and social values, which are passed from generation to generation through folkways and storytelling (ibid).

The ageing process can be a smooth or traumatic process for older people. Some older people suffer from isolation, which results in depression and loss of self-esteem. The treatment of older people in society and within the family can result in loneliness, worthlessness, and hopelessness in the long term. For instance, Ukwe and Modeke cited in IFA Global Ageing (2007:3) observed that dementia is seen in certain communities as "the result of a spiritual attack on the older person by an enemy, especially if the affected individual is an older woman, or as evidence of her engagement in witchcraft." These and other perceptions create more barriers for older people which impact on their ability to continue living fulfilling lives as well as being active members of most African societies.

Social exclusion, discrimination, poor access to jobs and health care, widowhood, denial of right to own and inherit land or property, lack of basic minimum income, subjection to physical, emotional, financial and psychological abuse, grief and bereavement issues, poverty and lack of social security are some of the main characteristic features of ageing in developing countries where the provisions for social security remain very poor, especially with regards to the ageing population (UN, 2015:20).

Older people are often presented as a homogenous cluster whose problems can be addressed using so-called 'one size fits all' programmes. Such an approach fails to identify individual differences on the basis of capability, age, gender, literacy, income, health, and residence (whether rural or urban) (UN, 2015:13). Appreciation of the heterogeneity of older people is essential during the policy process in order to have comprehensive and gender sensitive social policies aimed at addressing the unique needs of this sector of the population.

2.3 Ageing Policies

Ageing has long been a pre-occupation of developed nations, now it a globally critical issue and requires governments in poorer nations to develop beneficial policies to address the issues and challenges that accompany ageing (ECA Economic Report on Africa, 2008:5). Unlike the developed nations who had sufficient time to prepare for the ageing process, most developing countries have not successfully incorporated ageing issues into their development agendas due to the fact that older people are still a smaller proportion compared to the other age groups, and thus governments have focused on the other populations except older people. In addition, mainstreaming ageing policies is also complicated by the lack of resources to develop beneficial policies to address issues and the impact of ageing on the population. Mainstreaming ageing issues in such a way that older people are included in wider national policy is hampered by other competing social problems and limited resources which impact on the capacity to build inclusive societies where older people are part of the development process on par with other age groups in society.

Governments in developing nations are challenged to scale-up their efforts in preparations for the global ageing phenomenon. The vast majority of older people live in rural areas where social infrastructure is scarce, and they are excluded from the development process in general and state social security systems in particular (AU, 2008:8). Comprehensive and integrated policies and programmes that address the specific issues faced by the ageing population in developing countries are urgently needed. The daunting task for most governments in developing countries is to find the connections between mainstreaming ageing issues into the socio-economic development framework and protecting the human rights, dignity and worth of the ageing population (UN, 2002:10). The active participation

of older people in shaping policies and programmes that affect them is one of the ways to reduce social exclusion of the ageing population.

Furthermore, women are the majority of older persons in almost all the countries and fifty-five percent globally, and a majority of women live in rural areas. Sixty-four percent of African women are expected to reside in rural areas by 2020 (AU, 2002:6). Gender sensitive policies that address the needs of both genders, for example, the provisions of the Madrid Plan of 2002, show how issues of older people can be integrated into wider policy-making processes.

According to the Madrid Plan of 2002, for mainstreaming to be effective, it is vital that both "policy makers and implementers view mainstream policy questions such as basic services, poverty eradication, provision of health services or housing through the lens of the Madrid Plan Priority Directions and recommended actions" (Madrid Plan, 2002:paragraph 15). These suggestions support comprehensive programmes towards the ageing population. They can also assist implementers to create an environment where all ages matter and receive adequate coverage and protection according to the laws of the country.

Africa is synonymous with lack, want, disease and deprivation. Ageing in such a context renders older people more vulnerable than other populations. Persistent poverty, lack of resources, humanitarian crises, illness and epidemics are characteristic features of the African continent and provide an overview of growing old in the African context (Mupedziswa, 1997:9-12). Even though Africa is endowed with mineral and other resources, post-colonial governments have failed to implement accelerated growth policies and programmes. The result is that Africa remains the largest yet poorest regions of the world. With weakening indigenous social security systems provided through the family, more people are not protected from vulnerabilities, risks and shocks (Ferreira, 2004:4-7; Ferreira, 1999a: 1-3).

Unfortunately, the social safety net in poorer countries is ineffective and inappropriately addresses the needs of the vulnerable populations (ibid). Older persons, among other people, continue to be the most marginalized and vulnerable groups in Africa (Nhongo, 2006: 1-2). Furthermore, Nhongo cautions that as long as the intensity and complexities of social inequalities linger, attaining comprehensive growth will remain elusive for Africa (ibid).

Kaseke is of the view that rural to urban migration, education, modernization and globalization have somewhat compromised the integrity and ability of the family to provide adequate protection to its ageing population. He argues that in the midst of insecurity, governments need to consider finding synergies between state social security and indigenous social security in order to better attend to the needs of the ageing population (Kaseke, 2005:215). In addition, the sub-Saharan African region has borne the global impact of the HIV/AIDS pandemic (Ferreira, 2004:7).

High mortality has expanded the older populations and younger populations (AIDS orphans) (Aboderin, 2004: 128). In the midst of insecurity, older people are increasingly being asked to provide care for their adult children affected by HIV/AIDS and they are the heads of households and increasingly mothers to HIV orphans (Economic Commission for Africa (ECA), 2007: 3).

Related concerns include gender inequality and the burden of care by older women some of whom need to be cared for; rural ageing and societal affirmation of African elderliness and the re-integration of older people in so-called renaissance society (Ferreira, 2004:6; Ferreira, 1999a). Increasingly, then, it appears that African societies are being asked to cope with population aging with neither a comprehensive formal social security system nor a well-functioning traditional care system in place (Kasente et al., 2002: 160). In the end, the demographic or population ageing presents both opportunities and challenges universally which can be better addressed through proactively comprehensive ageing policies (Dekker, 2003:1).

2.4 State Social Security (SSS)

2.4.1 Definition of State Social Security

Social security has been largely known as a policy agenda outlining "public activities taken in reaction to levels of shocks, risks, threats, and lack which are considered unacceptable and/or inappropriate in a specified society or culture" (Conway, de Haan and Norton, 2000:20). This definition showcases the social security framework used in less industrialized nations. Walley (1972:9) defines social security as "the protection of standards which the worker secured for himself and his family in his employment." This definition is exclusionary as it excludes those individuals in the informal sector. This definition resonates with industrialised nations where social security is composed of a set of integrated organizations and programmes, which comprise of social insurance, social assistance, and employment protection and promotion.

The International Labour Organization (ILO) offered a more inclusive definition. ILO (2000:29), defines social security as "the protection which society provides for its members through a series of public measures: to offset the absence or substantial reduction of income from work resulting from contingencies such as sickness, maternity, employment injury, unemployment, invalidity, old age and death of breadwinner. It also provides people with health care and benefits for families with children." The definition by the ILO gives a basis for a global definition of social security in that it is premised on the Universal Declaration of Human Rights of 1948. This Declaration stipulated that all individuals have a right to a decent living standard with equal access to medical coverage and welfare for the individual and their family (ILO, 2001a: 39).

From the ILO definition social security can be seen as the privilege and right to welfare benefits that the state and other partners provide to individuals and households to safeguard against deteriorating or falling standards of living resulting from "basic risk and needs" (ILO, 2001a: 39). Despite such an inclusive definition, still those in informal employment are not included in the categories covered by State social security systems because they cannot contribute towards pension after retirement.

The United Nations (UN) defines social security as a combination of State based and private provisions that are reactions to innumerable emergencies that individuals encounter during the lifecycle as a result of temporary loss of employment, injury, maternity and/or

death of breadwinner. Such contingency plans aim to relieve income shortcomings so that people do not lose their housing and/or access to health care (UN, 2000:4). The overarching focus of the United Nations is ensuring that social security benefits assist individuals to maintain acceptable living arrangements in order to maintain the dignity and worth of the individuals in difficult times. The emphasis is on ensuring that the most basic needs namely clothing, shelter, food, education and income security are viewed as the prerequisites for human and economic development in all societies.

The focus of social security in development is that poverty alleviation of the impact of lack on individuals and their families. Income transfers such as grants are the mechanisms used in poverty reduction strategies. Where possible, employment opportunities are created to ease the tax burden in running these social assistance programmes, which put a strain on efforts to grow the economy. In developed countries, social security is provided by a multiplicity of sources comprising of government agencies, bilateral and intercontinental institutes and state and transnational NGOs.

Literature presents social security in three distinct ways: as a basic human right; as a tool to buffer vulnerable groups from social risks as well as mechanisms to satisfy the basic needs of individuals and families (Munro, 2008:1). All these competing views between risks, needs and rights support the difficulty in defining what exactly constitutes social security, especially in the least developed countries where myriad issues compete with a country's overall development agenda.

The 1990s ushered in a new wave for social security in least developed countries through structural adjustment programmes, which had strong donor presence, and support in trying to address the multidimensionality and the multigenerational poverty cycle prevalent in most poorer countries (van Ginneken, 2003:ix). Still social security has not yielded the same results as in developed countries. This is partly due to the difference in terms of development, socially, economically, politically and culturally. In most developing countries, social security is still elusive. It only covers ten percent of the population in Africa, leaving ninety percent of the people without any form of social security (ibid). Globally, social security covers at least twenty percent of the entire population leaving eighty percent without any coverage.

It has been argued that different circumstances prevailing in the African context need to be factored in when defining social security in poorer countries (Barrientos and Hulme,

2008:8). Further appreciating the impact of the prevailing political, social, economic and cultural atmosphere is key in understanding how individual societies conceptualize and define what is included in the social security benefits suitable for each country (ibid). African societies have historically relied on the family structure and other indigenous social security systems, which are still in existence in some societies Kaseke, 2003:35). A proper definition for social security in such settings is therefore one that acknowledges the other forms of social security that are inclusive of these systems.

The colonial past of the African continent and heavy reliance on donor driven support also impacts on the overall provision of social security in this region. Therefore a broader and more comprehensive definition that is not Eurocentric is needed for the African context. For instance, Nhende (2014:110) argued that:

> *"A social security definition should not be restricted to the wage linked social security common in the Western countries. Africa has a rich history of traditional social protection schemes, which only need to be harnessed and formalized. A more appropriate definition needs to incorporate diversity of social protection arrangements."*

In seeking to provide a more comprehensive definition of social security the UK Department of International Development (DFID) defines social security as traditional, private and state policies and programmes intended to benefit individuals, families and communities to survive threats and afford sustenance to the extremely vulnerable and poor (Holzmann, Sherburne-Benz and Tesliucc, 2003:3).

Social security is seen as efforts that take into account both the formal and informal aspects of social security. The South African White Paper for Social Welfare (1997:48) defines social security as a combination of state and private sector initiatives aimed at providing immediate relief to people who are undergoing a difficult time. This is done through cash transfers or in-kind benefits or both to maintain their families' needs. These interventions are dependent on state budgets and therefore any increments should not offset the national spending of the country.

This definition encompasses the multi-sectorial actors, which are involved in the delivery of social security mechanisms in developing countries (international and local donors and non-governmental organizations). It also takes into account that the governments in poorer

countries are unable to be the sole providers of social security due to the limited tax base, thus the provision of social security is a joint effort of the different stakeholders. In the same vein, Mendola (2010:3) defines social security as state based and non-state based support systems that assist households to better manage their stressful circumstances during difficult times.

In Mendola's definition, the essence of social security is as a poverty reduction tool and also incorporates the indigenous structures through which informal social security is channelled in most poor countries. This suggests that a majority of African people still rely on indigenous social security provisions due to the exclusionary nature of the formal social security as provided by the State.

Social security as defined by Orbitz (2001:9) constitutes all programmes and policies enacted by the state to bring positive change in the lives of the most vulnerable in the form of grants or in-kind support. Such interventions seek to empower and improve the livelihoods of the poor whilst acting as springboards to lever them out of poverty. These interventions are able to create economic opportunities to improve the livelihood of vulnerable groups.

In the same vein, Devereux and Sabates-Wheeler (2004:48) see social security as a four pronged process that has a "protecting (recovery from shocks), preventative (mitigating risks in order to avoid shocks); promotive (promoting opportunities) and transformative (focusing on the underlying structural inequalities which give rise to vulnerability)." It has been argued that an innovative combination of the indigenous social security systems, (made possible through the extended family networks) combined with state social security is the surest way of improving and extending social security systems to the most vulnerable groups (Boon, 2007:75).

> *"Social security is firstly the protection, by society, of individuals or social groups against a fall in their standards of living as a result of temporary adversities, and secondly, the amelioration, by society, of those standards of living of individuals or social groups which are below an acceptable minimum level" (Leliveld, 1991: 210). From this definition defining social security in the African context needs to take into account the informal sector where most rural populations derive their livelihoods (ibid).*

Clearly articulating what constitutes social security from an African context is still challenging and problematic for African scholars and/or policy makers. Thus far, in the literature perused did not identify a definition that is purely African because of the influences of donors and other implementing partners who helped shape, design and implement the current social security systems operating in a number of countries. Different African countries are at different stages of development, and their levels of development can be measured through the quality of programmes targeting the most vulnerable groups in society.

With this in mind, most of the definitions of social security can be divided into three groups; there are definitions by donor and international agencies, which have semblance with the prevailing economic and cultural conditions of the West. There are definitions by scholars who also reflect their own backgrounds and academic orientation; and lastly governments also offer their own definition of what they consider to be social security and the benefits for the poorest of the population.

In the end, different governments and/or entities put emphasis on prevailing circumstances in their countries and package their social services based on their realities. Scholars try to be inclusive in how they view social security but again more work still needs to be done in order to have a broader definition that captures the essence of the African landscape (Holmes and Lwanga-Ntale, 2012:11).

2.5 Nature of State Social Security Programmes

2.5.1 Social Assistance

In Africa, the predominant social assistance programmes include cash transfers, food transfer and in-kind transfers, public works and social pensions. Social assistance refers to the initiatives that are state driven and target the most vulnerable populations such as the older people, disabled and children (Eide, 1999:95). These initiatives are means tested and the individual has the responsibility to meet the eligibility criteria. The beneficiaries are not expected to make any contributions because they are seen as the most vulnerable members of society. The provision of social assistance to such beneficiaries is thus an attempt to level the ground between them and other members of the community.

Potential beneficiaries are the ones expected to prove that they are in need of such assistance. The social assistance is premised on the Elizabeth Poor Laws of 1601, which classified the poor as either 'deserving' or 'undeserving' (Eide, 1999:95). As a way to limit the number of people who are supposed to be cared for by the State, certain criteria must be met in order for an individual to access benefits (ibid).

> *"Social assistance is a state-funded system, also referred to as social grants, which is non-contributory and financed entirely from government revenue. This scheme is means-tested and the onus is upon individuals to prove that they are destitute. The social assistance provided to individuals is in cash or in-kind to enable them to meet their basic needs" (Taylor, 2002:93).*

A major concern with the inherited social assistance system is that in the West such a programme is supplementary not the primary source of livelihood that it is in the African context. As such, most social assistance programmes fall short in meeting the needs of the African poor. The restrictive nature of the social assistance results in certain needy populations being excluded because they cannot prove that they are poor and vulnerable; in addition some individuals do not have identification documents that are a requirement when registering for the grants such as identification document (ID), birth certificate and passports.

2.5.2 Social Insurance

People who primarily access the social insurance schemes in least developed nations are in paid employment. This is because they have the means to pay for the pension premiums towards their retirement. Health insurance, disability cover, funeral cover and unemployment insurance are some of the major social insurance schemes for most members of the African working class.

Other issues of concern with social insurance are that these do not take into consideration the situation faced by African countries, namely high unemployment, low wages and extreme poverty rates. In most cases, individuals have to weigh the option of paying for a future (insurance) they might not get to or buy food and meet their immediate needs. Furthermore, even for those in formal employment, faithfully paying insurance benefits subscriptions is rare. This results in more people falling into the poverty trap especially after retirement. In addition, the majority of the population is in the informal sector where these insurance conditions do not apply. The result is that the "working poor", "self employed" and unemployed do not have any form of safety net.

> "*Social insurance (also referred to as occupational insurance) is provided to protect employees and their dependents, through insurance, against contingencies which interrupt income. These schemes are contributory for both employers and employees. The contributions are wage-related and the employees and the employers agree upon a percentage. Social insurance covers contingencies such as pensions or provident funds, medical benefits, maternity benefits, illness, disability, unemployment, employment injury benefits, family benefits and survivor's benefits" (Taylor, 2002:93).*

Social insurance is premised on the principle of risk pooling (Eide, 1999:95). Legislative frameworks govern this initiative and employees are expected to make contributions towards their retirement. Employees make these contributions as a protective measure to counteract poverty in old age or upon retirement. However, due to loss of wages some employees are unable to make contributions for their retirement.

The main disadvantage of programmes that use means testing is that the poor have to prove beyond reasonable doubt that they are indeed vulnerable. Most of the assistance given to

the poor is in-kind or cash (as grants) to ease the burden of meeting basic survival needs. The challenge with means-tested programmes, which target older people for instance, some people do not have the right documentation in order to be able to qualify for government grants. At other times, the eligibility criteria is ambiguous and a lot of deserving poor are excluded. Another point of concern is that some of these programmes are not advertised and thus some of the intended beneficiaries do not know about the available services and how to access them.

2.5.3 Social Protection

Devereux and Sabates-Wheeler (2004:11) define social protection as a:

> *"Set of all initiatives, both formal and informal, that provide social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect against risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination."*

Even though social protection is seen as more comprehensive than social security, the objectives are similar thus the interchange in some literature where social security and social protection are discussed. According to Devereux and Sabates-Wheeler (2004:12) social protection has 'four dimensions namely preventive, protective element, promote income generation and transformative measures.' Kaseke (2013) and Oduro (2010) argue that indigenous social security systems, possess similar attributes or dimensions similar to those played by formal social security mechanisms as their essence was preserving solidarity, togetherness and oneness *(bunye)*.

Devereux and Sabates-Wheeler (2004:12) echo similar sentiments that indigenous social security systems 'serve the same function as formal social security systems.' According to Ouma (1995:5) most African governments are silent on incorporating indigenous social security systems in the formal system.

2.5.4 Community-based social protection

Due to the selective and exclusive nature of formal social security systems, poor populations had to find ways to protect themselves from risks, shocks and vulnerabilities. Different names are used to refer to this form of social security, including traditional,

informal, non-formal and indigenous social security systems. These schemes have recently been seen as the newest strand in the social security arena and Dekker (2005:9) argued that formal and informal social security systems were travelling on parallel roads; one driving on tar and another on gravel but the destination was the same.

Community-based social protection includes religious and community institutions, which play a significant role in the provision of informal care to most people in communities (Kaseke, 2013:3; Dhemba, 2002:111). Religious institutions have been instrumental in caring for widows, disabled and orphans. For instance, some faith-based organizations offer bursaries to children in difficult circumstances to obtain education while some religious organizations run community clinics, which are largely utilised by disadvantaged groups in society. Community-based social security systems thrive on reciprocity, Ubuntu *'buntfu'* social care and solidarity. Community members have a sense of obligation to care for their fellow members especially for the old, vulnerable, disabled and orphans (ibid).

The extended family acted as a conduit for most community-based social security mechanisms. In death communities rally around the bereaved family and ensure that they receive the care and support they need during this time. Culturally, the dead are seen as being closer to 'god' and ancestors and there is always a sense of obligation in ensuring that the community supports the bereaved as surety or investment for the future (Iliffe, 1987:93). In most African societies there was no 'orphan' because of the belief that 'it takes a community to raise a child' and informal adoptions within clansmen were common. When a woman lost her spouse it was also common practice to have a male relative 'inherit' *(kungenwa)* the widow. Kaseke (2013:3) argued that indigenous social security mechanisms are founded on cultural norms and societal values.

Chief's granaries *(emasimu endlunkhulu)* are an example of community-based social security systems. Lending a needy family livestock *(kusisa)* and *(kunanisa)* are examples of community-based social security systems. The question that lingers is whether or not synergies could be formed between the state social security systems (SSS). The deficits of formal social security coverage reveal the growing gaps between social needs and the capacity to meet those needs. These deficits compel vulnerable populations to seek alternative social security measures in order to deal with the risks and shocks.

2.6 History of State Social Security

Formal social security systems in African countries resemble the principles, procedures, and priorities from colonial history whose focus was on a small segment of the population rather than on a national basis. Formal social security targets those in formal employment and totally neglects those who earn their living through the informal sector. A blend or complementary between formal and indigenous social security is still elusive for most African countries. The transition from agrarian to wage employment as ushered in by the industrial revolution exposed many people to all forms of insecurity. The industrial revolution exposed the most vulnerable populations (disabled, sick, aged and children) because there were no means to earn a livelihood. The period put strain on the family resulting in the nuclear family being the main type of family in society (Schneinin, 1999:159).

Social insurance was the first form of social security- it was an arrangement between the employer and employee to make contributions towards the old age pension of the employee. Since the people who were not in paid employment still lacked coverage, social security in the form of social assistance was introduced (Oduro, 2010:10). Here the state or government became the custodian for social security issues. This was because the older people, disabled and children did not have a source income from which an employer could deduct contributions. The government thus funded the social assistance through taxes (ibid).

Social security has become synonymous with welfare when discussed this system draws clear distinction between least developed and developed nations (Gentelini and Omamo, 2011:329). Broadly, the concept of social security was aimed at protecting people against shocks, risks and vulnerabilities. Risks, shocks and vulnerability are all relative terms and depend on the contextual interpretation based on prevailing circumstances of developed or least developed nations (Devereux and Vincent, 2010:8). Social security is as old as human kind; preceding societies had emphasized the right to decent life for all community members young and old alike; and social and economic uncertainties have been a characteristic feature to all humanity.

Midgley (1984:106) posits, “in most cases, colonial social security measures were introduced not for the benefit of local people but for Europeans and especially for those in

the public services." As a result of this exclusion, local people organized and ensured that they were protected from risks and shocks. In the post-colonial era, African governments were not able to dismantle the social security structures, which they had inherited from the colonialists (Barrientos, 2010:18). Instead, formal social security covers between 5 to 10 percent of the population, this rendering a significant number of people vulnerable to social risks and uncertainties. Due to this exclusionary nature of the formal social security system, the excluded people have continuously relied on social security that is outside the state regulation (Barrientos and Hulme, 2005:8).

2.7 Challenges of State Social Security

2.7.1 Financing Social Security

Connecting the spending and financing sides of any programme allows for the recognition of the source(s) of revenue and how interrelated they are to the type of expenditure; support for and choice of social security policies and who pays (McClanahan, 2009:4). In essence, policy making (whether fiscal or social) is not merely a technocratic exercise but an outcome of a political bargaining process where different social and economic groups will seek to promote their policy preferences (Sindzingre, 2009:123-24). It is therefore suggested that the extension of social security ultimately requires the development of a politically sustainable social contract (Barrientos and Hulme, 2008b: 12).

In fact, other scholars suggest that there has to be at least an explicit and sustained political will to expand social security (Leistering, 2009:8). Conversely, in the absence of a social contract, social security programmes and mechanisms can be considered as patrimonial tools to remain in power (Hickey, 2008:8).

As Kaseke (2004:9) notes, low social security coverage of the poorest and the rudimentary nature of social assistance programmes in Africa are largely due to inadequate budgetary support for social security. As a result, only a few of the intended beneficiaries are provided with limited short-term relief (ibid). Unfortunately, huge gaps in social assistance coverage mean that the most vulnerable and those at risk of falling into deeper poverty are unable to meet their most basic survival needs (Olivier, Kaseke and Mpedi, 2008:1). Furthermore, these scholars observe that well designed and/or plain. Planned and well-designed programmes (such as social grants for the poor older person living with small

children or child headed households and people with disabilities) would result in better social and economic developmental outcomes.

As such, the extension of social security coverage has been one of the most challenging undertakings for African governments as indicated by the International Social Security Association (ISSA, 2009:3). Defining social security from an African perspective has been a daunting task for governments and donors. Akor (2013) notes that the demographic, economic and societal environments, within which national social security systems operate, are rapidly changing and these changes pose challenges for societies and their social transfer systems which must be designed such that they keep up with the changes at local and global levels (Akor, 2013: 3). Consequently, new macro trends in the structure of national social security systems have emerged during the last decade; these can at best be described as "centrifugal" and yet their causes are to some extent interconnected (ibid).

From a social contract perspective, the question that Hickey (2008:259) asks is how to raise the "status of passive beneficiaries to that of active claimants". Some advocates for pro-poor social security argue that some minimal income security is a right, and there is plenty of evidence to suggest that cash grants do not create laziness and dependency but rather gives the poor a stepping stone to engage in productive activities (Hanlon, et al., 2010:7).

Unfortunately, there is still a possibility that the most vulnerable recipients of social security grants (often the most vulnerable and poorest of the poor) are not politically active claimants but apart from the receipt of the transferred merely become passive and loyal beneficiaries disengaged from the state (apart from receipt of the transfer) (Birdsall, 2007: 577).

The United Nations (2005) sees economic development and governance factors as being equal; ageing is the most important factor of influence on social transfers to older populations (both formal and informal) that are, in turn, the biggest expenditure items in developed national social security systems (UN, 2005:5). Such an impact is especially strong in mature systems in societies with a high proportion of elderly people covered by social security (ibid). However, developed countries have been gradually ageing, but the ageing process is progressing at an alarming rate than less developed countries (UN, 2004:11). 'Poorer nations in relative terms will face an even more' serious ageing problem

between 2000 and 2050, and have to build strong transfer systems well prepared to face this challenge (ibid).

2.7.2 Means Testing and Universal Coverage

African countries need a combination of social assistance and universal programmes, which provide basic pension for all people without means testing to protect people from risks especially those in the informal sector who do not qualify for social insurances. "A comprehensive approach to poverty reduction calls for a programme of well-targeted transfers and safety nets as an essential complement to the basic strategy" (World Bank, 1990:3). Consequently, some of the intended beneficiaries are unable to access the social assistance programmes intended for them either because they do not know about the programmes or they do not meet the eligibility criterion and/or requirements of the means-tested programme (Kaseke, 2007:9).

According to UNICEF, the poorest and most vulnerable individuals are either unaware of the service being provided by the State which is meant to address their needs or they lack proper documentation in order to be able to access these services (UNICEF, 2008:10). Samson (2006:6) and UNICEF (2008:10) postulate that the drawbacks of using means tests overshadow the benefits thereof and become barriers to accessing social security benefits. Accordingly, nation building, social cohesion, inclusion and participation can be fostered through the social security programmes and other provisions of the State. The eligibility criteria from an African context can be such that it encourages vulnerable populations to participate in the mainstream as opposed to closing them out (UNICEF, 2008:10).

According to Samson (2006: iv), comprehensive and integrated schemes have a broader scope, which helps eliminate any forms of discrimination against the poor because they are more transparent and less likely to stigmatize the poor. Research-based evidence shows that the administration of means tests and categorical targeting are costly and inefficient in reaching the poorest populations (Ghai, 1999: 9). Certainly, significant decreases in poverty are attained in low-income countries through universal schemes or systems to deliver essential social services. These success stories from other low-income countries can be used as reference points for African governments as they try to develop more responsive social policies to avoid wasting scarce resources (Ghai 1999; Mehrotra and Jolly 1997:1).

2.7.3 Weak Legislative Framework

Some African countries do not have very strong regulatory frameworks on social security programmes (Noyoo, 2013a: 9). For those regulatory frameworks that exist most of them do not adequately account, for changes imposed by globalisation and other social issues. Policies and legislation on social protection should include benchmarks as well as targets for the delivery of social provision that prioritise the needs of all, especially those currently excluded (ibid).

2.7.4 Programme Design Issues

Many governments in Africa experience the challenge of designing and formulating good policies. Policies frequently ignore stakeholder analysis and target group input. In the end the implementation is weak and there are levels of commitment on the part of the beneficiaries (Noyoo, 2007:100). If a policy has been poorly designed, and the problem analysis does not clearly articulate the needs on the ground, it means that even the objectives of the proposed policy might not be adequately defined. African governments often lack the budgetary backup for the policy design and formulations stages in order to develop a concrete situation analysis (ILO, 2010:24). Furthermore, at implementation some countries lack accurate information, administrative capacity and lack of fiscal capacity. A proper planning exercise can help forecast on possible implementation challenges and provide opportunity to develop alternative plans if the initial design has unrealistic expectations (ibid).

2.7.5 The Global Demographic Transition

Dependency rates constitute the key indicators for the demographic stress on national social transfer systems (Akor, 2013:2). Akor further argues that the demographic environment of social security systems, which include the morbidity structure of the population with which the health system has to cope, 'co-determines the system dependency ratio-that is to say, it influences the ratio of the number of beneficiaries (i.e. transfer recipients) in the system to the number of people financing these transfers' or earning the national income out of which the transfers have to be financed (ibid).

2.7.6 Lack of Participation from Individuals and Communities

According to the International Labour Conference, all societies need to resolve how best to safeguard the right to financial wellbeing and medical care. These options often reveal what the society considers as important and worth preserving. For instance, the underlying communal beliefs, norms and values around health care can reveal the views about women's worth and how they are perceived (International Labour Conference, 2001:11). Dialogue is seen as the most effective tool to the expansion of social security. People want to have a certain level of involvement and ownership of programmes intended for them. Participation facilitates dialogue between implementers and beneficiaries where they actually influence the policy process (ibid).

Furthermore, the State is expected to perform its social contract by designing, formulating and implementing good policies that will also lift the lives of the poor and enable their full participation in the development process of their country. Social security therefore doubles as a tool for poverty reduction as well as empowerment for the poorer populations. Extending social security coverage and its benefits is part of the state's obligation and social contract to provide security for citizens (International Labour Conference, 2001:11).

In addition, Ouma argues that mutual support by families and communities tends to be distributed in a very unequal way. In other words, poor people can usually only expect support from their almost-as-poor families and communities; providing support (e.g. in the case of catastrophic health costs) may, in fact, force entire families and communities into lasting distress (Ouma, 1995:5). Only if larger systems of redistribution are sought can these mechanisms be sustainable and lead to the desired redistribution of resources (Cook and Kabeer, 2010: 55). In this way, families and communities would be strengthened and able to function in a more positive and beneficial manner.

There is need to arrive at a new consensus on the responsibilities of the global society, the nation State, communities, social partners, civil society and individuals. Clearly, global minimum social standards and global financial transfers are to some extent substitutes (Jamal, 1987:7). The key role of the national State needs reconfirmation. The complementary and supporting role of the global community has to be redefined. The wider the implementation of minimum social standards at the national level – enabled by

sufficient fiscal space – the less international transfers are needed to combat poverty (Dhemba, Gumbo and Nyamusara, 2002:111).

It is evident that social security investments based on principles of socially and economically responsible investment may also substitute for some of the lost fiscal space of national governments (Titmuss, 1974:9). If global minimum standards (defending or reserving fiscal space for social transfers) are accepted, then the challenges of ageing, HIV/AIDS, other infectious diseases and other national adjustment processes lose much of their threat (Kaseke and Dhemba, 2007:99).

2.7.7 Lack of Political Commitment in Social Security Provision

Ideally, the understanding and approach of political commitment in issues of social security should be guided by the treaties, conventions and declarations to which nation states are signatory, ratification of these international instruments on social security automatically creates an expectation for governments to act as enablers or guardians when issues of social security and citizens access to services and programmes are concerned (UN, 2002:6).

Having said that, programmes on social security greatly differ between developed and developing countries based on the political ideologies to which the political leadership has subscribed (Mthethwa, 2013:20). Since poverty is a threat to prosperity, in least developed countries social security provision doubles as a tool for poverty reduction and as a channel for fostering social cohesion (ibid). Leadership and political will is key in the implementation of social security in developing and developed countries.

2.7.8 Limited Social Security Coverage

Developing countries have not been able to replace colonial templates in the provision of social security. This has resulted in limited coverage while the quality of life for the vulnerable populations continue to live in difficult circumstances. According to Bailey (2003:1), "Africa faces a two edged sword: on one side a broad range of risks which threaten security, living conditions, incomes and health and, on the other side, a lack of resources and skills available to combat these risks." The lack of adequate cover for a majority of vulnerable populations is a clear sign for urgent measures to be put in place in order to address risks and shocks faced by poor and vulnerable population on a day-to-day

basis (Bailey, 2003:1).

A good social security system is universal and comprehensive in its coverage of vulnerable population in a given country. In most developed countries, the majority of people are excluded from the formal social security systems whilst the indigenous social security systems are weakening (Kaseke and Dhemba, 2006:30; Mararike, 2001:53). Ideally a good social security system should give protection against poverty and multidimensional deprivations at all the stages of life: old age, disability, and death of wage earner, provision for health or protection/insurance against sickness (ILO, 1984:2).

A well-planned programme on social security is one that also takes into consideration the fact that at some point in people's lives, some may lose their source of income temporarily and therefore it is important to have programmes to support people who are affected as a result of voluntary or involuntary retirement (Maes, 2003:39).

A static programme is in danger of becoming unresponsive to the current needs of vulnerable groups in society. Therefore, a good social security programme should have adjustment mechanisms of income to take into consideration problems such as inflation and high costs of living so that none of the vulnerable groups of people become worse off (Meintjes, John-Langba and Berry, 2008:64). Creating an environment (legal, economic and political) for the development of additional voluntary provisions for retirement income is crucial (ibid).

2.8 Indigenous Social Security Systems (ISSS)

2.8.1 Pre-colonial social security

Social security is not a new phenomenon in the African continent (Ruparanganda, Ruparanganda and Mupfanochiya, 2017:214). This rich history of social security from the African context revealed the preference for interpersonal and/or personalised-care which put emphasis on relationships over institutionalization. Bevan (2004b: 212) argued "given the lack of organizations in most contexts, the main element in the social protection 'welfare mix' was the family, but family structures were diverse and mutable." Indigenous social security systems were premised on decentralised structures, which were better placed to respond to the different needs of its members (ibid).

Different families, communities and indigenous religious groups, all had different strategies utilised in the provision of social security to its members against risks and shocks throughout the lifecycle (Bevan, 2004b: 212). As a result of these personalised relationships there were fewer beggars because of the obligation to care for one another. Institutional provision for the poor was not prevalent in most African societies.

Accordingly, the "obligation to provide assistance for the needy did not depend on the altruistic feelings and inclinations of individuals, but was fixed by definite social norms determining who was responsible for the care of whom" (Twumasi, 1975:20). Land was a very important resource to the family to ensure food security and other social security responsibilities through land assets. In indigenous societies, individual economic aspirations were subordinate to the demands for the welfare of the entire group of which s/he belonged. In time of crisis local chiefs were expected to have food reserves to guard against starvation among vulnerable old people, orphans, vulnerable widows and the disabled (Bevan (2004a: 104).

Iliffe argued that in most societies, social security systems reflected indigenous religious practices (Iliffe, 1987:63). African religious beliefs were premised on the view that he who is trusted with much had an obligation to share the wealth with the most disadvantaged members of the family or community. The poor would sometimes work or sell their labour in order to receive assistance from the wealthier members of the community or family.

According to Sarpong (1974:65) old age was an important time where older people both male and female resided with their families and played important roles in the clan and social affairs of their communities. In indigenous societies, older people were well versed with traditional indigenous health care systems and provided the needed care for ill patients; they were ministers in weddings and counsellors in family disputes; they were also disciplinarians; in funerals they were responsible for ensuring that all traditions associated with burial were adhered to.

Kaseke (2003:7) suggests that even though indigenous social security system have been weakened but they are still relevant in least developed countries due to its proximity and responsive nature to vulnerability. Ouma (1995) observed that African government rarely incorporate indigenous social security systems in the state-run social security systems. Kaseke further notes that this 'silence' on the recognition of ISSS cripples its functionality and viability (ibid).

2.8.1.1 Colonial social security

Most African countries were colonised by either the French or British. The distinction between the French and British colonies was that the French government showed significant concern about the social security in the colonies compared to the British (Turner, 2002:7). The French 'viewed' their colonies as part of France and they emulated the social welfare systems, which were family focused (ibid). On the contrary the British did not view their colonies as part of Great Britain and there was limited effort to implement social security programmes for the locals; instead the systems put in place targeted the colonial masters and the few locals who were working in urban areas (Maclean, 2002:72).

The British also perceived the colonies as different from Great Britain thus allowing Africans to rule themselves (indirect rule). As a result indigenous social security systems continued to thrive (Maclean, 2002:71). The British intended to 'help' Africans increase their standard of living by enabling them to support themselves and their extended families rather than provide a public safety net (ibid). In British colonies, the State distanced itself from the provision of social security and so families were left to fend for themselves y to 'improve' their living standards. In the British colonies the family was expected and seen

as capable of caring for its members throughout the lifecycle (Maclean, 2002:71). On the contrary in French colonies family-friendly social security systems were implemented. Former French colonies have better policies on social security compared to British former colonies (Turner, 2002:7). At independence, most African leaders adopted the colonial blue prints for social security provisions, which have resulted in increased vulnerability, as governments are unable to provide comprehensive programmes, which are also inclusive especially in former British colonies.

2.8.2 Definition of Indigenous Social Security (ISSS)

Understanding the rationale for the existence of indigenous social security systems is as important as trying to get a suitable definition for this system. Indigenous societies embody traditional norms, values and beliefs that put emphasis on the importance of Ubuntu *'buntfu'* and reciprocity in everyday transactions. In an attempt to strengthen bonds between and amongst family members, indigenous social security systems made it possible for individuals to galvanise support from members of the clan in time of need (Kaseke, 2003:8).

Anthropologists and sociologists have long studied indigenous practices but there is still no standard definition of indigenous social security systems. There is no agreement on what this system should be called (Patel, Kaseke, Midgley, 2012:14). Terms such as indigenous, traditional, informal and non-formal are currently being used (ibid). This study adopted the terms "indigenous social security" to refer to social security outside the state-regulated system.

Kaseke (2003:3) defined indigenous social security as "traditional and informal modes of reciprocity that have been the bulwark against social and economic insecurity." Kaseke (1998:viii) further notes that indigenous social security was provided through the extended family, "providing support to its members based upon culturally determined patterns of mutual assistance." ISSS went beyond the provision of food, clothing and shelter to include the 'provision of labour for preparing and maintaining fields (DeConnick and Drani, 2009:9). Communal and collaborative spirit was the driving force behind ISSS; hence social security is not a new phenomenon in Africa. Indigenous social security systems were premised on reciprocity and redistribution that strengthened the kinship ties and reinforced the interdependence among family, clan and tribe (Kaseke, 2012:42).

Mukuka (1995:12) is in agreement with Kaseke in defining indigenous social security as:

> *"The collective solidarity through mutual assistance within the family, clan and tribe, as well we the care by the extended family for one another in times of crisis or old age, constituted the measures of indigenous social security."*

The changing family structure resultant of HIV/AIDS, urbanization, modernization and globalization, have not rendered ISSS obsolete, rather these systems are still prevalent in most African societies as a majority of vulnerable populations lack adequate coverage from formal social security systems. Kaseke (2013:9) is of the view that ISSS are 'rooted in cultural norms of a society.'

Devereux and Sabates-Wheeler (2004:15) defined indigenous social security as:

> *"Subset of coping strategies that involve drawing support from other households, individuals and associations particularly during periods of livelihood hardship."*

Devereux and Sabates-Wheeeler's definition emphasized the importance of interdependence and interrelatedness in the survival of individuals (Devereux and Sabates-Wheeler, 2004:15). The principle of "I am because we are" guided the social interactions throughout the lifespan of the individual and participating in familial and communal tasks was an affirmation of the care for humanness. In the context of least developed nations, the concept of protection did not mean a formalized system provided by the state or one governed by legislation. Instead protection in rural areas was provided through the family and kin, and was governed by informal rules of reciprocity, social solidarity, and '*buntfu'* or Ubuntu.

Indigenous systems and structures are diverse, widespread, well established and have long been in existence in African societies, guided by the principles of solidarity and reciprocity (Salole, 1991:6).

> *"The principle of solidarity emphasized a sense of unity, and shared responsibility towards other family members. Hence, members within the family felt obligated to support each other in times of need. On the other hand, generalized reciprocity was exercised whereby each member of the family or kinship provided assistance without expecting anything in return" (Solale, 1991:6).*

Ouma 1995 agrees with Solale that:

> "*Reciprocity and social cohesion were the pillars of indigenous social security*

> *systems…acts of reciprocity, altruism, social cohesion and personal intimacies were sufficient to guarantee social security in both good and bad times to all members of the family by ensuring equity and social justice" (Ouma, 1995:6).*

The common thread in all the definitions of ISSS is that social care resulted in harmonious living amongst members and that the whole was greater than the individual. This meant that selfish tendencies had consequences.

> *"Indigenous social security systems as self-organized informal safety nets which membership of a particular group or community, including, but not limited to family, kinship, age, group, neighbourhood, profession, nationality, ethnic group and so forth" (Davies, 1996:8).*

With indigenous social security systems, the family and community serve as the many roles played by formal security in developed countries. The 'inter-household' and 'intra household' transmissions amongst individuals form the basis of social security in poorer countries As a result, instruments for social security provision in African countries for instance need to take into consideration the social support provided by the family and community (Platteau 1991:143). "These transfers represent an important component of household income and expenditure both in traditional village and rural households, as well as in urban households" (Burgess and Stern 1991; Platteau 1991:142).

In line with Platteau, Devereux and Getu define indigenous social security systems as:

> *"Assets and or financial transfers made to protect the livelihoods and to some extent the standard of living of poor families and communities, governed by the principle of reciprocity and exchange and customary laws of social institutions. They may be triggered during normal times or in time of shock" (Devereux and Getu, 2013:9).*

It can be argued that the reason why indigenous social security systems (ISSS) flourish was the indiscriminate interchange between family members based on the golden rule that "he who is in need today receives help from he who might be in need tomorrow" (Evans-Pritchard, 1940:85). Accordingly, ISSS were designed to ensure that there was a long-lasting catastrophe prevention strategy so that there were always people on standby to assist in time of disaster and stress (Platteau, 1991:143).

According to Kaseke (2013:1) there are two types of indigenous social security namely kinship support systems and self-organised mutual arrangements. The kinship support was based on the family while the self-organised mutual was community driven. Both of these systems have always been in existence in Africa and were strengthened by kinship and extended family ties (Oduro, 2010:11). According to Kaseke (2003:4) children were also seen as a form of social security especially in old age.

Oduru (2010:11) argues that indigenous social security systems thrive in those societies where the state social security system is non-existent, excluded and/or characterised by lack of comprehensive social security cover for the majority of the vulnerable populations. Even though indigenous social security and welfare practices have historically promoted social well-being in African settings, their contribution has seldom been recognized (Patel, Kaseke and Midgley, 2012:12). The extended family was the conduit for indigenous social security and through cooperation and social support networks responded to social needs (ibid). The extended family always provided protection to its members during times of sickness, invalidity, ageing, death and drought.

Furthermore, "it is scarcity and not sufficiency that make people generous, since everybody is thereby insured against hunger... in a community where everyone is likely to find himself in difficulties from time to time...he who is in need today receives help from him who may be in like need tomorrow" (Evans-Pritchard, 1940:85). In other words ISSS centred on the understanding that the future was unknown and the principle of sharing with others today so that tomorrow they can share with you in your misfortune and as such teaching individuals to care about others.

2.8.3 Functions and Characteristics of Indigenous Social Security Systems

Indigenous societies had their own ways of safeguarding the welfare of vulnerable population such as older persons, dependent widows, the disabled and children as well as those individuals who were victims of disasters (Boon, 2007:63). Amongst the many functions of ISSS was ensuring that as people grew older, society would deal with them in a favourable manner. Older people were respected and revered for their experience and wisdom and their role of mediating between the living and ancestors 'guaranteed', to a large extent, social security for older people (ibid).

For ISSS to function well the basic elements were self-interest, equity, trust, reciprocity, solidarity, subsidiarity and risk sharing within the group (Murdoch, 1999:206). Furthermore, the extended family unit was seen as the 'bastion' of social security and older people and other vulnerable groups depended on this system for care, income security and other needs.

All these functions of ISSS were carried through the extended family system, which acted as glue in social security issues. The role of ISSS 'transcended socio-economic protection to offering psychological stability and moral support. In indigenous communities where there were strong social bonds and cohesion, the incidents of individual hunger and destitution were rarely seen because the destitution or hunger of one member is that of the entire family' (Boon, 2007:65). Even though ISSS were not perfect and there were punishments for deviation from the 'norm' or expected behaviour. For instance, if an individual pursued self-interests over community interests s/he was punished as a deterrent for others who might want to deviate from normal behaviour.

Popkin (1979:33), explained "solidarity networks are usually organized as a form of mutual insurance on the basis on delayed reciprocity contingent upon need and affordability." ISSS emphasized solidarity as a moral obligation and subsistence as a right. As a result individuals understood that they were all recipients of care at one point or another during the lifecycle and so they were expected to give back the equivalent of what they received from others (Popkin,1979:32). Collective action was one of the characteristic features of ISSS.

2.8.3.1Protective Function

Indigenous social security systems provided unconditional protection at both the household and community levels through enabling individuals to manage risks associated with illness, bereavement and infirmity (Midgley, 2011:28). As a protective measure, indigenous social security as provided by the family, guaranteed individuals' relief from chronic deprivation and want. Chiefs' granaries were an example of the protective nature of the indigenous social security systems (Kaseke, 2013:4). For instance, during drought the chiefs' granary acted as a form of food security for the vulnerable populations in the community. Members of the family were expected to make contributions and assist each other during hard times

and misfortune and the entire clan was held responsible for the (mis) behaviour of its members (Fortes, 1969:29). When there was a need in the family or community, all members were expected to help out as an indirect 'input', 'deposits' into the 'mutual caring pool.' Members who ignored these mutual contributions were penalised when they were in difficult situations-as a deterrent- for future offenders.

2.8.3.2Preventive Function

The prevention function of the indigenous social security systems was seen in its ability to cushion older people from any form of discrimination. The period of ageing was identified as a time of privilege where an individual "retired" and enjoy being cared for (Ngwenya, 2003:85). The significance placed on older people within the family acted as a cushion against lack and vulnerability in old age, which meant that people needed to ensure that their daily needs were met. UNICEF (2008:v) explains that a programme is preventive if it seeks "to avert deprivation or to mitigate the impact of an adverse shock" (ibid). According to Polanyi (1977:7) there are three basic principles that govern ISSS, 'the principle of reciprocity (social networks), the principle of (state) authority (command networks) and the principle of the market (exchange networks).' All these work as a preventive function because of the collective system of sharing risks.

2.8.3.3Promotive Function

UNICEF (2008:v) explains promotive programmes as those that "enhance assets, human capital and income earning capacity among the poor". Social cohesion, reciprocity, altruism and collective responsibility acted as the conduit in promoting social security among clan members (Ouma, 1995:5). Money schemes that help women lend and borrow money amongst themselves falls into the category of promotive functions. These can enable women to provide for their families and encourage entrepreneurship (ibid). Further mutual insurance included grain transfers, credit and access to land and labour assistance. In this promotive role, there was an expectation that those members who were recipients of any form of assistance were not expected to reciprocate exactly what they received but they were encouraged to help others in return (Popkin, 1979:33).

2.8.3.4Transformative Function

The transformative function of ISSS can be seen in local or grassroots level development such as preserving communal grazing areas, building and maintaining access roads, farming, communal harvest and storage of food, caring for the sick and mutual support networks through small money lending schemes (van Ginneken, 2007:59). All these initiatives contributed to development within the community.

The chiefly function in the community was ensuring that the redistribution of wealth took place. The chief earned respect amongst his subjects through demonstrating the willingness to enforce collective rules and mechanisms that governed the distribution of available resources (Platteau, 1991:142). The overriding principle was that he who had been entrusted with more was also expected to share with members of the fellow community (Nicolas, 1968:411). In sharing the community ensured that:

(i) All individuals had equal access to land and therefore land distribution was done so that each family could have social identity. Land was an inseparable element of belonging to a family (Cohen, 1980:353). Again the reciprocal qualities of the social right to land were seen in land ownership in that the individual had a social identity but the produce of that land had to be shared with other community member to show the belonging, and social solidarity (Berry, 1984:91).

(ii) Homogeneity and homeostasis were the main preoccupations of the ISSS within communities and families and thus the emphasis on the respect of norms and values that governed social interactions. Any individualistic tendencies were discouraged in favour of communal activities (Alkire and Deneulin, 2002:63). General social solidarity networks were highly respected (Gsanger, 1999:3). An "undifferentiated unity of individual and society" prevailed that "arrests the individual's power to disengage himself from the generality of society and establish a self-interest distinct from the general interest of society" (Avineri, 1968: 113; Deleplace, 1979: 203).

(iii) Severe sanctions for deviation from the norm were also put in place to complement the work of mutual customs and culture (Deleplace, 1979:203). This was meant to reinforce the spirit of solidarity and togetherness in

society, which yielded 'Ubuntu.'

(iv) Conflict was inevitable because ISSS was centred on close proximity and therefore conflict resolution was built into the ISSS and older people were entrusted with ensuring that effective ways of dealing with potential threats were utilized (Avineri, 1968: 113).

2.8.4 Weaknesses of ISSS

(i) When there was disaster such as flooding, wild fires and drought all members of the community would be adversely affected and devastated by that natural occurrence and suffer from "we are all in the same boat syndrome." This weakened the ability of the family and/or the community to be a source of security during hard times (Von Benda-Beckmann and Kirsch, 1999:30).

(ii) Unequal treatment of members: even though the ISSS encouraged equity, certain responsibilities were not evenly distributed amongst members for instance, the caring burden of children, the aged, the disabled and the entire family were allocated as the responsibility of women (Kaseke and Dhemba, 2007:99). Women were burdened with more responsibilities than men within the family and/or community.

(iii) Modernisation is a serious threat to ISSS. Members have migrated to urban areas to seek employment and this has weakened the social safety nets as provided by the family (Apt, 2002:39).

A major weakness of the formal social security system has been its exclusionary nature, and the difficulty for some of the poorer and vulnerable people to meet the eligibility criteria. The ISSS was very close to the issues of concern and targeting was easier and the type of need was addressed appropriately. There is an opportunity to look at whether these two systems could be merged to develop a hybrid that is more responsive to the African landscape and types of problems from faced by people in communities.

As with other systems, the ISSS cannot be idealised but there is potential to borrow some of its principles and merge them with those for the state social security in order to develop a hybrid system that is more comprehensive to the needs of the poor and vulnerable groups.

2.8.5 Specific Studies on Social Security and Older People

Passivity, inflexibility, and hostility to change are characteristics typically attributed to older people (World Bank, 2011:50). The contributions made by older people in a wide variety of situations are either ignored or patronizingly sentimentalized (ibid). Although very little careful empirical research has been undertaken on long-term trends in the welfare of older people, there are a number of reasons to believe that traditional caring and social support mechanisms in sub-Saharan Africa are under increasing strain (Kaseke, 2003:42; Kasente et al., 2002: 157). Several studies have been conducted on issues of social security and older people globally, and this section focuses on studies conducted in the African context.

A study done by Sibanda (2012) on *Social Security In Southern African Countries: Lessons From Abroad* focused on social security policies of selected southern African states (South Africa, Zimbabwe) and also regional frameworks in order to highlight best practices and to establish how such practices could influence the development of a feasible and coherent framework. The research question was: "how can good governance, sustainable policies and adequate human resources impact on the development and implementation of cohesive social security framework in southern Africa?" From the results of the study, four factors were found to be stumbling blocks to the proper establishment and implementation of social security systems in southern African countries, namely 1) bad governance; 2) high levels of poverty and disease; 3) hydra-headed policies on social security; 4) limited coverage. These were identified as characteristic features of social security systems in the southern African context. The study recommended that social assistance must be streamlined, made more efficient and focused in order to reach the poorest of the poor. Furthermore, the most deserving recipients of social assistance must be in the forefront of the agenda of social assistance.

Another study, which focuses specifically on the elderly and social security by Lukas (2009) is *Old Age Pension as a Social Security Initiative: The Case of Botswana*. The main focus of the study was the appraisal of the Botswana Old Age Pension Scheme, which is non-contributory, and covers people who are 65 and above. The research question was: "what are the major deliverables of the Old Age Pension scheme?" The study concluded that the provisions of the pension scheme did not adequately meet the financial requirements of older people. The study also revealed that the pension scheme is fraught

with administrative and implementation bottlenecks. Among the major problems identified were long distances which the elderly had to travel; congestion at paying points; delays in processing life declaration certificates; exposure to criminal activities. What made Lukas' study relevant to the study intended it's the strong focus for the introduction of comprehensive coverage and/or protection of older people in Botswana.

An exploratory study by Bongka (2010) on *Social Protection of The Elderly In Cameroon* investigated the situation of the elderly in Cameroon in relation to the institutions involved in providing security to the elderly. The research question was: "how are the elderly protected in Cameroon?" Data collected showed that the elderly were a set of vulnerable group who relied on the informal sector for survival; they relied primarily on private welfare institutions for survival with the family as the prime and most important institution. The study therefore revealed that policy and research mainly focused on pension programmes, rather than considering the general situation of the elderly as a whole. It further observed that there was a gradual increase in the number of elderly people.

Weinberg (2012) completed a study entitled *Social Protection In Developing Countries: The Lesotho Old Age Pension*, which utilized qualitative research methods to give insight into how the Basotho government provided formal social protection to the elderly through the pension scheme. Findings from this study revealed that the Lesotho Old Age Pension was capable of having an impact on poverty. The impact has been that there has been an improvement in the nutritional status of recipient households, and it has allowed them to take better care of their health. Another positive finding was that these impacts of the elderly grant had a trickledown effect and were not limited to the elderly as a group. The results of the study gave several examples of how the elderly were tasked with providing for their households, even if the pension was "their" money. The major gap in this study is that the indigenous social protection mechanisms were not mentioned as the focus was on formal social protection (Lesotho old age pension). In this study, indigenous and state social security systems were reviewed.

Kalusopa, Dicks and Osei-Boateng (2012) on *Social Protection Schemes In Africa* collected data from 11 African countries through document reviews and qualitative primary data interviews. The main research question being: "how to shift social protection paradigms to better respond to historical and contemporary challenges on the continent?"

The main findings from this study were that the administrative costs of social security systems in most African countries were very high. It also pointed out that the legislative framework harmonization was necessary to eliminate fragmentation, rationalize contribution rates and benefits entitlements as well as promote portable rights. Most African countries lack comprehensive frameworks on social security. In addition, a majority of Africans excluded from social security depended on informal arrangements for social protection (the extended family). The study also highlighted the difference between Anglophone and Francophone countries in terms of the design, legislation, benefits offered and administration of social security in the 11 African countries included in the study. This study is relevant because it highlights social security provision as a core responsibility of governments for citizens.

Elderly People's Quality of Life In Rural Communities of Swaziland a quantitative study conducted in the Manzini region by Joensun and Roppanen (2012) focused on the social and health care needs of the elderly in Swaziland. The research question was: "how do the elderly experience their wellbeing in rural areas?" The findings from this study revealed that the effects of the disintegrating family structure exposes the elderly to harsh situations; and that the HIV pandemic added to this burden for the elderly. The study also revealed that although some elderly citizens receive the old age grant, it was insufficient to meet the basic and health needs of older people. The lack of an adequate legislative framework on social security weakened the efforts by the Swaziland government to meet the social protection needs of the vulnerable population. The study is useful because it makes reference to social protection from a human rights perspective.

The study on *Social Protection of the Elderly in Swaziland* investigates the impact of the Old Age Grant on the elderly people's households. It was undertaken by Umchumanisi Link Action Research Network (ULARN) in 2003 to give a voice to the marginalized elderly population in Swaziland. The aim was to facilitate poverty dialogues in over 20 constituencies. One of the most recurrent issues during these dialogues was the plight of the elderly in Swaziland. The research question was: "how effective is the old age grant in meeting the needs of the elderly in Swaziland?" The study's aim was to investigate the vulnerability of the elderly in Swaziland and highlight the extent to which selected programmes responded to the needs of the elderly. Mixed methods were used to collect the data for this study. The findings of the research revealed that the elderly bore the brunt of unemployment, poverty and HIV/AIDS. This study highlighted the fact that the social

problems of abled and disabled elderly were even more acute. Food and income security emerged as major problems. Community support mechanisms were not adequately addressed in this study. The focus of this study was more on the rural poor and it neglected the urban and peri urban poor elderly. The findings from this study were in line with most of the literature reviewed.

Another study conducted by UNICEF, HelpAge International and Regional Hunger and Vulnerability Programme in (2012) titled '*Swaziland Using Public Transfers to Reduce Extreme Poverty'* focused on the social safety nets, particularly cash and in-kind transfers. In the study, safety nets were identified as performing important functions in addressing poverty and vulnerability; however, the process by which the safety nets were developed in Swaziland produced a fragmented system, which has resulted in many Swazis being unprotected by the safety net (Dlamini, 2007:7). Swaziland implements a number of social transfer programmes, but these are not well co-ordinated and there is a need to better define the overall priorities and objectives of the safety net (The Central Statistical Office of the Kingdom of Swaziland, 2011:9). Swaziland spends a significant amount of the national budget on social safety nets (2.2 percent of GDP). This research was relevant to this study because it provides practical ways of re-evaluating and monitoring programmes on the ground and how these programmes can improve the livelihoods of the older population in Swaziland.

A number of the studies conducted in Swaziland have not addressed other forms of social protection, which co-exist with the formal social protection mechanisms. Family care, the community and NGOs, also play significant roles in the provision of social security yet these roles have not been acknowledged or assessed. The majority of the studies conducted in Swaziland have a rural bias; this study included the rural, urban and peri urban older adults to gain understanding of the lived experiences of the elderly. The rationale is that different geographical locations require different mechanisms and/or systems to address the daily needs of the elderly population in Swaziland.

2.9 Conclusion

This chapter on the literature study focused on the defining the key terms for the study: ageing and social security. Ageing was defined using international frameworks to explain the phenomenon of ageing. The theoretical frameworks on ageing were provided as well as

organisational perspectives on ageing from international and regional organisations. The concept of social security was defined, as were the concepts of social protection, social insurance and social assistance. Indigenous social security systems were also defined and the primary characteristics were provided. The weaknesses and challenges of indigenous social security were briefly discussed.

The chapter examined previous studies on social security and older people that have been undertaken. From the literature, it emerged that social security is a necessity to human survival especially in old age. Secondly, international conventions and treaties have enshrined human rights components in their definitions of social security. This means that governments are challenged to mainstream ageing issues while providing care services that will safeguard the rights, dignity and worth of older people in society.

Furthermore, it is evident from the literature that only comprehensive and inclusive policies have the potential to double as security tools as well as empowerment tools for the aged. With empowerment comes participation and inclusiveness. Good policies on ageing can therefore reduce the barriers between the different generations and also support the notion that the elderly may be old but they are not irrelevant to development.

In the quest to challenge ageism, stigma, social exclusion and segregation of older people, more education is needed to show that the life experiences accumulated over the years can make older people a resource in society. As identified in literature, governments also need policies that encourage the aged to stay in paid employment for as long as they are able to work. There are specific areas identified in the literature, which need to be addressed in order to reduce prejudice against older people. These are as follows:

(i) Cultural barriers that prevent older people from participating in community and nationwide development can be corrected through appropriate policies.

(ii) Transport: older people will need policies and programmes that will allow them freedom of movement in a safe manner. Rails and wheelchair friendly transportation needs to be part of the design process.

(iii) Housing: as older people become visible, the housing issues arise in terms of friendly living spaces in both urban and rural areas.

(iv) Health care: healthcare policies that will keep older people healthier for longer are also essential as well as access to healthcare facilities in order to treat minor ailments before they develop into complicated illnesses.

(v) Family support programmes: in African societies older people are still part of the family structure and present. Social integration programmes between the different generations are essential to develop support structures for older people.

CHAPTER THREE

STATE SOCIAL SECURITY IN SWAZILAND: OLD AGE GRANT

3.1 Introduction

This chapter discusses different instruments on social security at international, regional and local levels. In each instrument, the focus will be the definition and provisions for social security and older people. The International Social Security Association of 1927; ILO Declaration of Philadelphia of 1944; Universal Declaration of Human Rights of 1948; International Labour Organization Convention 102 of 1952; World Assembly on Ageing, Vienna Plan of 1982; The Madrid International Plan of Action on Ageing (MIPAA), Madrid of 2002; World Bank Support For Pensions And Social Security 2012-2022 are all international treaties, agreements and conventions, which put social insecurity as the greatest threat for the ageing population in most nation states.

Countries are encouraged to ratify and domesticate the provisions for social security in these international instruments. Furthermore, social security provisions are seen as fundamental human rights, which governments can safeguard through policy frameworks. The state is seen as the custodian in the provision of social security as part of the social contract between the state and its people.

Regional Instruments on social security which were reviewed included the Southern African Development Community (SADC) Charter of Fundamental Social Rights in SADC of 1980; The African (Banjul) Charter on Human And People's Rights of 1981; The Constitutive Act of The African Union, Lome of 2000; Ouagadougou Declaration of 2004; Livingstone Call for Action on Social Protection, Lusaka of 2006; Social policy framework for Africa, 2006. A central premise and focus of these regional instruments was the need to domesticate the policies so that they would be more relevant and responsive to the needs of the vulnerable populations of the African continent.

The provisions of the treaties, conventions and frameworks on social security provide a regional framework that develops from the international conventions on preserving the dignity of older people through social security systems in Africa. The regional instruments

are crucial in that they take into account the effects of colonialism and further provide guidelines to assist governments in establishing programmes to be responsive to the needs of poor older people.

Swaziland's National Development Strategy (NDS) and Constitution of the Kingdom of Swaziland of 2005 are instruments that provide the basis for the provision of social security in Swaziland. A historical perspective of the social security in Swaziland is provided from three eras, namely the Pre-colonial, Colonial and Post-colonial eras. The focus in the discussion is how the elderly have been protected by the state. The chapter ends with a conclusion.

3.2 International Frameworks for Social Security

3.2.1 International Social Security Association of 1927

The mandate of the International Social Security Association (ISSA) is to support collaboration between member states in order for social and economic conditions to be more realistic and offer the basis for social justice. The ISSA presents motivation that economic and social development makes more sense if social security is viewed as a vital element in lessening vulnerabilities linked with globalization (ISSA, 1927:ix). The ISSA supports the extension of social security coverage in horizontal and vertical dimensions. Horizontal dimensions includes comprehensive coverage of the entire population whilst the vertical dimension implies that contributions for those in paid employment should be significant enough to buffer them from falling into poverty once they retire (ISSA, 1927:1).

The ISSA also advocates for good leadership that enhances the provision of social security. Underlying arguments from the Association is that all people are susceptible to shocks and risks and a coverage that extends to all members is better at preventing people from falling into the poverty cycle (ISSA, 1927:i). The ISSA extends its view of social security to cover the people who are in transit as well as migrants. Other areas on, which ISSA is vocal, include the diversification of the tax base to cover social security costs.

In spite of the long existence of the ISSA, some countries such as Swaziland are still unable to ensure that all people are covered by social security systems and this further

marginalises poor and vulnerable populations. Most interventions are still ad hoc and unsystematic and poorly addressing the needs of poor and vulnerable populations.

3.2.2 ILO Declaration of Philadelphia of 1944

The ILO Declaration of Philadelphia of 1944 addresses issues of poverty and hunger. It advocates for opportunities to fight lack through employment. It also acknowledges the inherent human rights of all people, and the right to organize.

ILO Declaration, article I a and b states that:

> *"Poverty anywhere constitutes a danger to prosperity everywhere; the war against want requires to be carried on with unrelenting vigour within each nation, and by continuous and concerted international effort in which the representatives of workers and employers, enjoying equal status with those of governments, join with them in free discussion and democratic decision with a view to the promotion of the common welfare"(ILO Declaration of Philadelphia, 1944).*

ILO identifies poverty as a threat to the dignity and worth of individuals, and calls for collective efforts at local and regional levels in the fight against poverty and want. The Declaration recognises open communication between and amongst stakeholders as an important tool in addressing the poverty issue.

Given the ILO provisions for social security there has been significant progress made by governments in providing social security to older people worldwide. Even though coverage extension is one of the priorities for ILO yet that is still elusive in poorer nations. In the sub-Saharan Africa contributory programmes effectively cover 'only 5 percent of the working population. In developed countries 75 percent of older people are covered by insurances and less than 20 percent' of older people receive pension benefits in developing countries (ILO, 2010:2). The glaring disparities between the ageing population in developed and developing nations continue to increase as more older people in less developed countries reach old age poor and with no savings or insurance. Informal workers are still excluded and have no social security system coverage due to other competing public expenditures competing with spending on social security schemes.

3.2.3 Universal Declaration of Human Rights (UDHR) of 1948

According to the Universal Declaration of Human Rights of 1948, Article 22 articulates that:

> *"Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality (UDHR, 1948, article 22).*

The principles and provisions of the UDHR of 1948 have become the foundation for the provision of social security globally. The Declaration recognizes social security as one of the indispensable rights for all individuals. The UDHR also puts more emphasis on the states to spearhead and ensure that social security provisions are available for people. At the heart of the UDHR is restoration of the dignity and worth of all people, regardless of their abilities and capabilities. The Declaration also highlights the important legislation that would ensure that the needs of vulnerable members of society are secured in all countries. Social security is also seen as a vehicle to ensure all people's fundamental freedoms are not infringed upon. Social security can balance out the imbalances created by economic and social developments.

The UDHR of 1948 is a monumental document, which advocated for the rights of all human beings. Even though it makes provisions for 'social security for all' but still a significant number of older people are excluded from social security coverage. The violations of human rights still continue and very few are brought to justice. Critics of the UHDR have argued that 'human rights are not a static concept' and the influences of culture cannot be underestimated in viewing human rights.

The UDHR of 1948 leans heavy on western culture and definition of what constitutes human rights. In a way western worldview is indirectly imposed on the rest of the world to conform to these standards. According to Ignatieff (2001), "the West now masks its own will to power in the impartial, universalizing language of human rights and seeks to impose its narrow agenda on the plethora of word clusters that do not actually share the West's conception of individuality, selfhood, agency or freedom." (Ignatieff, 2001:102).

It is also argued that UDHR puts emphasis on the individual rather than a community; individualism is western concept while communalism is a non-western concept. Critique argue that the UDHR failed to find a middle ground where other cultural settings are also taken into consideration rather than enforcing individualism as seen in Article 29 which states, "everyone has duties to the community in which alone the free and full development of his personality is possible" (UDHR, 1944:article 29). The declaration was meant to transcend cultural bias and become relevant to all people globally regardless of the level of education and upbringing.

3.2.4 International Labour Organization Convention 102 of 1952

As social security became a necessity in all societies due to the industrial revolution, the ILO makes a remarkable observation that there are different conditions prevailing in different countries making it difficult to prescribe the right model to be followed by all countries:

> *"It is time for a renewed campaign by the ILO to improve and extend social security coverage to all those in need of such protection ... in order to overcome a fundamental social injustice affecting hundreds of millions in member States"(International Labour Conference, 2010:10).*

The ILO acknowledges that political, cultural, social, economic and other factors impact on the provision of social security in different countries. Furthermore, all these and the social conditions must be taken into consideration during the formulation of social security policies and programmes. The ILO Convention also identifies social security provision as the responsibility of the State. It also encourages States to ensure that sound policies govern social security provisions within the polity. It also promotes States to enforce adherence, by employers and employees to making contributions towards pensions (ILO, 2010:10).

Even with these pronouncements, care work, voluntary or community work were not included in the Convention even though a majority of people in less developed countries are involved in informal sector (Standing, 2009:355). Developing countries such as Swaziland have ratified the Convention but the majority of the population subsist on agriculture and they are excluded from formal social security systems.

3.2.5 World Assembly on Ageing, Vienna Plan of 1982

The Vienna International Plan of Action on Ageing was the first global mechanism on ageing, and specified the framework for designing of policies and programmes on ageing. The Plan came into being after the recognition of the increase in the number of the ageing population. The level of vulnerability and lack of access to social security mechanisms spearheaded advocacy on behalf of the ageing population. Ageing is seen as result of economic and social development worldwide, but the experience of ageing differs between developing and developed countries.

The Vienna Plan of Action's primary aims are to:

> *"Strengthen the capacities of countries to deal effectively with the aging of their populations and with the special concerns and needs of their elderly, and to promote an appropriate international response to the issues of aging through action for the establishment of the new international economic order and increased international technical co-operation, particularly among the developing countries themselves" (The Vienna Plan, 1982:number 2).*

The Plan emphasizes that governments need to work on developing and implementing good policies that are not only comprehensive but also integrative in nature. The Plan acknowledges that the ageing population is still not a priority in most developing countries due to competing needs, and as a result governments have not taken ageing issues as seriously as they have other programmes for the other sectors of the populations.

The Plan highlighted the demographic shift caused by population ageing and its consequences for governments and civil society in coming up with effective mechanisms for addressing the needs of the ageing population. Developing countries such as Swaziland still do not have legislative framework specifically addressing older people and as a result there is limited effort put in getting proper analysis of the current situation of older people in the country. There are still limited initiatives and programmes that have targeted the older population in Swaziland. The Plan advocates for improved housing, health care, nutrition, employment opportunities, and social welfare of older people as their numbers continue to increase globally (The Vienna Plan, 1982).

3.2.6 United Nations Principles for Older Persons of 1991

In this Charter, the United Nations encourages governments to adopt five principles of ageing into their national programmes.

(i) Independence: the provisions are for governments to ensure that the basic needs of older people are met in order for them to live fulfilling and active lives. Provision of the opportunities to work in old age is also provided for in this Charter so that older people can have control over their lives (UN, 1991).

(ii) Participation: the charter encourages governments to ensure that older people are not socially excluded but instead participate in all developmental activities, and that if they want to volunteer in certain sectors, age should not be a deterrent (UN, 1991).

(iii) Care: the emphasis is on comprehensive approaches to the care and support of the ageing population. It also emphasizes familial care, however, where there are institutional care units, the best care for older people must be provided (UN, 1991).

(iv) Dignity: ageing with dignity is the important part of the Charter. Governments are encouraged to meet the needs of older people in order to maintain their self-worth and dignity (UN, 1991).

(v) Self-fulfilment: all opportunities for advancement and development should be open to all citizens regardless of their age (UN, 1991).

The United Nations Principles for Older Persons of 1991 highlighted the important role played by older people in society. Swaziland has not been able to provide older persons with independence, participation, care, self-fulfilment and dignity (UN, 1991). Policy makers in Swaziland have not incorporated ageing issues in the development agenda of the country and as result ageing issues have not made the priority list for the country and older people are still socially excluded and isolated. The situation of the older generation has not improved much and the individual circumstances of older people are still unknown.

3.2.7 The Madrid International Plan of Action on Ageing (MIPAA), Madrid of 2002

The World Second Assembly on Ageing of 2002 was a continuation of the Vienna Plan of 1982. The worsening conditions of the aged globally resulted in the MIPAA in 2002 where issues of access of health care and long-term care were discussed.

This Plan highlighted a series of issues that governments could implement to make the livelihoods of the aged better, however without a binding effect this Plan was not implemented in most countries.

Article 7 of the 2002 Report of the World Second Assembly on ageing which states that:

> *"At the same time, considerable obstacles to further integration and full participation in the global economy remain for developing countries, in particular the least developed countries, as well as for some countries with economies in transition. Unless the benefits of social and economic development are extended to all countries, a growing number of people, particularly older persons in all countries and even entire regions, will remain marginalized from the global economy. For this reason, we recognize the importance of placing ageing in development agendas, as well as in strategies for the eradication of poverty and in seeking to achieve full participation in the global economy of all developing countries"(Second World Assembly, 2002: 1).*

The MIPAA highlighted the inability of the international protocols to enforce the agreements on the different nation states. This was seen as a missed opportunity hence the urgent need to provide older people the dignity, which they deserve. The MIPAA was an opportunity for governments to put in place policies, which were informed by experiences of older people. The MIPAA was challenged by the fact that it is not a human rights instrument and the issues of rights are rarely mentioned in the Plan.

3.2.8 World Bank support for Pensions and Social Security 2012-2022

The World Bank recognises pensions and social security as the surest way to improving livelihoods during the life-course and especially in old age. The World Bank views pensions and social security as mechanisms, which possess protective and preventive functions, and it therefore advocates for expansion of these programmes to include promotive and transformative functions. The issues around coverage and sustainability of these systems are dependent on the policies of the government of the day. In implementing this framework, the Bank is willing to assist countries in attaining the best results.

> *"Old age poverty, informal support and pension systems, especially in countries with large agricultural and informal sectors such as in South Asia and Sub-Saharan Africa. This requires efforts in several areas including exploiting existing survey data, collecting administrative data from country sources and micro-simulations with the APEX model"(World Bank, 2012:8).*

Rather than having reactive policies towards ageing and poverty, the World Bank suggests that nation states should adopt a futuristic approach to the delivery of social security and pensions. Pensions and social security are meant to cover those in the formal sector as well as those in the informal sectors; therefore, the focus is on the future and how individuals can be assisted in changing for a better future.

3.3 Regional Instruments on Social Security

3.3.1 Southern African Development Community (SADC) Charter of Fundamental Social Rights in SADC of 1980

This Charter is premised on the Universal Declaration of Human Rights of 1948, on the universality and indivisibility of basic human rights. In Article 8, the Charter addresses issues of older persons:

> *"Every worker who has reached retirement age but who is not entitled to a pension or who does not have other means of subsistence shall be entitled to adequate social assistance to cater specifically for basic needs including medical care"(SADC Charter, 1980:7).*

This Charter makes claims on governments to ensure that people live in an environment where those individuals without social security and pensions can be covered through universal social protection mechanisms to prevent vulnerability in all life stages. The Charter further identifies education as a provision that can assist people out of poverty, and it encourages governments to create opportunities for education and training as well as paid leave for maternity and other provisions under the ILO.

3.3.2 The African (Banjul) Charter on Human and People's Rights of 1981

The Charter is based on the protection of human rights and basic freedoms of people, which is in line with UDHR of 1948. It is premised on the protection of all people regardless of their gender. It calls upon governments to establish mechanisms that empower and further women's agenda. Article 22 of the Charter gives the following provisions:

(i) *"Provide protection to elderly women and take specific measures commensurate with their physical, economic and social needs as well as their access to employment and professional training"; and*

(ii) "Ensure the right of elderly women to freedom from violence, including sexual abuse, discrimination based on age and the right to be treated with dignity" (African Charter on Human and People's Rights, 2003).

This Charter encourages governments to advance issues of women by enacting polices which protect their rights, access to resources and healthcare. Governments are seen as important players in implementing policies, which address the issues of women using gendered approaches to development.

3.3.3 The Constitutive Act of the African Union, Lome of 2000

The Act promotes unity, solidarity, cohesion and co-operation among African countries. It also acknowledges that human rights and dignity are as important as economic and political independence in promoting and implementing sustainable development. The Act takes into account the living conditions and standards for African people and how these can be addressed through democratic institutions (good governance and the rule of law) as well as through cultural institutions.

Articles 3 and 4 of the Constitutive Act:

> *"Emphasize the promotion and protection of human and people's rights in accordance with the African Charter on Human and People's Rights. Explicit mention is made of the intent to promote sustainable development at the economic, social and cultural levels as well as promoting co-operation in all fields of human activity to raise the living standards of African peoples" (African Union Constitutive Act, 2000).*

3.3.4 African Union Policy Framework and Plan of Action on Ageing (2003)

The African Union Policy Framework and Plan of Action on Ageing (2003) provide a comprehensive lens for advancing the issues of ageing; it pays particular attention to rights and interests of older people. This framework further gives guidance to member states to formulate national policies that meet the individual and collective needs of older people:

> *"Member states must recognise the fundamental rights of the older persons and commit themselves to abolish all forms of discrimination based on age; that they undertake to ensure that the rights of older people are protected by appropriate legislation; including the right to organise themselves in groups and to representation in order to advance their interest" (African Union Framework and Plan of Action on Ageing, 2003).*

3.3.5 Ouagadougou Declaration of 2004

The Ouagadougou Declaration and Plan of Action of 2004 has an empowerment focus and adopted a human rights approach which promoted opportunities for people to be involved in income generating activities so that the cycle of poverty could be broken (African Union, 2007). The Plan advocated for a comprehensive social development agenda, which combined poverty alleviation and income security (Ouagadougou Declaration, 2004). The implementation of this plan borrowed from the human rights framework for "social protection that implies that if a right exists, governments have an obligation to make sure it is fulfilled" (ibid). The emphasis is on the importance of political commitment so that the rights of citizens are actually protected through laws and legislation and policies. In the Ouagadougou Declaration and Plan of Action, "governments committed themselves to improve the living conditions of vulnerable people through better social protection services

including improved pensions, health and other social security schemes" (African Union, 2007).

3.3.6 Livingstone Call for Action on Social Protection, Lusaka of 2006

Social protection emerged as both a fundamental right and empowerment tool which African countries can utilize in addressing social injustices and inequality. The Livingstone report is premised on the UDHR of 1948 and makes a case for governments to protect these rights for all people. The report also identifies the state as the custodian for social protection issues, and noted that through good policies issues of insecurity can be addressed. Social security, social assistance and social insurance were seen as necessary instruments to deal with the issues faced by African people.

> "*Social transfer programmes, including the social pension and social transfers to vulnerable children, older persons and people with disabilities and households to be a more utilized policy option in African countries" (Livingstone Report, 2006:2).*

3.3.7 Social Policy Framework for Africa of 2006

This framework gave prominence to the need for social protection for African countries. The framework called for an integrated approach in the delivery of social protection in order to ensure that all vulnerable people have sufficient coverage throughout the lifecycle. This framework sees development as an entitlement and a vehicle for advancing sustainable and inclusive growth. All vulnerable populations need to be part of the development process and thus the call for an expansion of social protection schemes. The framework called for governments to accelerate the pace in so far as implementation of social security and social protection are concerned and in doing so, it would strengthen the social contract between the state and its people.

In all these instruments, it is evident that the ILO definition for social security refers specifically to environmental and socio-economic settings found in developing countries.

3.4 Swaziland's Social Protection System

3.4.1 History of Social Security in Swaziland: Pre-colonial era

Since the formation of the nation state in the 19th century, Swaziland has undergone three distinct phases as it pursues development (Davies, O'Meara and Dlamini, 1985:1). The first phase was after the formation of the Swazi state under the leadership of Sobhuza I. The functions of the State were divided into three namely, i) expanding the territory; ii) maintaining of peace; and iii) social cohesion and social order. These three functions clearly demarcated the extent of limitations of the role of the State. On the other hand the family was preoccupied with issues of i) procreation; ii) socialization; and iii) providing for its members (food and social care). The roles and functions of the State and family were distinct (Davies, et al., 1985:2).

In pre-colonial Swaziland, social issues were matters of the family (extended) as an indigenous system responsible for the welfare and wellbeing of its members. Laws of reciprocity and solidarity governed the interactions between the members of the family. Issues of social welfare, social protection and socio-economic security of the family were a preoccupation of the family (Apt and Blavo, 1997:320). Indigenous structures placed much responsibility and respect on the elderly. They were called upon to resolve any social disagreements; they were midwives; they were also religious leaders and custodians of culture; they were heads of families and healers. Egalitarianism was a characteristic feature of these societies.

3.4.2 Social Security in Swaziland during the Colonial Era

The second phase emerged with the encounter with the white settlers. The Anglo Boer War ushered in this new administration and Swaziland became a British Protectorate in 1881 as well as an easy source for cheap labour (Magagula, 1988:99). The colonialists forced men to work outside the home in order to be able to pay the 'hut taxes'. Initially Swazis resisted formal employment and used their cows and other assets to pay the taxes, but soon they were poor and started moving out to work in the colonial fields and South African (Kuper, 1967:12).

State social security was introduced for the colonial masters in 1881 in line with the provisions for their British counterparts in Britain but the 'natives' were not provided with

such support (Ngwisha and Mkhonza, 2003:9). As a result, the family was still expected to provide social security for its members. Missionaries became an extension and decentralized structure of the colonialists. They adopted Elizabeth Poor Laws of 1906 where they divided the poor into two main groups, namely the deserving and the undeserving poor. Women, children, disabled and elderly people were seen as deserving poor and could receive some assistance and clothing from the missionaries (ibid). The undeserving poor were side-lined and encouraged to look for formal employment.

With mounting pressure on governments to uphold human rights and protect employees through social security benefits, colonial masters reluctantly extended social security benefits in the form of social insurance where the employer and employee contributed towards the pension of the individual at retirement (Mchomvu, Tungaraza and Maghimbi, 2003:13). Since the majority of those in paid employment were men, there was no coverage or any attempt to extend coverage to women. Women, children, disabled and elderly people were disproportionately affected by poverty, but the colonial government still delegated the provision of social security to the family which was already struggling to keep up with the demands imposed on it (ibid).

The colonial era ushered in some significant changes namely i) the Swazi nation lost its sovereignty to the colonial rule and lost its political identity and self government; ii) barter trade changed to monetary exchanges; iii) the exodus of men from the villages compromised food security ushering mass dependency; iv) women were expected to close the gaps left by men while also continuing with their normal responsibilities of nurturing and caring; v) missionaries introduced Christianity in exchange for assistance; and vi) education was introduced (Ngwisha and Mkhonza 2003:8).

Until this era, men had been an integral part of the domestic sphere; they were the ones responsible for food security within the homestead and/or community. Food production and social security were affected and the Swazi family unit has never recovered from this disruption. Women are still burdened with care and other responsibilities, and they are poorer compared to their male counterparts (Mchomvu et al., 2003:13).

3.4.3 Social Security post colonial era

At independence Swaziland adopted the Eurocentric framework of social security. There were no efforts to improve or localize the provisions of social security (Kaseke, 2004:41). In the process women, children, disabled and elderly people remain outside state social security. The belief was that if there was economic growth, then a trickling down effect would happen and that would act like springboards for the poor, but that never materialized (Turner, 2002:113).

The 20th century has seen an increased interest in the provision of social security and the call for states to expand the coverage of social security system to include the previously excluded populations. However, this has not yielded the desired results in poorer countries such as Swaziland. More people remain unprotected through formal social security systems (Bailey, 2002:14).

In line with the expectation to align itself with the rest of the world, Swaziland is signatory to most of the conventions and treaties discussed in the section above. In trying to locate the social security compass within the Swazi nation, the following discussion focuses on the provision of formal social security as provided by the Swaziland government.

3.4.4 Swaziland's National Development Strategy (NDS)

Swaziland National Development Strategy (NDS) of 1997-2022 specifies a "framework for poverty elimination, employment creation and gender equity" (GoS, 1999). The NDS placed farming as one of the means to achieve food security and alleviate food insecurity. This was also because Swaziland remains relatively rural and therefore the majority of the population is dependent on agriculture to earn a living. "A large portion of the population will be still deriving its livelihood from agriculture over the next twenty–five years" (National Development Strategy, 1997: 3).

Important elements of the National Development Strategy are (i) "food security at the household and community levels; (ii) commercialization of agriculture on Swazi Nation Land; (iii) efficient water resource management and usage; and (iv) rational land allocation and utilization" (NDS, 1997). All these activities stand to provide some form of relief to the poor and vulnerable populations:

"Important strategies are covered under the following intervention areas: food security, employment, legislation, marketing, trade, land use, land tenure, livestock, and empowerment and community participation in rural development" (NDS, 1997: 2).

3.4.5 The Constitution of the Kingdom of Swaziland of 2005

Chapter 5 Article 60 of the Constitution of the Kingdom of Swaziland of 2005 institutes the right to social security, as well as suitable provision of social assistance for those vulnerable individuals who are incapable of providing for themselves and their dependents.

(5) *"The State shall make reasonable provision for the welfare and maintenance of the aged and shall protect the family and recognize the significant role of the family in society" (The Constitution of the Kingdom of Swaziland, Chapter 5: Article 5).*

Chapter 5 Article 9 of the Constitution of the Kingdom of Swaziland clearly and unambiguously commits the State to develop a universal right to social security, including appropriate social assistance.

(9) "*For those unable to support themselves and their dependents, mandating the state to take reasonable legislative measures within available resources to achieve the progressive realization of each of these rights"(The Constitution of the Kingdom of Swaziland, Chapter 5: Article 9).*

The Constitution of Swaziland stipulates that the State is the main actor in the provision of social security to its citizens; and as a social contract between the State and its people, the constitutional right of every Swazi citizen is to have access to social security throughout their lifetime. The Constitution further acknowledges the family as an important institution in society.

3.4.6 National Planning Framework on Social Security in Swaziland

Even though Swaziland has ratified certain international conventions and treaties, localizing and/or domesticating those provisions has been one of the main shortfalls for the Swaziland government. Until 2005 when the new Constitution for the Kingdom of Swaziland was adopted, the State had not taken any action in ensuring that older people had access to social security. Today the formal system of governance still operates parallel

to the indigenous system, which somewhat makes people think that the family is still capable of caring for its members without much external assistance. When tracing social welfare provisions and social security, it is evident that the first attempt to have state social security was in 1952 (Ngwisha and Mkhonza, 2003:6).

In 1952, the Local Administration was responsible for the welfare system established to provide amenities such as food, clothing, as well as provision of care to people who were either old or classified as destitute (GoS, 2015:2). In 1980, Swaziland, and all countries internationally were expected to submit reports to the 1982 Vienna World Assembly on ageing to give details on the ageing situation in the country (ibid).

Even though Swaziland has made significant strides in keeping up with the rest of the world, specific aspects of the legislation for social security and social protection is relatively weak and at times non-existent. Swaziland has excellent policies on paper but a number of them fail at implementation phase. Understanding the dynamics of the implementation phase is essential for street-level bureaucrats whose task is to implement policies. Strengthening the planning and implementation phases can help the country achieve better results at implementation. Nhende (2012:162) is of the view that "governments are constantly confronted with new public demands which they have to address through formulating and implementing new policies." The main stakeholders in social security or social insurance system in Swaziland include the following entities:

a) The Department of Social Welfare (DSW) in the DPMO

According documents reviewed (DSW Strategic Plan 2016-2021; Organizational Review Report of DSW, 2015), the Department of Social Welfare's overall responsibility is to provide social welfare services to vulnerable families including children in the four regions of the country. This support is provided in a holistic manner to ensure that the physical and psychological wellbeing of vulnerable households and children is guaranteed (ibid). Among the groups considered vulnerable are children, who are to be protected from all forms of abuse in accordance with the Child Welfare Act of 2012, and older persons, ex-service men, persons with disabilities and victims of disaster (DSW, 2015:3).

Documents reviewed indicate that the finalization of the Swaziland National Social Development Policy took place in 2007 to 2009. However, it is noted that the department has not yet fully implemented this Social Development Policy of 2009, which calls for the

adoption of a social development model that is underpinned by being proactive in the prevention of social challenges as opposed to being reactive.

DSW Programmes

i) Child Protection and Care Services

The child protection and care services are implemented in line with the provisions of the Child Protection and Welfare Act of 2012 and the DSW Strategic Plan of 2011-2015. This function ensures the protection and support of all children from abuse, neglect and exploitation, especially for those children that come in contact and conflict with the law. Data capture and management information of children in need of care and those that come in conflict with the law is equally weak due to the absence of social welfare data capture forms.

ii) Cash Grants

Cash grants represent the bulk of the social assistance programmes implemented by the Department of Social Welfare mostly funded through the State budget. They involve the payment of non-contributory cash benefits to vulnerable groups such as older persons; people living with disabilities, ex-servicemen or their spouses in cases were the ex-servicemen are deceased, and grants to orphans and vulnerable children. However, the chiefdom councillors do identification of beneficiaries such as elderly with no on the ground verification by social workers from the Department of Social Welfare (Pain, 2016:22). Payments of the old age grant are done electronically and manually. The electronic system entails making payments through banks while the manual system requires most of the DSW staff to go out to the regions to disburse the grants over a month period of time.

iii) Public assistance (in-kind social support)

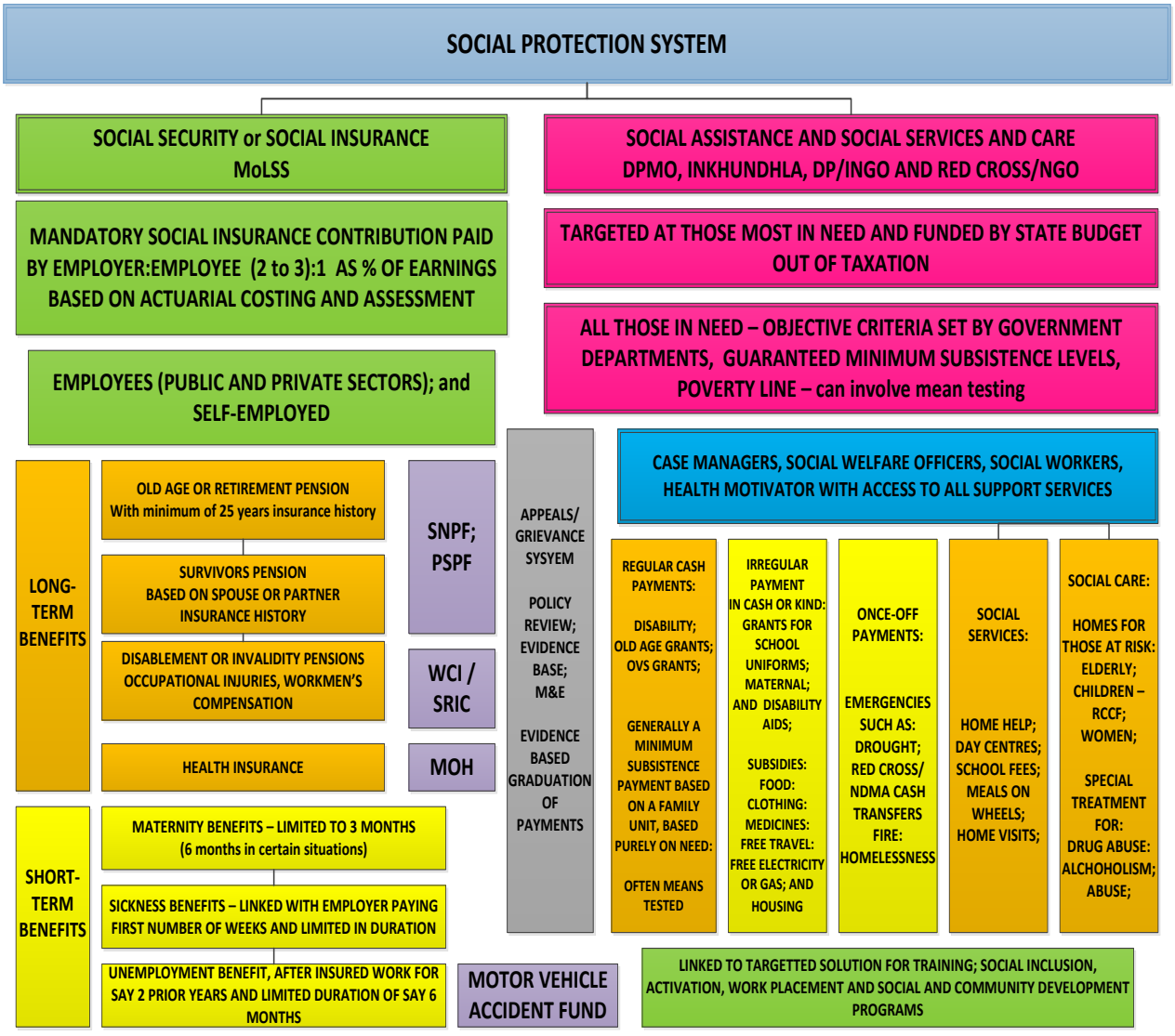
This programme has been suspended due to financial constraints; this programme provided food assistance and clothing to vulnerable people with the support from organizations supporting and complimenting the government's effort in addressing the needs of the vulnerable. Persons with special needs were supported with devices and materials such as wheelchairs, crutches, and sunscreen for people living with albinism. Disability social assistance grant of E240 per quarter was paid to those people living with disabilities who were registered. The disability grant was paid on the same days

that the OAG was paid to enable older people living with disabilities to receive both grants at the same time.

iv) Medical social work

The DPMO works in collaboration with the Ministry of Health and Social Welfare to provide care services to patients, abandoned children and cases of abuse, within various health facilities in all the regions of the country.

Figure 3.4.6-1: State Social Protection in Swaziland



Source: Pain (2016)

b) The Swaziland National Provident Fund (SNPF)

The SNPF was established in 1974 as a savings scheme to provide benefits for those who retire from regular employment, or in the event of incapacitation, or death (for their survivors). It is unclear (due to lack of available figures from the SNPF) as to how many members are covered, however, an estimate of 30% of the workforce or approximately 60,000 people are covered by contributions paid to this fund by employers and insured persons. The SNPF also provides for supplementary benefits based on additional contributions paid by members and matched by their employers. It is the main pension provider in Swaziland and one which pays a lump-sum pension award which is, mainly, all that is available from the State Pension System currently (SNPF Report, 2015).

c) The Public Service Pensions Fund (PSPF)

The PSPF was established in 1993 provides benefits and pensions for approximately 37,000 public servants under a defined benefits scheme for pensions, including retirement, death and disability (PSF, 2015).

d) The Swaziland Royal Insurance Corporation (SRIC)

The SRIC provides the insurance scheme to which employers must pay in respect of workmen's compensation annually. It is a compulsory scheme for all employers and provides cover for accidents, disabilities or death arising from occupational accidents. The website of the SRIC makes only the briefest mention of this scheme even though it is understood to be quite lucrative for the SRIC and certainly no information or accounts are made available (SRIC, 2015:2).

e) Health insurance

The Ministry of Health and Social Welfare (MOH) provided this service to the nation and there are several private health insurance schemes. There has been consideration of the potential for a Swaziland Health Insurance scheme (MOH, 2015, 22).

The International Plan of Action on Ageing a resultant of the Second UN World Assembly on Ageing in Madrid 2002, tasked governments to put in place mechanisms to safeguard the security of older people in society. The recommendations from these two conventions above advocate for the mainstreaming of ageing issues as the world anticipates the challenges of this population demographic. Unfortunately, a majority of

older people continue to live in extreme poverty, without any form of security. Older people play a significant role in buffering the effects of the HIV and AIDS pandemic. Older people raise a substantial number of orphaned and vulnerable children (OVCs); and Gorman (2004:20), states that in sub-Saharan African region, older people care for their grandchildren.

Social security as a tool for addressing poverty and income insecurity has been adopted in many developing countries such as Swaziland. The conceptualization and meaning of social security and social protection from an African context is impacted on by a country's economic development, prevailing cultural and social beliefs as well as the political climate of each country. In its current definition, social security favours those in paid employment and totally neglects those who are unemployed and those with special needs (Jutting, 1999:9). As such, the formal definition of social security as given by the ILO is the standard framework that most countries (including Swaziland) use. However, the formal definition for social security does not adapt well in practice nor does it articulate the issues faced by the majority of the population who are chronically poor, illiterate and rural based.

Kaseke argues that the inappropriateness of the definition for social security emanates from its neglect of the shocks and vulnerabilities experienced by most poor people (Kaseke, 2001: 89). Formal social security as defined by the ILO favours those in formal employment who have the ability to make monthly contributions to pensions schemes and it totally ignores the chronically poor who are unemployed. Older people are systematically excluded from credit and other development programmes (Apt, 1997:7). Figure 3.4.6-1 above shows the summary of social protection and social security provisions in Swaziland.

The ILO (2000:24) acknowledged five different sources of "income security: the family, civil society's institutions, enterprises, the commercial sector and public institutions." Comprehensive and integrated social security frameworks are more suitable for poorer countries as they provide springboards for the poor out of poverty. The limited tax base and the other competing demands are some of the challenges financing comprehensive social security programmes. The programmes implemented by the DSW are helping to meet the most basic needs of beneficiaries such as food and non-food items. The programmes are implemented in collaboration with other relevant

stakeholders, both government and non-government, including community based structures such as community health motivators who assist the Department in identifying community needs, social problems and beneficiaries of welfare services. Table 3.4.6-2 below represent a detailed account of social security programme in the DPMO.

Table 3.4.6-2: In Kind Cash and Social Transfers

PROGRAM	TARGET GROUP	MECHANISM FOR TARGETING	BENEFITS DERIVED FROM PROGRAM	BENEFICIARIES (FY2015-2016)	AGENCY IMPLEMENTING THE PROGRAM	FUND-ING
Elderly Grants	Swazi Persons Aged 60yrs And Above With National Id Number	Supposed To Be Means Testing But Is Applied Universally	Cash Grants Of E240 Per Month Paid On A Quarterly Basis	49,557 (Manual Payment btw Apr – Sep 2015) 42,887 (Bank Payment Apr –Jun 2015) 42,427 (Bank Payment Jul-Sep 2015) 49,305 (Manual Payment, Oct-Dec 2015) 43,121 (Bank Payment, Oct-Dec 2015)	DPMO-DSW	GoKS
Disability Grant (Pilot)	Persons with Disability	Categorical	Cash Grants Of E240 Per Quarter (Apr To Sep, Oct To Dec 2015)	Apr-Sept 2015: 4,779 Oct-Dec 2015: 4,768	DPMO-DSW	GoKS
Ex-Servicemen Pension	Ex-Servicemen or their Widows	Categorical	Cash Pensions Of E600 For Surviving Veterans And E300 For Widows	15 (Ex-Servicemen) 378 (Widows)	DPMO-DSW	GoKS
OVC Cash Transfer Scheme (Pilot)	OVCS	Categorical And Means Testing	Cash Grants : E100/Pm (0-5yrs) E150/Pm (6-14yrs) E200/Pm (14-18yrs)	5,000 (So Far)	FINNISH RED CROSS	ECHO
Young Heroes Grants	OVCS	Categorical	Cash Grants	Not Yet Obtained	NERCHA	GoKS

Source: Pain (2016:16)

Table 3.4.6- below gives a synopsis of the social care services and programmes as provided by the different implementing partners who work in collaboration with the government of Swaziland. It also highlights the documentation that each category requires in order to be able to access the grant and/or medical assistance (Nhende, 2014:115). All these programmes are means tested as opposed to being needs based. The different

partners have different objectives but they seem not to be able to work together to maximize the scarce resources available (ibid).

Table 3.4.6-3: Cash Transfers

PROGRAM	TARGET GROUP	MECHANISM FOR TARGETING	BENEFITS DERIVED FROM PROGRAM	BENEFI-CIARIES (FY2015-2016)	AGENCY IMPLEMENTING THE PROGRAM	FUND-ING
OVC Education Grant	OVCs	Categorical and Community	School fees	53,564	DPMO-DSW	GoKS
Health Fee Waivers	Extreme poor and aged persons	Means Testing and Categorical	Free medical Care at facility level	*Yet to collect data*	MoH	GoKS
School Feeding Programme	School Students	Universal	Meals of Maize Meal, oil and Pulses	*Yet to collect data*	MoET	GoKS & Global Fund
Farmer In-puts	Subsistence Farmers	Community & Self Targeted	Agricultural Inputs	*Yet to collect data*	MoA & NERCHA	GoKS & Global Fund
Food Aid	House- Holds that are Food Insecure	Self-Targeted and Geographical	Maize Meal, cooking oil, Pulses	*Yet to collect data*	DPMO-NDMA & NERCHA	GoKS & Other Partners
Supplementary Food Support	Malnourished Patients on ART, TB and PMTCT programs	Categorical	High protein and energy food (Soya beans, maize, pulses, oil)	*Yet to collect data*	MoH	WFP
Neighbourhood Care Points	OVCs	Self-targeted & Categorical	Early Childhood Education, Psychosocial Support and Food	*Yet to collect data*	NERCHA	WFP, Global Fund, World Vision
Phalala Fund	Patients requiring specialized medical care not available in Swaziland	Based on referrals	Specialized medical treatment and care abroad	*Yet to collect data*	MoH	GoKS
Public Assistance	Extreme Poor Households & Persons with Disability	Means Testing	Food, Clothing and Other supplies	*Not available (programme has been suspended)*	DPMO-DSW	GoKS *(currently suspended)*

Source: Pain (2016)

In the implementation of the DSW programmes requires a lot of technical and support staff to fulfil the mandate of the Department. Co-ordination between the different stakeholders or has been key in the delivery of different programmes. A referral system with appropriate service provision is an essential ingredient in the service delivery. Having limited residential institutions for care and support of ageing people such as homes for older people and safe housing has hindered assistance that could be given to the ageing population.

3.5 Old Age Grant (OAG) in Swaziland

Population ageing as a triumph of the 21st century presents opportunities and challenges for poorer nations (Dhemba, 2013:2). Growing old is becoming the riskiest stage in the lifespan of individuals especially those in least developed countries (ibid). Ageing is associated with ill health, desertion, abandonment, ill-treatment and poverty (Ferreira, 1999:9). As the population greys, policies targeting older people are needed in order to safeguard their welfare in society. Sen (1994:9) observed that ageing is happening fastest in those countries which are least prepared for this unprecedented increase in the number of older people. Policies addressing issues of older people are still not comprehensive enough to capture the essence of population ageing and its challenges for least developed nations.

Despite signing supportive international protocols and conventions, which are meant to provide a legal and regulatory platform for the development and implementation of social security systems within countries, reporting on progress is relatively weak resulting in poor domestication of these protocols for countries such as Swaziland. Furthermore, even though the Constitution of the Kingdom of Swaziland of 2005 is the supreme legislative framework that makes explicit provision for the welfare and maintenance of older people and the protection of the family that plays a significant role in society, still the OAG caters for the older person but not the entire family or dependents.

Economic, social and cultural rights of the people of Swaziland are equally guaranteed in the provisions of the constitution, which makes a justifiable case for the provision of social protection in its entirety to explicitly include social assistance, social security, social health insurance, livelihoods, empowerment and protection from vulnerability and destitution. Therefore, the poor who are unable to support themselves are entitled to government support and protection under the Constitution of Swaziland.

As such the ability to have access to critical social care services is a preoccupation of most African governments, including Swaziland. Access to social security is seen as a viable tool to reducing vulnerability and poverty. As with other African governments, the Swaziland government put in place safety nets, which have been to a large extent influenced by the prevailing economic, social, political and cultural patterns in the country. Undeniably, "the kind of institutional capabilities, diverse organizational roles, levels of instability and conflict, the level of dependence on donors as well as levels of inequality and destitution differ

significantly in Africa, and play a critical role in shaping and defining a country's approach to poverty reduction, and subsequently, social protection" (Holmes and Lwanga-Ntale, 2012:viii).

Preserving the dignity and worth of the ageing population should be the driving factor in the establishment of social security programmes. As the growth in the number of older people continues to outpace that of younger generations in all countries, including Swaziland, the King issued a decree, which established the Old Age Grant in 2005. Prior to the establishment of the OAG the implementation of social security programmes had been consistently been done in silos, without centralised data capture system to record beneficiaries of the many programmes. Such a scenario exposed the sector to wide abuse arising from information irregularity among intended beneficiaries (Pain, 2016:40).

Weak monitoring and evaluation also did not inform the prioritization of programmes that have a demonstrated impact on poverty, but instead allowed the status quo of multiple low coverage, poorly performing programmes to prevail (World Bank, 2012:30). The absence of a coherent policy environment has hampered development efforts hampered the development of a comprehensive and robust results based monitoring and evaluation framework to assess the impact of all the social protection programmes that have been in existence since independence.

As a State social security mechanism, the OAG has not been adequately formulated and implemented as there are contingencies that it fails to cover resulting in 'rudimental protection' (Holmes and Lwanga-Ntale, 2012:3). As a form of social assistance programme, the OAG resonates with the western culture, where social assistance is offered as a supplement for income rather than being the main and only source of income as in the Swazi context. The failure to incorporate an extended family as well as other prevailing conditions, which need addressing, resulted in the ineffectiveness of the OAG to adequately address the needs of the ageing population in Swaziland.

As such, ageing issues could be framed in such a way that they are part of social integrations, gender advancement, financial security and address issues of poverty (Dekker, 2003:1). The 'top up' approach to policy implementation was followed to a certain degree when the OAG was implemented but the entire policy design and formulation processes were not adhered to. The advantage was that the resources, personnel and expertise were readily available to carry out the mandate of starting an old age grant. Further, the political backing ensured that this 'dream' became a reality (ibid).

Instead of adopting a viable approach in the development of the OAG (such as the active ageing, human rights based approach or the notion of care) the implementers of the OAG used a narrow approach in addressing the immediate needs of older people. As a result of the flawed policy formulation process, a temporary plan was implemented to just give out some money (E100 monthly and E300 quarterly respectively which was later improved to E240 monthly and E720 quarterly), before the proposed policy could undergo the rigor of the policy process (World Bank, 2012: 23; Pain, 2016:33). Unfortunately, the design phase and formulation was not informed by the views of the potential recipients. This resulted in underestimating the amount of money that would make significant input in the lives of older people and their dependents. How society perceives older people affects the behaviour and overall health outcomes of older people.

Below is the speech (decree) from the throne, which was instrumental in the establishment of the OAG:

> "*One outcome of the HIV/AIDS pandemic is the effect on our elderly. HIV/AIDS continues to kill a lot of our young people who leave behind orphans and uncared for adult parents. Some of these elderly people sometimes go without basic support and yet they are expected to also care for the orphans. The nation recognized this problem at Sibaya meetings and requested government to address the challenge. We are happy the Indlovukazi (the Queen Mother) has already taken lead, through Philani MaSwati, to show us all that we must care for the elderly people and ensure their last days are full of happiness and fulfilment. It is in the light of such difficulties, in which our elderly people live that government has decided to increase the annual allocation to the social security fund to E30 million for the benefit of our elderly poor citizens"* (HMK, Mswati III, Speech from the Throne, February, 2005).

The OAG is the major social cash transfer scheme implemented in Swaziland and is funded by the government. The OAG targets older people who are 60 years and above. The older people must have a valid national identification document and not receiving any employment benefits such as pension (DSW, 2015:15). According to the DSW, all beneficiaries must be able to produce identification documentation such as a passport, national identification document and/or birth certificate. Failure to produce these documents delay access to the grant. The chiefs and rural health motivators are sometimes requested to identify people from their communities who are supposed to benefit from this grant (ibid). The OAG is

implemented like a universal pension scheme targeting all older people without clear eligibility criteria (Pain, 2016:40). There are major shortcomings engulfing the implementation processes and operationalization of the OAG due to the unavailability of an overarching social security framework, that would ensure that some operational synergies and complementarities. Active participation of the beneficiaries needs to be factored in so that they do not feel like passive recipients of the grant (ibid).

3.5.1 Implementation of Old Age Grant (OAG) in Swaziland

In most African societies the older an individual got the higher the chances of gaining upward mobility in the social hierarchy (Rwezaura, 1989:5). Through a system of economic reciprocity, individuals were able to use wealth to attract additional dependents and thus to secure a greater degree of social security in old age (ibid). Social security for older people in Swaziland has historically been the role of the extended family. Older people controlled land, livestock and indigenous law and religion also played a supportive role in the upkeep of older people. Swazi children were taught to "regard the father as the legal and economic authority in the home.

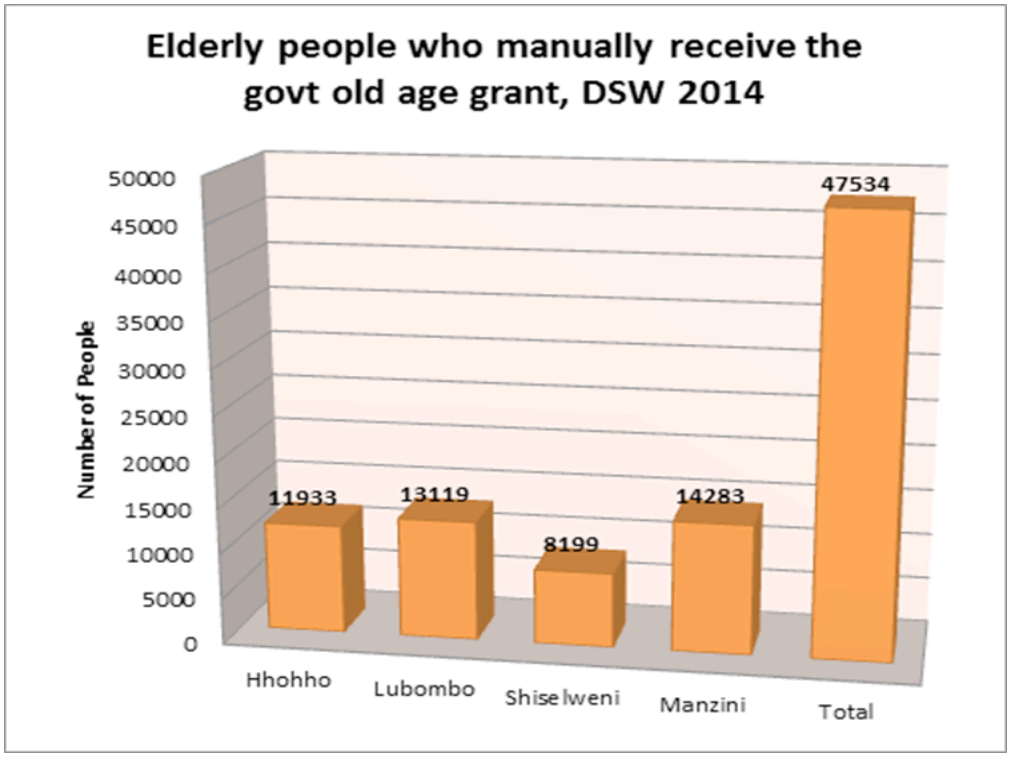
They were taught from infancy to obey the fathers word and even married sons were never regarded as free from his control" (Kuper, 1962:96). Older people had historically made significant and valuable contributions to society from providing care for the sick, officiating in weddings, proving care to ill and dying family members and care for orphaned and vulnerable children (Pillay and Maharaj, 2013:12). In the Swazi society older people had always been treated with respect and recognition for their wealth of knowledge, leadership, wisdom, experience and authority (Rwezaura, 1989:5).

More recently, local and international non-governmental organisations have joined the State in the provision of protection for the vulnerable populations. In its current form, the family is challenged with insufficient resources to provide care to older people. The lack of accurate data and statistics on a national scale that can assist in the formation of informed decisions towards the ageing population is one of the many issues which the State and its implementing partners struggle with as they work towards providing social security for the older generation in the country. The Department of Social Welfare (DSW) has implemented a number of social assistance programmes, albeit in a fragmented and haphazard manner, in the form of cash grants and in-kind social support in form of clothing, food aid and aiding devices to a number

of vulnerable groups, mostly children, older people, disabled, ex-service persons and their surviving spouses and families. The main objective of these cash grants and in-kind support is to alleviate the material poverty and suffering of the vulnerable groups, who are mostly identified through the categorical and proxy-means testing targeting mechanisms.

However, some public assistance programmes have been suspended due to lack of funding as funding. This is due to the fact that funding through budgetary allocations has been scrapped and/or suspended indefinitely from the list of services that the poor can utilize. Lack of diverse sources of funding has resulted in the government suspending the public assistance programmes at a time where older people need supplementary resources.

Figure 3.5.1-1: Elderly Grant Disbursement 2014, Manual



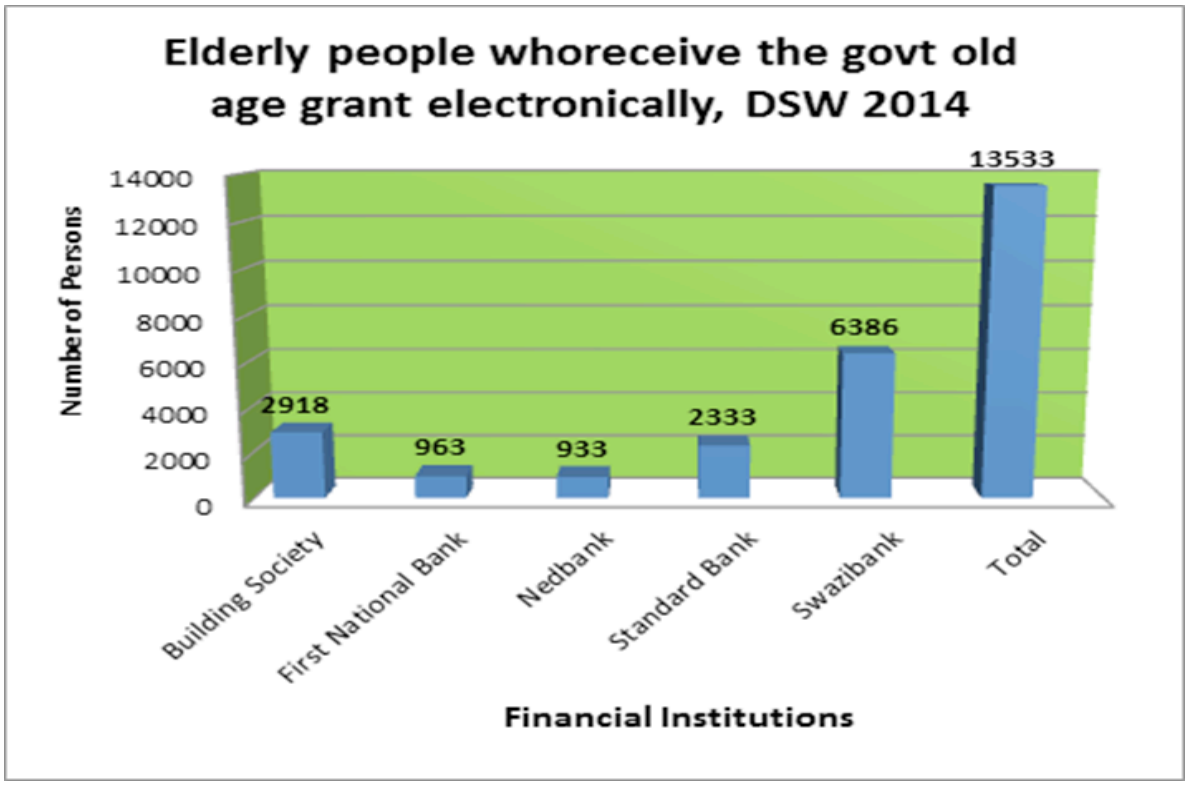
Source: DSW (2015)

The OAG is one of the ways the government of Swaziland seeks to meet the basic needs of older people. Even though there are shortfalls in its implementation but the government's commitment to fund the grant from taxes is admirable.

Payment mechanisms of the OAG incorporate electronic and manual systems of payments. The electronic system requires a top up of E25 per month to cater for bank charges. DPMO has signed a new agreement with the Post Office for their network of branches, more widespread than banks, to deliver the OAG at a cost to government of E36 per transaction,

which would work out at five percent if delivered quarterly, but fifteen percent if delivered monthly, which will take pressure off social welfare officers. For the manual disbursements most of DSW staff goes to the regions to disburse the grants over a one-month period of time.

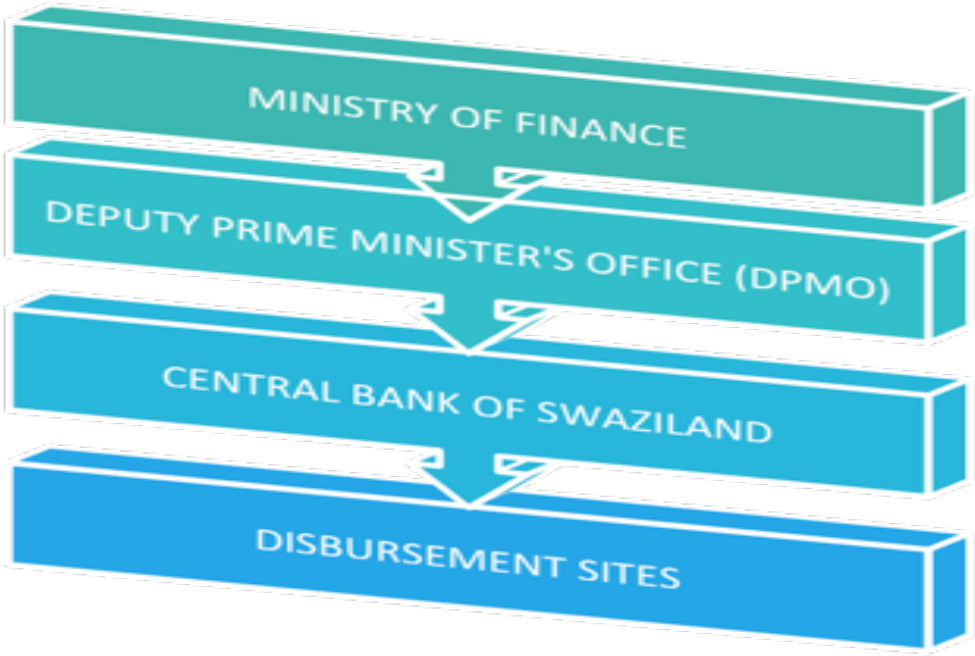
Figure 3.5.1-2: Electronic Disbursements of Old Age Grants



Source: DSW (2015)

The DSW staffs with the support of contracted cashiers do the manual disbursements. Disbursements take at least one week per region. Those older people who are too frail to go to the disbursement centres are given three days grace to get to regional offices and if they fail to avail themselves for the grant the money is returned to the Treasury. The national budget finances the old age grants and they are dependent on the availability of resources from its coffers. Obtaining the money from the government coffers can be challenging. The Ministry of Finance allocates a certain portion of the national budget to the Deputy Prime Minister's Office (DPMO) and through the central bank of Swaziland before it can actually reach the accountants who work with social welfare officers to disburse the money to beneficiaries. The police also accompany the social welfare officers to the different regions during the grant disbursement exercise.

Figure 3.5.1-3: DPMO Flowchart of the OAG Disbursement Process



Source: DSW (2015)

For safety of the staff involved in the disbursement process the police assistance or escort is needed when the money is transported to the different disbursement sites in the regions. Moving around with such a large amount of cash not only puts older people at risk but the disbursement officers can also be targeted by thieves who could be interested in the money (DSW, 2015:16). Persons with specials needs such as persons with disability and those living with albinism are supported with aiding devices and materials (i.e. wheel chairs, clutches, sun creams). Disability social assistance grants of E240 per quarter are paid to those registered disabled on the same days that the OAG are paid, enabling those older persons who are also registered disabled to receive both at the same time (Pain, 2016:24).

3.6 Conclusion

State social security implementers in most African countries, Swaziland included are unable to find a suitable and comprehensive definition that will resonate with the conditions and needs of the poor population. A poor definition and conceptualization of the social problems faced by the poor results in poor policies and programmes that are not responsive. This has resulted in poorly implemented programmes that fall short in meeting the needs of the poor and vulnerable. It has been argued that only five to ten percent of the African population is covered with state social security provisions. Within the labour force, only twenty percent of

the working population are covered and have access to pensions at retirement. The low wages result in fewer employees keeping up with the monthly instalments and people are even poorer upon retirement.

Social security is increasingly seen as a necessary tool for furthering social justice and human rights. As demonstrated above, Swaziland implements a number of social security programmes. However, there is a lack of co-ordination as well as an agreed upon definitions of social security and social protection in Swaziland. The aims and priorities of the safety net in Swaziland remain unclear (World Bank, 201:x). The government of Swaziland further spends 2.2 GDP on social security systems but inefficiency and ineffectiveness continue to characterize these programmes (ibid). Unlike other development projects, social security is government driven and funded through budgetary allocations.

This is positive in the government of Swaziland has mainstreamed social security as one of its priority areas, but the lack of diversification of funding means that when government hits a snare and falls short of funds, social security provision suffers substantially as grants are amongst the first affected by funding challenges thing to go. The lack of a coherent understanding and/or definition of social security and social protection are evidenced by the distinction that has been given to contributory and non-contributory services or grants. Under the DPMO, the focal populations are the poor and vulnerable those who are not working, and this is seen as social protection. The programmes that are run through the Ministry of Labour and Social Security (MoLSS) are termed social security.

The programmes under the MoLSS are classified as social insurance and employees are expected to make monthly contributions but enforcement of this requirement is hindered by the low salary rates in Swaziland.

CHAPTER FOUR

THEORETICAL AND CONCEPTUAL FRAMEWORK

4.1 Introduction

Chapter Four focused on the theoretical and conceptual frameworks, which guided the study on social security and older people in Swaziland. This chapter outlines the Active Ageing Approach Framework, Notion of Care, Human Rights Based Approach and the Policy Implementation Theory. All these approaches are important concepts underpinning the experiences of older people as well as the implementation processes in relation to the Old Age Grant (OAG) in Swaziland. The chapter outlines the concepts that are relevant to the study.

The Active Ageing Framework offered a summary of a wide range of determinants of health, which have an impact on the ageing process. These determinants affect all facets of the individual's life as s/he manoeuvres through ageing process. These can be classified as follows: Gender and Culture; Health and Social Services; Behavioural; Personal; Physical; Social and Economic determinants. The important concepts in the framework offer opportunities to keep older people active and healthy for the longest time. The Active Ageing Framework offers a lens and basis to look at the ageing experience of older people in Swaziland. The determinants offer an opportunity to answer the questions:

(i) What are the lived experiences of older people in Swaziland amidst inadequate social security; and

(ii) In what ways does social security improve the care and welfare of older people in Swaziland?

The Notion of Care gives an elaborate review of the caring process and how giving and receiving care is an integral part of the human experience. This framework offers insight into the burdensome side of care and the gratifying aspects of the caring process. The approach looks at care in the domestic sphere as well as in the public sphere. Its relevance is in terms of the questions as follows:

(i) What are the issues confronting older persons in Swaziland;

(ii) How do older persons take care of their needs?

(iii) What kinds of indigenous social security arrangements (if any) do older persons access to counter exclusion?

(iv) How have indigenous social security mechanisms been organized and in what ways are they effective; and

(v) What are the experiences of older persons with various types of indigenous social security systems?

The Human Rights-Based Approach's relevance to the study rests on human rights being the foundation for programmes and policies for social security and the welfare of older persons. This approach helps in answering the following research questions:

(i) What are the gender differences in old age with regards to the provision of social security;

(ii) What are the experiences with the state social security protection interventions;

(iii) How can effective forms of social security be strengthened and extended to cover more groups of people; and

(iv) What kinds of indigenous social security arrangements (if any), do older persons have access to counter exclusion?

Policy Implementation Theory (PIT) focuses on the processes and models of the policy process. This theory considers the social, political and economic environment and/or context of policy implementation and how these impact on the implementation of policies and programmes. The legislative framework, leadership, resource mobilization, operation, feedback and progress results are also discussed in this chapter. The significance of this theory has enabled the researcher to understand the implementation of the Old Age Grant (OAG) in Swaziland through answering the following questions:

(i) What is the Swaziland's government conception of older persons? What is their rationale to offering social security to older persons?

(ii) How can different state and non-state actors collaborate to help older persons to overcome their daily hardships and provide for social protection measures?

(iii) What are the current government interventions (policies or programmes) protecting older persons in Swaziland?

(iv) What are the organizational arrangements (processes, structures, resources and systems) that are used to deliver these policies and programmes?

(v) What are some of the current issues that the Swaziland government faces in implementing interventions to protect older persons?

These theoretical and conceptual frameworks also facilitated capturing the opinions of street level bureaucrats and other implementing partners who are involved in the provision of social security to the elderly in Swaziland. Therefore, the theoretical and conceptual frameworks provide background to the existence of formal social security targeting older persons and the justification for such provision. Sections 4.2, 4.5, 4.3 and 4.6 give detailed accounts of the theoretical and conceptual frameworks. A conclusion is given at the end of the chapter.

4.2 History of Ageing from Sociological Theories

Theories on ageing made the earliest attempts to unpack the ageing phenomenon. Past sociological theories of ageing viewed it from a negative light and equated ageing with growing old. So called "greying" and "the golden years" all refer to the ageing process which most theories have associated with negativity in terms of loss of value, dignity and exclusion from mainstream society. How a society perceives the ageing process is often a reflection of how society cares for older people and/or provides social security provisions for them.

4.2.1 Role Theory

Role theory focuses on the roles which individuals are assigned and how they fulfil these occupational and relational responsibilities from birth until death (Cattrell, 1942:7). Such roles guide and shape individual behaviour in order to meet, societal expectations, and also mould a person's self-concept (ibid). The argument being made is that roles change according to the ability of the individual to perform those roles and tasks successfully. An individual's ability to adapt well into his or her roles will manifest in later years (old age). This theory unfortunately does not take into account the biological factors that impact on individuals, as they grow older. The focus is largely at a macro level rather than the micro level.

4.2.2 Disengagement Theory

In terms of the disengagement theory, older people are seen as withdrawn from physical labour and focused on inward or inner selves, and thus a transfer of power from the young to the old is essential in keeping the power balance in society (Cumming, 1963:384). The main feature of the disengagement theory is shared support, inevitability and universality of the ageing process (Gubrium, 1973:20-1). In other words, society is supportive of individuals as they undertake fewer responsibilities due to old age. It also support the notion that ageing is a biological process which is inescapable; and lastly, on a global scale all people undergo the ageing process however the variation is in the manner in which the individual makes meaning (self care and self worth) around the ageing process.

According to this theory, ageing is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the individual and other social systems to which s/he belongs. Others may initiate by the individual or this process in the situation. When the ageing process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterised by a greater distance and an altered type of relationship (Cumming and Henry, 1961:4). Because ageing is inevitable, central and universal, the individual is expected to gracefully embrace new roles as dictated by their chronological age. According to the disengagement theory, society expects older people to take a back seat in social, economic and political processes but this is not always possible especially in developing nations. For instance, although older people should naturally leave ‘work,’ but in poorer environments this disengagement is not a linear process and other social and economic factors compel older people to remain active pass the retirement age (ibid).

A criticism against this theory is that it suggests that it is acceptable for older people to vanish or be inactive from economic, social, political and cultural forums. Such an approach is opposed to the Active Ageing Framework as well as Human Rights Based Approaches, which advocate for visibility and active participation of older people throughout the lifecycle. The theory has negative implications for policy and practice on issues of ageing (Cumming and Henry, 1961:4).

4.2.3 Social Phenomenology/Social Constructionism

This framework sees ageing as a negative development and more societies do not have positive outlook on issues of ageing (Babcock, 2015:11). It highlighted the power of social interactions in shaping the realities of the ageing process in society. From this perspective, ageing is seen as more than just a biological phenomenon but that which is defined by the societies involved, meaning that no two societies are likely to view the aged in a similar fashion (ibid). The viewpoint is that as human beings go through life, they make meanings of their experiences that they can relate to and/or explain to those around them.

4.2.4 Age Stratification Theory

The age stratification theory presented the ageing process as an acknowledgement of the changes that an individual has to undergo from birth to old age (Babcock, 2015:4). It also sees ageing as a process which groups of cohorts experience collectively; and that as one ages, the roles and responsibilities are likely to differ or the individual might assume new roles based on their ability to cope with those new roles. This theory also focuses on the interdependence that exists between the aged and society at large. Older people who gain support from those around them are more likely to be happier (Riley, 1985:99).

4.2.5 Feminist Gerontology

Feminist gerontology's position is that the experiences of females are frequently unnoticed; therefore, these theorists highlight the experiences of women in order for society to appreciate what women do on a daily basis not for themselves but for others as well (Babcock, 2015:4). This approach focuses on the impact of ageism, culture and old age in the lives of women. This approach also focuses on how politics and socio-economic factors continue to impact on the lives of ageing women in society. At the heart of this approach is documenting the lived experiences of older women in societies. This approach focuses on the multiple roles played by women in society as well as the impact of those roles on the overall livelihoods of these women (ibid). The approach includes issues of unpaid women's work throughout the lifecycle. In the feminist approach, women's voices are seen as an integral part of good policies.

No one theory is sufficient to capture the experiences of older people as a basis for understanding the ageing process. A combination of theories attempts to provide a

foundation of the multidimensionality of the concept of ageing. Most theories have portrayed ageing in the negative light. There are some advantages that are associated with the ageing process. The following sections will briefly look at how governments and/or societies can capitalize on the ageing population.

4.3 Human Rights Based Approach (HRBA)

4.3.1 Definitions of Human Rights Based Approach

> *"A human rights based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promote and protect human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress" (UNICEF, 2016:1).*

Older persons (as with the rest of the population) have human rights, as these are inherent to all human beings. The Human Rights Based Approach developed from concerns about the lack of discussions and articulation of human rights of older persons. As with all other age groups, the older people need some protection to ensure that their rights to goods and services are protected at all times (DFID, 2006b: 7). Human rights belong to every individual because they are "human beings." At the heart of the HRBA is the view that when these rights are protected (along with other groups) will fully participate in all spheres of life (economy, social, political, cultural and spiritual) without fear or intimidation. The HRBA aims to restore the dignity and worth of the ageing population whilst encouraging independence and autonomy (ibid).

Human rights are at the heart of the provision of caring services. Human rights are important in protecting individuals' dignity and worth. The Universal Declaration on Human Rights of 1948 is the foundation of the rights-based approaches to development. It provides the fundamental human rights which all states and/or governments should safeguard at all times so that there is minimal infringement on people's rights. In addition, the human rights based approach is of significance in that it assists governments and non-governmental organisations to mainstream their activities and programmes to embrace the principles of peace, justice, freedom and human rights (United Nations Development Group, 2003:2). The policies and programmes are focused on the socially excluded and

marginalised populations in order to ensure that they participate in the processes that have direct impact on their livelihoods and wellbeing. The approach also seeks to internalise the human rights focus to address local needs in order to reduce the disparities between the rich and the poor.

Furthermore, at the core of the Human Rights Based Approaches are persons who are ostracised, ignored, disadvantage and/or victimised. This frequently involves consideration of gender norms prevalent in that society and specific traditions which perpetrate exclusion of vulnerable factions, and inequalities, in order to guarantee that interventions extend to the very marginalised sections of the population (United Nations Development Group, 2003:5). This approach makes it possible for governments and other stakeholders to undertake "situation analysis" in order for policies to be informed by issues raised by the intended beneficiaries of the proposed policies (ibid). In addition, the circumstances of the poor are better understood when the situation analysis as well as needs assessments are completed to inform policy makers about some of the root causes for the poverty and development issues facing the poor and vulnerable populations (DFID, 2006b: 7). The approach offers some useful guidelines which governments can follow as they try to develop assessable targets, objectives and goals for the rights based programmes.

The DFID defines the human rights based approach to development as a:

> *"Means to empower people to take their own decisions rather than being the passive objects of choices made on their behalf" (DFID, 2000b: 7).*

The human rights based approach is an important tool in the empowerment of the poor and marginalised populations. It advocates for their participation in the design and formulation of policies and programmes that affect their livelihoods-instead of being sidelined, this approach brings them to the centre of the policy process (DFID, 2000b:8). Human rights based approaches seek to strengthen the competencies of the state to value defend and give assurance to these rights. It also facilitates a holistic approach to the development of programmes to tackle the complications faced by the marginalised groups (ibid). It facilitates and enables marginalised groups to assert their power to stand up and make claims and learn to hold the government accountable for any promises broken promises.

The United Nations' Secretary General (1998) described the rights based approach in terms of its ability to:

> *"Describes situations not simply in term of human needs, or development requirements, but in terms of society's obligation to respond to the inalienable rights of individuals, empowers people to demand justice as a right, not as a charity, and gives communities a moral basis from which to claim international assistance when needed"(UN, 1998:10).*

The rights based approach is able to look beyond the needs of vulnerable groups and provides the basis on which governments can be held accountable by the international community for inaction with regard to providing adequate social protection and welfare for citizens. The unique features of this approach lie in its ability to promote and protect the innate human rights and protect those rights. This approach gives the poor and other marginalized groups a list of rights to which they are entitled and also which they can argue for with their governments.

The aim of this approach is making sure that participation is both a 'means and a goal' (UN, 2016:1). Both inputs and consequences are observed and appraised. Such initiatives makes the processes of government transparent and offers a channel for addressing issues which might be neglected during the design and implementation of programmes. It also offers a window for dialogue between the claims-makers and the government, which is the custodian of the policies that are formulated with the HRBA.

CARE defines a human rights based approach as such:

> *"Deliberately and explicitly focuses on people achieving the minimum conditions for living with dignity. It does so by exposing the root causes of vulnerably and marginalization and expanding the range of responses. It empowers people to claim and exercise their rights and fulfil responsibilities. A rights based approach recognizes poor people as having inherent rights essential to livelihood security-right that are validated by international standards and laws" (CARE, 2008:38).*

The poor are not seen as recipients of care and social services but as active participants who have to be empowered to voice their needs for services that protect their dignity and self-determination. This definition points to the claims that different groups can make to their governments under the laws and backing of the international community. HRBA provides a lens through which the elite can be held accountable on how they use power and

subsequently enable 'development' as "obligations (national and international) and not simply based on motives of charity and solidarity" (Eide, 2005:250).

4.3.2 Dimensions of the Human Rights Based Approach (HRBA)

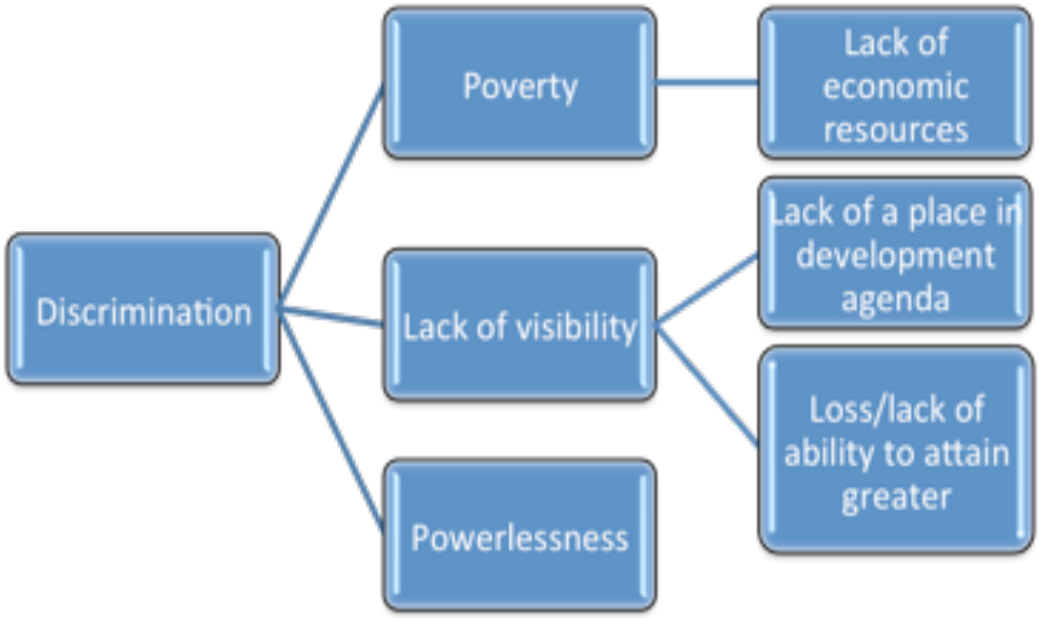
The HRBA is useful in the understanding and interpreting the issues faced by older people in society offers hope for this population because of the failure of most national governments to meet their needs. The United Nations Principles for Older Persons of 1991 offered a broad outline, which allowed governments to have flexibility on how to implement policies addressing the needs of older people however, all those efforts have not yielded any positive results for older people in most countries (Huenchuan and Rodriguez-Pinero, 2011:10). The HRBA fits well in the fight to address the needs of older persons globally. The needs and rights of older persons are neglected and this approach offers a mechanism through which those rights and obligations can be promoted and/or protected.

Older persons are excluded and marginalised in societies compared to other age groups. In most countries laws, legislation and programmes targeting this population are either weak or unavailable which extends the impact of ageism and unequal access to means and benefits from the development processes (Huenchuan and Rodriguez-Pinero, 2011:10). Figure 4.3.2-1 below summarizes some of the main challenges faced by the older persons, which can better be addressed through the HRBA.

Older persons are disregarded in most development opportunities afforded to the other members of society, they are perceived as irrelevant and unable to make meaningful input to the development process. They are thus considered the recipients of any grants that the government can provide, subject to availability of resources and/or allocation from country budgets (Montes de Oca, 1994:20).

Older persons are seen as inhibitors of progress since they do not have dependable sources of income and they are identified people needing assistance from other members of the family. They are seen a drain on scant family earnings, because they are considered backward and irrelevant to modernisation. Older people are further seen as people on the backbench and spectators in development; a good source of unpaid labour; and as risks and victims of modernization and globalization (Montes de Oca, 1994:20).

Figure 4.3.2-1: Risks Associated with Old Age and their Manifestation



Source: UNFPA (2010)

Accordingly, Huenchuan (1999:9) proposes three ways in which to address the issues faced by older persons using the rights based approach and advocates for a three-pronged strategy in using human rights based approach to the issues of concern to older persons. Furthermore, if it is to provide for the development and implementation of particular concepts and contents, the normative, procedural and substantive dimensions have to be interwoven and intertwined (ECLAC, 2006:7-29).

i. **Normative dimension**: the different governments who are signatory of international treaties, conventions and other provisions need to have concrete plans of actions which are accompanied by sanctions or penalties for failure to comply. This means that there has to be a deliberate effort from the international community to ensure that nations states implement the HRBA in order to address issues of older persons as the world is experiencing this demographic transition (Huenchuan, 2011:22). International and regional legal protection instruments need to uphold the rights and privileges as provided for in international law.

ii. **Procedural dimension**: addressing the needs of older people through the HRBA will mean that nation states need to develop legislation, laws and programmes to protect their rights and interests (Huenchuan, 2011:23). The nation states also need to enshrine these rights into their constitutions so that they can be held accountable

in the provision of the needs and fundamental freedoms of older people. Using the HRBA suggests that governments need to allocate resources for sufficient programmes which target older people so that such benefits preserve their dignity and worth (ECLAC, 2006:409). According to Huenchuan, (2011:23), "these instruments must be based on three fundamental principles: non-discrimination, progressivity and participation." Older people have universal rights, which they cannot be stripped of and which must be upheld.

iii. **Substantive dimension**: This dimension calls for the State to develop catalysts, which can help channel, the needs of older persons within the general framework of government activity (Huenchuan, 2011:23). This dimension calls for specific and concrete measures to be applied through multi-sectorial programmes, which focus on old people and targeted intervention is improved so that no one falls into the cracks (ECLAC, 2006:409).

The HRBA offers hope in institutionalizing the needs of all populations, if implemented correctly the needs of older people can be met as with other groups in society. In the era where there will be an increase in the number of older persons, governments need to use the Universal Declaration of Human Rights as the foundation of all government activities in order to develop appropriate, effective and efficient policies and programmes.

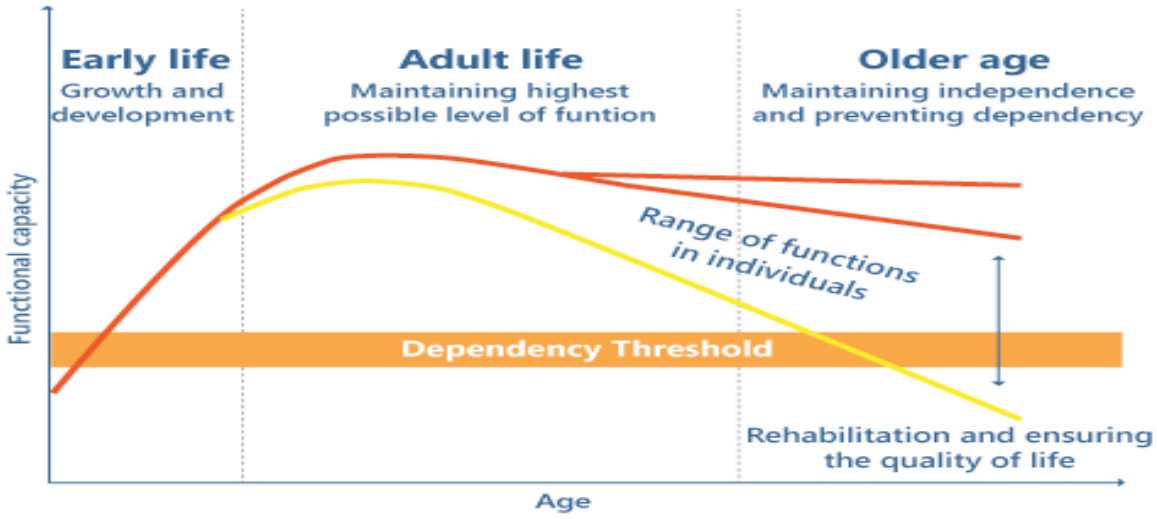
4.4 Active Ageing Framework (AAF)

> *"Active Ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing allows people to realise their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need it" (WHO, 2002:12).*

At the heart of the Active Ageing Framework (AAF) is the focus on maximizing the potential of each individual (especially in old age) in order to eliminate any forms of exclusion, discrimination and invisibility of this sector of the population. Further, this framework sees interdependence, intergenerational solidarity and care as the optimal goals for any individual: young and old. The overall message in the AAF is that participation opportunities and security are human rights issues, which can contribute to positive ageing experiences.

Health in old age is a major predictor of the years of the living conditions and activities in which the person was engaged throughout their entire life (WHO, 2007:2). As a result, the Active Ageing Framework advocates for healthy and active living throughout the lifecycle. Individuals take control of their health while they are young and active so that they can reap the benefits of better adaptation in old age; good healthy habits can be sustained to prolong life (ibid). The framework takes a lifelong approach to health and active ageing by ensuring that individuals have access to health and other amenities that will yield better results later in life.

Figure: 4.3.2-2 Dimensions of care



Source: Kalache and Kickbusch (1997) and WHO (2002)

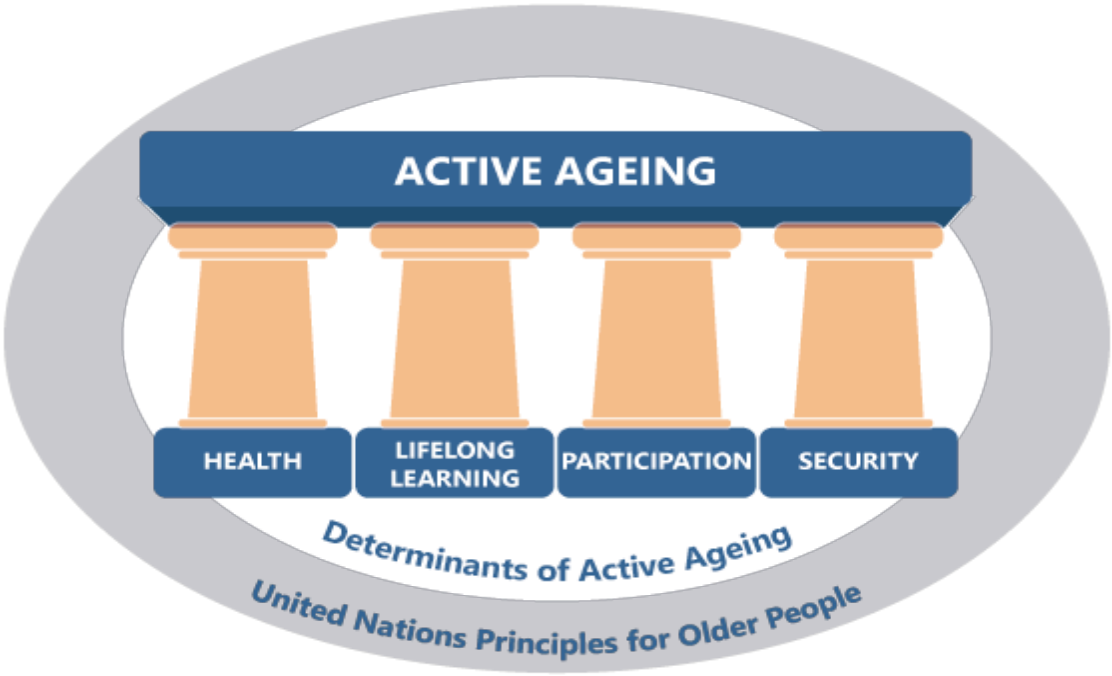
The framework also acknowledges that there are policies and programmes that are beyond the individual and calls for action by the nation states to ensure that they are implemented in order to encourage active ageing throughout the lifecycle (WHO and UNFPA, 2007:5). The Active Ageing Framework holds the view that "exposures in later life may still influence disease risk in a simple addictive way but it is argued that foetal exposures permanently alter anatomical structures and a variety of metabolic systems" (WHO, 2002:4). The Active Ageing Framework calls for policy makers to mainstream active ageing into government policies and programmes so that it is implemented throughout the critical life stages (birth, puberty, parenthood, menopause and widowhood) so that individuals are protected during life threatening episodes (WHO and UNFPA, 2007:5).

4.4.1 Pillars for Action in Active Ageing

The Active Ageing Framework is premised on three pillars which give guidance to policy makers and other implementing partners in order to shape policies on active ageing for their people in these three important areas, namely "participation, health and security"(WHO and UNFPA, 2007:7). Accordingly, the Active Ageing Framework is also informed by the United Nations Principles for Older People which highlights five important areas that governments must attend to in order to address the needs of the ageing population, namely: "independence, care, participation, self-fulfilment and dignity" (ibid). The Active Ageing Framework and the Principles for Older People of 1991 emphasize the importance of nation states addressing these issues listed above in order to improve the

status of the aged in society as vehicles to the proper and efficient way to addressing the determinants to active ageing.

Figure 4.3.2-3 Pillars of Active Ageing



Source: WHO (2002)

(i) **Health:** ageing presents the most vulnerable time in the lives of humans; some of the aged require high levels of care and government needs to develop policies that address health problems faced by this population. Policies sensitive to gender issues can make address issues of entitlements, privileges, assets and needs of ageing populations throughout the lifespan (WHO, 2002:10).

(ii) **Lifelong learning:** this framework sees learning as a continuous event that is not influenced by an individual's age. This AAF advocates intergenerational learning: young learning from the old. It also makes a case for older people to be awarded educational opportunities to stay relevant in the workplace (for those in formal employment) (WHO, 2002:19).

(iii) **Participation:** older people are normally excluded from mainstream society and so these instruments encourage the full participation of women (young and old). Through good policies, issues affecting both men and women in old age can also be addressed effectively and efficiently (WHO, 2002:9).

(iv) **Security:** issues of social security are addressed in this framework due to the insecurities that face a number of aged people worldwide. According to the Active Ageing Framework, older people have the right to social security on par with the other sectors of the population. This framework is able to offer guidelines for bureaucrats to begin the preparatory work to develop effective policies. The framework also includes widowhood as an important stage that requires social security for the individuals involved (WHO, 2002:9).

4.4.2 Factors Influencing Active Ageing

4.4.2.1 Culture as a determinant for active ageing

Culture shapes the individual in the context of society. As a concept ageing is both a biological phenomena as well as a social construct. The way in which culture perceives men and women determines the kinds of security mechanisms, which they will put in place to protect their livelihood (WHO, 2002:2). Addressing issues of vulnerability and inequality resulting from cultural norms and values is important in the process of embracing the ageing phenomena in society. For instance, paying attention to the structural as well as cultural issues that infringe on human rights (ibid).

Most cultures disadvantage women, and therefore supportive policies that promote women's lives are essential. Within the social construct, women tend to be classified as a similar group. Through the Active Ageing Framework, policy makers are encouraged to use a lens that acknowledges the diversity and heterogeneity of women generally and older women in particular (Kalache and Keller, 1997:39). In this way, the target population can participate and influence the formulation of the policies. Policies also need to address cultural inhibitions suffered by older men and women in ensuring that they have security both formal and indigenous sources (Lynch et al., 2000:320). According to the Active Ageing Framework, different groups in society are impacted on by policies differently and they need to be treated with dignity during the different life experiences in order to encourage equitable distribution of scarce resources. Policies, which factor in the impact of the policies or programmes on both genders during the lifecycle, could be the foundation for culturally sensitive policies and programmes for older people (ibid).

4.4.2.2Gender as a determinant for active ageing

According to the WHO (2002:7) women form the majority of the ageing population in the world. Gender specific and gender sensitive policies are essential in addressing the unique issues, which affect women from birth to old age. In most societies girls are born into a society with substantial obstacles including lack of opportunities to go to school; poor employment; responsibility for the burden of care during their lifetime. Gender specific issues for older women with disabilities, those with low economic status, as well as those living under abject poverty conditions, need specific programmes to address all these issues.

The Active Ageing Framework perceives gender as a "powerful determinant of mental health that interacts with such other factors as age, culture, social support, biology, and violence" (WHO, 2002:12). Women are likely to suffer multiple losses in their lifetime and are vulnerable to depression and/or anxiety; they also suffer from domestic, financial and verbal abuses due to factors such as low income.

4.4.2.3 Economic determinants

The Active Ageing Approach seeks to intertwine three main areas that are significant to success in active ageing. These are income, work and social protection. Income is the vehicle through which all individuals can address their immediate as well as future needs. For those individuals previously engaged in formal employment the age of 60 signals time for uncertainty in terms of financial security (WHO, 2002:20). Unless the individual was saving and setting aside funds s/he can avert the challenges of being unemployed and old. Adversely, there are lots of people who have never been in formal employment and they derive their living through informal means (Guralnick and Kaplan, 1989: 44).

The commonality between the two groups older people is their vulnerability to shocks and crises, due to their inability to have steady income. This approach to ageing therefore seeks to assist governments to put in place policies that can help reduce the extreme poverty level for older people. In this approach, universal programmes are favoured in this approach so that no one is left behind without adequate social security and social protection provisions (ibid). This approach sees deficiencies in income as impacting on all the other determinants. For instance, poor outcomes in nutrition, in education and health can in part be traced back to lack of financial resources.

Guaranteeing the financial wellbeing and security for older people is not only a universal policy goal, but also an opportunity to multiply the revenue received by older persons to profit other members of the family (Bruntland, 1999:8). The demographic changes resulting from population ageing focused attention on the increasing elderly population as the next group in need of laws and policies to defend and support their entitlements in a comprehensive manner way (Ates and Alsal, 2012:4096). Numerous global human rights mechanisms spell out duties and obligations safeguarding the rights and privileges of the elderly, however, such mechanisms are not always balanced or accessible (Doron and Apter, 2010: 586; WHO, 2005:1).

Social security is seen as the most important provision, which a state can offer its citizens. The framework stipulates that governments develop policies that provide the most basic needs for older people who cannot provide for themselves; who do not have any sources of income and those who are living alone. According to WHO (2002:30), "in developing countries, older people who need assistance tend to rely on family support, informal service transfers and personal savings. Social insurance programmes in these settings are minimal and in some cases redistribute income to minorities in the population who are less in need" (WHO, 2005:1)

According to Ates and Alsal (2012:4096) over half of all older people globally lack income security. Even though the Universal Declaration of Human Rights (UDHR) of 1948 recognises income security to be basic human rights, the majority older people do not have access to social security (Holzmann, Robalino and Takayama, 2009:23). Consequently, underdeveloped nations are unable to invest in income security for older people because of competing needs and limited resources. Such low coverage further reveals some significant institutional weaknesses in the design and implementation of social security systems in least developed nations (ibid). For instance, "in developed countries, social security measures can include old age pensions, occupational pension schemes, voluntary savings incentives, compulsory savings funds and insurance programmes for disability, sickness, long term care and unemployment" (OECD, 1988:23).

In most countries without comprehensive social security systems, older people need to work whereas in developed nations pensions offer the older population an opportunity to retire and enjoy their pension (Holzmann et al., 2009:41). In many ways work is one of the determinant factors of how an individual might experience ageing. Those who age with

savings and some form of income stand a better chance of enjoying the golden years. Those who are poor throughout their lifespan are likely to be even poorer in old age. This framework raises awareness for governments to provide policies and programmes, which support the active and productive contributions of the aged in all aspects namely, formal, informal work, unpaid caring responsibilities, paid and voluntary employment (WHO, 2002:31). The active ageing framework challenges governments to develop policies that can help keep the aged in employment for longer; and provide them with the means to start income generating activities.

4.4.2.4Behavioural determinants

According to the WHO (2002:22), behavioural determinants have to do with the "adoption of healthy lifestyles and actively participating in one's own care are all important stages of the life course." The Active Ageing Framework seeks to challenge traditional thinking of ageing as a stage where no healthy habits can be learnt and/or embraced. The approach encourages those who age in an unfit and unhealthy manner to try and make small changes, which are within their abilities, for instance, for a smoker to reduce the intake of tobacco to prevent untimely death.

The framework offers an optimistic view on ageing by suggesting that old age is not a destination where one stops fighting for health instead it encourages individuals to change lifestyles in order to see the benefits. For example, old age means bone density is less than what it was 30 years prior and so excessive use of medication, alcohol and other drugs can result in a lot of illnesses and hasten the individual's death. Thus, approaches to healthy lifestyles are encouraged and policy makers can ensure that policies on the family address some of these issues so that in old age individuals have full participation in their own care.

Poor nutrition is not only harmful in infancy but throughout the lifecycle. This approach therefore advocates for good nutrition in order to have healthy bodies. Healthy diets can offset the onslaught of diseases such as "diabetes, cardiovascular diseases, high blood pressure, obesity, arthritis and some cancers" (WHO, 2002:23). Policies need to address the issues around food insecurity throughout the lifespan so that issues of proper diets and food problems are addressed. In this case, issues of difficulty in eating due to loss of teeth can be addressed if these policies and/or programmes are evidence based. For instance,

seeing a dentist can be expensive but if people are able to consult the dentist as per need then some of the tooth decay or tooth loss can be addressed.

4.4.2.5 Personal determinants

In the ageing process "genetics and biology" have a significant impact how an individual ages. "While genes may be involved in the causation of disease, for many diseases the cause is environmental and external to a greater degree than it is genetic and internal" (WHO, 2002:26). As people age, they become more susceptible to a myriad of health issues due to longevity. Their contact with "external, behavioural and environmental factors" can cause illnesses whereas their younger counterparts are able to fight back (Gray, 1996:5).

The Active Ageing Framework also takes into account the transferability of certain genetic diseases from one generation to the next. In this case the framework offers an opportunity for governments to assist individuals (through testing) to seek preventive measures for delaying the onset of an upsetting and chronic condition such as cancers, Alzheimer disease, etc.

Ageing is accompanied by a relative decline in cognition and intelligence (Smits et al., 1999:1). Such decline is associated with isolation and segregation. Some individuals fail to accept that they are getting old and thereby affecting their dignity, self-determination, self worth and self-esteem. Accordingly, "self-efficacy (the belief people have in their capacity to exert control over their lives) is linked to personal behaviour choices as one ages and to preparation for retirement" (ibid).

How individuals manage stressors in their environments offers a window into their coping styles as well as precludes how well they might adjust to the changes (such as leaving work) and calamities of older people (such as bereavement and the onset of illness). According to this framework, preparing for the ageing process is key in the adaptation to a new life phase over age 60. Policies and programmes that utilize the coping mechanisms and resilience of the ageing population are urgently needed.

4.4.2.6Physical environment

The physical environment is a key determinant of whether individuals can live self-reliant and independent or whether they might be reliant on others. According to the Active Ageing Framework, living spaces and neighbourhoods can impact on the overall experience of being old. Those individuals living in unsafe neighbourhoods for instance can develop anxiety, depression and reduced fitness due to fearing for their safety to reduced mobility due to the fear of falling and hurting themselves (WHO, 2002:27).

Through adopting this framework, policy makers are able to pay specific attention to the issues facing older people in both rural and urban areas. The argument being that the exposure and events taking place in these areas are different and therefore a one-size-fits-all approach would not adequately address the unique environmental issues which different older persons face.

Furthermore, the framework offers developing countries an opportunity to assess the infrastructure (roads, transportation, airports, buildings, houses) if they are ageing-friendly. According to WHO (2002:28), numerous injuries and/or accidents in old age are avoidable; but issues of ageing have barely made it into the policy arena, and this has resulted in a total disregard of "accidents" in public health.

Concerns over safe water, clean air and nontoxic food are also examined in this framework. The emphasis is that access to clean water, food and air is a human right that an individual cannot be forced to give up. The framework therefore offers a lens for policy makers to view basic needs and/or provisions as rights for all individuals in society regardless of health, age, status, race, gender and religious affiliation.

4.4.2.7Social determinants

A weak support structure for the aged results in isolation and exclusion, which in turn causes a lot of stress, while empathetic social networks and friendly interactions are fundamental and fountains for resilience (Apt, 1996:8). People are innately social beings; they thrive when there is social support, love and care. In discussing the social determinants, this framework lists "opportunities, peace, education, lifelong learning and protection from violence" as key issues that can enhance peoples participation, health and security of older persons (WHO, 2002:28).

According to Bruntland Report (1999:6), one's physical environment plays a significant role in the ageing process. Through this approach, advocacy for policies and programmes addressing issues of solitude, social exclusion, illiteracy and limited opportunities to get education and all forms of abuse, which pose threats to the ageing population are urgently needed.

Issues of loss, bereavement and grief are also discussed. In this approach policy makers need to ensure that these issues are reflected and acknowledged at all levels of the policy process, and in order to develop effective policies, the participation of the target population is essential (WHO, 2002:50).

The framework supports education policies, which use a gender lens in order to address obstacles to women empowerment. Access to education for women is seen as a key to graduating out of poverty. "Low levels of education and illiteracy are associated with increased risks for disability and death among people as they age, as well as with higher rates of unemployment. Education in early life combined with opportunities for lifelong learning can help people develop the skills and confidence they need to adapt and stay independent, as they grow older" (WHO, 2002:29).

Furthermore, such policies are essential in addressing cultural barriers, which prevent women from reaching their potential. The framework calls for collaborative efforts between governments, international and local non-governmental organizations to address the needs of women using a life course approach. The framework also calls on governments and other stakeholders to provide decentralized schooling systems for easy access to people wanting to gain education (Wolf, 2001:247).

Some of the factors that are highlighted as hindering progress in the social determinants include abuse. The framework sees abuse as a form of obstacle that must be dealt with at policy level. Most females have been subjected to all forms of violence and abuse in their lifetime, unfortunately such tendencies never end; even in old age individuals still report being abused (Yach, 1999:252). All forms of abuse engulf life for the widows and this interferes with their active participation, security and health.

According to the WHO (2002:28) "confronting and reducing elder abuse requires a multi-sectorial, multidisciplinary approach involving justice officials, law enforcement officers, health and social service workers, labour leaders, spiritual leaders, faith institutions,

advocacy organizations and older people themselves. Sustained efforts to increase public awareness of the problem and to shift values that perpetuate gender inequities and ageist attitudes are also required" (WHO, 2002:28).

4.4.2.8 Health and social services

The Active Ageing Framework advocates for proper nutrition, mental health, physical fitness, and oral health throughout the lifespan (WHO, 2009a:ii). The Active Ageing Framework favours a life course approach to health and social services so that individuals can live a disease free life as long as possible. In principle, the framework encourages preventive rather than curative approaches when addressing health issues and social services.

The framework acknowledges the health care costs that accompany population ageing. In order to offset those medical costs, policy makers are encouraged to shift from curative to a preventive approach since it is more effective and affordable to invest in preventive programmes rather than curative ones (WHO, 2002a:8). The framework further offers a window through which preventive programmes can be tailor-made for local contexts in order to 'catch diseases' and/or manage illnesses at an early stage rather than waiting for complications because of the costs involved.

With such policies and programmes, participation from older persons for instance can assist in addressing cultural and societal barriers that prevent women from accessing health care (WHO, 2002a: 133). In this instance, a gender lens offers a wide variety of opportunities to keep women healthier for longer by focusing on the common diseases that women are susceptible to during their lifetime, for instance, early detection of cervical or breast cancer, or mental illnesses such as Alzheimer's disease offers advantages for the individual, family and health sector (ibid). The framework offers suggestions and/or guidelines on issues which policy makers can anticipate as population ageing accelerates in developing countries. It offers a proactive lens through which policy makers can plan for the upsurge in the number of older people (WHO, 2000c: 16).

As such, the framework offers mechanisms to think about care needs for the ageing population. It also offers opportunity to policy makers to think about the future care needs for the ageing population, for instance, long term care needs and services in formal and informal settings; it provides opportunity for participation by the intended beneficiaries so

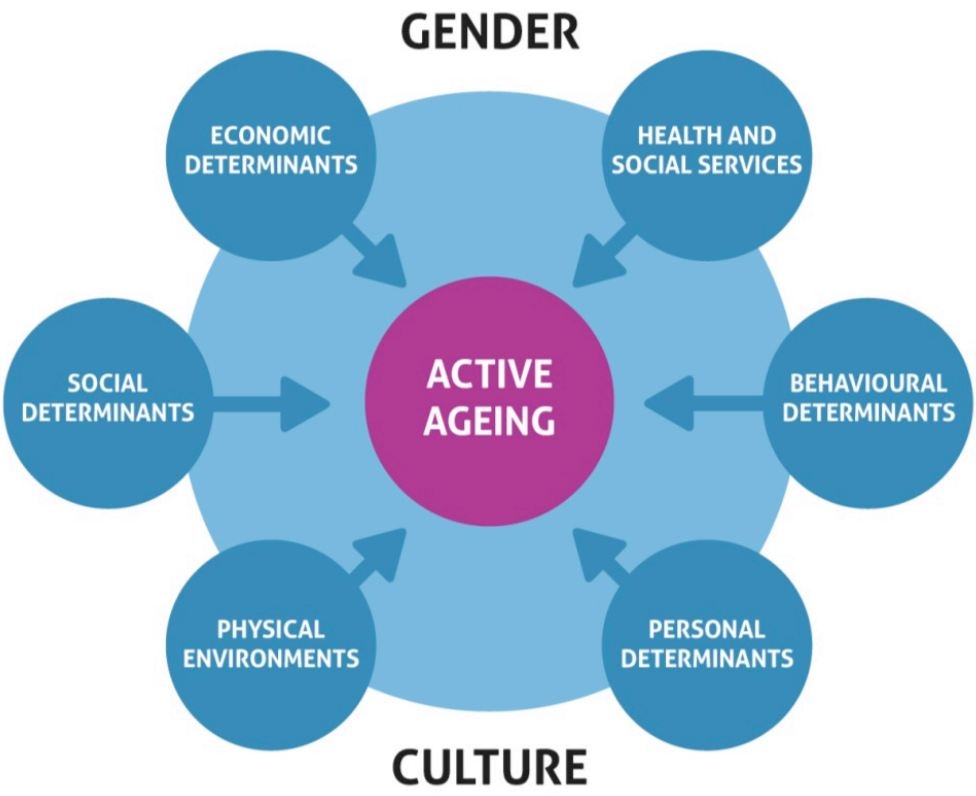
that the policies and programme can be relevant in addressing the care needs of this population (WHO, 2001a: 20).

Health and social services also advocate for improved social security coverage for the aged as well as harnessing the formal and indigenous social security systems in order to develop a hybrid that incorporates the strengths of both systems (Wilson, 1999:42). The framework also offers the governments with an opportunity to look into palliative and rehabilitative care service needs; home care; primary care; institutional care (nursing homes). All these require some resources and policy makers can look into how funds can be diversified in order to provide these important services (ibid).

4.4.2.9HIV and AIDS as a determinant

It is almost impossible to discuss ageing without looking at the impact of the HIV pandemic on the lives of older people. The WHO Active Ageing Framework as depicted in Figure 4.4.2.9-1 below does not include HIV. For this study, HIV was seen as a determinant that is important as it impacts the lives of older people and those who they care for.

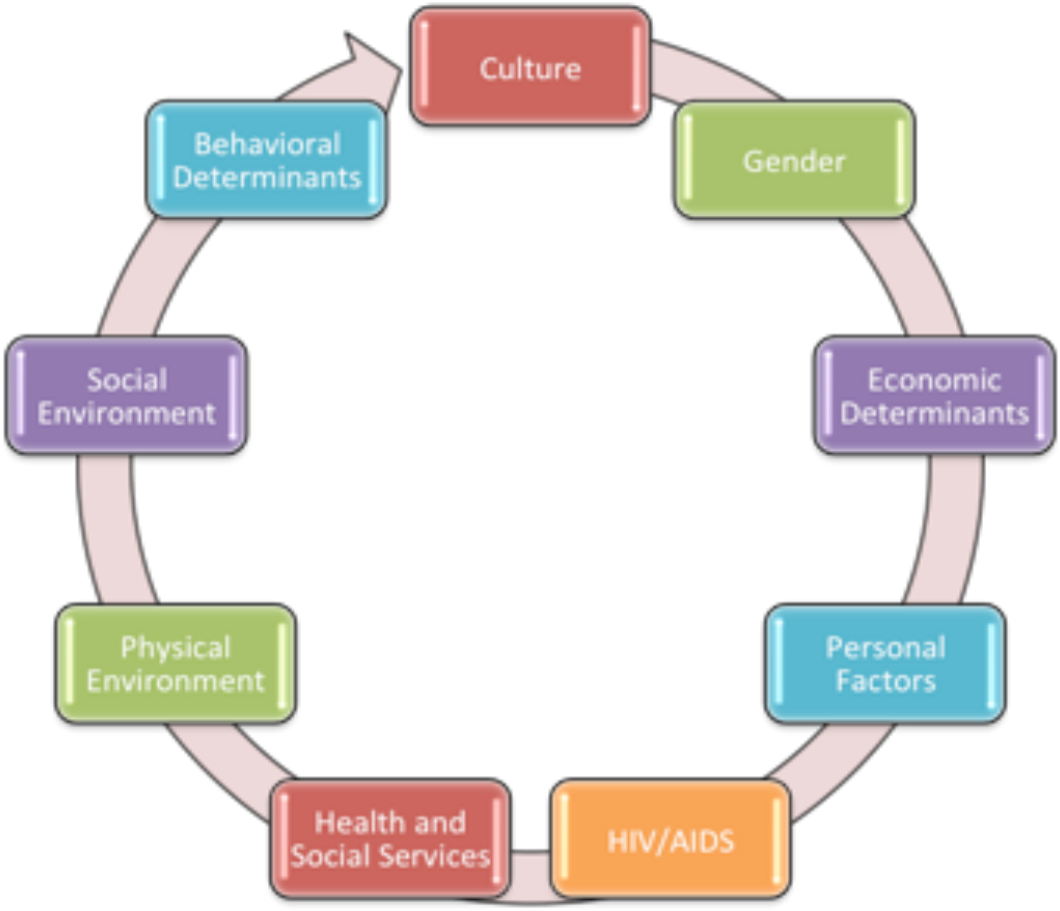
Figure 4.4.2.9-1: Determinants of Active Ageing



Source: WHO Active Ageing: A Policy Framework, WHO (2002)

The HIV pandemic is somewhat responsible for the new roles that older people have assumed in the family and community. Policies of ageing need to incorporate HIV so that issues of caring about and caring for can also speak into effective ways to protect the one receiving care and the one giving the care (WHO, 2002:15). Figure 4.4.2.9-2 provides determinants of active ageing that incorporate HIV.

Figure 4.4.2.9-2: Determinants of Active Ageing Framework



Source: WHO Active Ageing: A Policy Framework (2002)

For this study HIV was an important factor in active ageing process. It needs attention in policies addressing issues of older people. Also HIV issues affect more women and so successful implementation requires identification and management of risks faced by women in general and older women in particular. Stakeholder engagement is critical in HIV related policies so that all aspects of intervention are addressed and implemented.

4.5Notion of Care (NoC)

4.5.1 Definition of Care, Caring and Caregiving

4.5.1.1Care

Offering a satisfactory definition of 'care' is difficult due to the countless definitions and/or meaning of this concept. For instance, in discussing the concept of 'care', does this make reference to an ethic, a virtue, a value, a disposition, a practice, an experience or all of these? Furthermore, whose perspective and experiences is focused on the carer "caring about" or the one receiving the care "caring for" (Tronto, 1993:127).

Tronto (1993) offered this definition of care:

> *"On the most general level we suggest that caring be viewed as a species activity that includes everything we do to maintain, continue and repair our "world" so we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life sustaining web" (Tronto, 1993:103).*

The definition presupposes that the wellbeing of individuals can only thrive through social networks and relations. Human beings have a lifetime pre-occupation with the question of "how to meet caring obligations" (ibid). Furthermore, Held suggests that "care is more than the labour itself, it is a practice" (Held, 2006:37). As a human activity, care revolves around relentless provision and restoration to those around us in the best possible manner. Care activities and actions ought to be guided by empathy, sympathy, sensitivity and responsiveness (Tronto, 1993:145; Reich, 1985:350). Anger towards injustices and suffering is also another component or emotion that can propel people to engage in care work (Held, 2006:10).

As practice, care is done out of the concern for others centred on the willingness to shoulder responsibility for the one being cared for (Sennett, 2008:8). Care is that which addresses the central 'provisions' for human existence and what makes our human experiences more realistic (Reich 1995:354). From the definition, Reich observes that the essence of humanness is tied to the ability to offer and receive care. From a functionalist perspective, care involves all the actions we assume when trying to meet the basic needs of

others, while promoting and supporting their important experiences to live a stress-free life so that their effectiveness is amplified (Macionis, 2013:120). Tronto is of view that care comprises of four integral principles, attentiveness, responsibility, competence, and responsiveness (Tronto, 1993:6). As a result, "attentiveness relates directly to caring about; responsibility reflects taking care of; competence is linked to care giving and responsiveness is linked with receiving care." which offers a perspective that sees care as a two-way carriage (Tronto, 1993:6). Tronto, Fischer and Reich suggest that involving men in care work can elevate caring activities because case all humans have a memory or experience of being cared for and thereby qualifying them to reciprocate care (Noddings, 2002:11). Care occupies the space between intention and action. And much as it can be recognised but it does not automatically bring status caring (Fisher and Tronto, 1990:39).

4.5.1.2 Caring

Caring on the other hand involves the manner in which one shows concern for the welfare of another. It is seen as an activity that is an integral part of the human experience to assist individuals to fulfil their basic biological needs, improve or support their fundamental abilities, and prevent or reduce agony and distress (Engster 2007:244). The authors advocate for the recognition of care work as an integral part of the human experience.

> *"Caring involves stepping out of one's own personal frame of reference into the other's. When we care, we consider the other's point of view, his objective needs, and what the experts of us. Our attention, our mental engrossment is on the cared for, not on ourselves. Our reasons for acting, then, have to do both with the other the other's wants and desires and with the objective elements of his problematic situation" (Noddings, 1984:24).*

Tronto's assessment provides a caring framework, driven by emotions, cognitive and action strategies. In her argument, Tronto suggests that caring can be categorized into 4 important phases namely caring about; caring for; receiving care and caregiving (Tronto, 1993: 165).

A. Caring about: is seen as the innate feeling that all individuals have to alleviate or reduce any form of suffering or pain suffered by others. It emphasizes the

interdependence and social justice for all, where an injury to one equals an injury to all, but guarantees no response. For instance, global hunger or old persons suffering can provoke the desire to help but in the end the individual might not have resources and knowledge on how to end poverty globally.

Accordingly, Tronto makes a distinction between caring for and caring about:

> *"Caring about refers to activities directed towards less concrete objects or subjects and it is a general form of commitment, while caring for focuses on a specific object or subject and responds to the particular physical, spiritual, intellectual and emotional needs of others" (Tronto, 1999: 5).*

B. Caring for: is seen as a mechanism to extend our caring capacity beyond our immediate families but to also acknowledge and embrace our universal human self and experience our interdependency with other human beings Engster, 2007:244). Fischer and Tronto (1990:44), Tronto (1993:127), Gatsman (2006:136) and Reich (1995: 354) argue that caring is guided by four ethical elements:

- The ability to attend to the wishes and needs of another person (attentiveness);
- The proficiency in connecting with other people as you attempt to meet those needs (responsibility);
- The competently deliver care services (competence) and;
- To be willing to adapt to continuing stresses and pressures of the caring process (responsiveness).
- Caring for involves intent and action transmitted through a relationship with the object of care and often results in someone engaging and establishing a deeper caring relationship with the one receiving the care.

C. Care receiving: since care binds humans together, care is the glue of society, it means at one point we are givers of care and at other point in life we are recipients of care; that is a human experience. So every human being has the capacity to care but s/he has to nurture this quality in themselves by allowing others to care for us so that in return we may also replicate care.

4.5.1.3Caregiving

Caregiving is the action or behaviour performed in the interest of another. From the definitions it holds that care, caregiving and care receiving are significant in the day-to-day existence of all human beings; also that care is the very being (essence) of life (Heidegger, 1985:303).

The core virtues of caring are attentiveness through engaging and being interested in noticing when there is a need and striving to respond and/or meet that need (Sloate, 2007:5). The second virtue of caring is responsiveness which requires both sympathy and empathy as the compass in engaging with others to monitor the responses to our care. The third value of caring is respect which centres on the acceptance that recipients of care still deserve their worth and dignity as others try to meet those needs (Engster, 2007:8).

The argument being advanced here is that recognizing a need but not responding to relieve the distress does not equal responsiveness or attentiveness. Caring motivates action through generating an internal state of genuine concern for the welfare of others (Batson, 2011:19-23). Churchland (2011:27-31) asserts that caring dispositions can also motivate care for self. A caring disposition is the root of all voluntary caring (ibid).

4.5.1.4 Ethic of Care (EoC)

Care ethics stems from the notion that care is an integral part of human existence without which the survival of human beings is not guaranteed. Furthermore, people are interdependent and dependence is a fundamental feature of our existence; and our social networks are conduits for care and it is what weaves people together (Gastmans, 2011:137 and Hekman, 1995:73).

> *"We can use the ethics of care as the basis for rethinking the normative priorities of our societies and our world. Care must be seen not simply as a moral orientation, but as the basis for the political achievement of a good society, or, I would add, a morally decent world. By using the ethics of care as a starting point, we can fundamentally revise our understandings of the nature of our moral relations with others in the global context" (Robinson, 1998:69).*

Robinson's definition views care as an area, which has not been given adequate attention in the policy arena. Robinson sees this as an injustice because no society can survive without care. Furthermore, in her definition Robinson is of the view that as long as internal

care services are not recognized, it will be difficult to raise awareness on the importance of care at a global scale. Her attempt is to further the interconnectedness and interdependence of all humans within a global and local perspective.

Figure 4.3.2-4 Dimensions of care

Source: Kalache (2013)

Note: The size of the boxes represents the volume of care that is given in most societies and it is the inverse of where most financial support is given in most societies.

Accordingly, Nodding's definition of the ethic of care is that "we should meet and treat each other in a manner that maintain, enhances caring relations" meaning that we are who we are in society through care and care arrangements that have been put in place and we are further described by the care we get and are able to provide to others (Noddings, 2013:xiv). Care giving is the epicentre of the caring process, but it cannot take place if there is no caring. The argument by Nodding is that for one to reciprocate caring s/he should be initiated and nurtured in order to cultivate the willingness to help others. As humans we mimic what we see; if care is demonstrated we are most likely to assist i.e. the young assisting older people and other vulnerable populations (ibid).

According to Held (2006:16), the ethic of care goes beyond the emotion "anger, sympathy, empathy, responsiveness and competency" to include practices through which the caregiver "sees persons as relational and interdependent, morally and epistemologically" (ibid). At the heart of the care ethic is the relationship that exist between the carer and the

care receiver. In situations where care is needed, the source of the care also matters because of the belief that familial care satisfies physical, emotional, psychological and spiritual needs of the person being care for.

> *"Interdependence and relations are critical elements to the ethics of care, which automatically extends its influence from private to the public sphere. The ethic of care acknowledges the connection between the spirit of the carer (self) and the spirit of the one being cared for in order for the carer to preserve the dignity and worth of the individual" (Watson, 2001:347).*

Watson argues that carers who are in touch with who they are can give better care and help the receiver of care to also appreciate their strengths and uniqueness. Furthermore, Tronto sees the ethic of care as developing a "habit to care" (Tronto, 1993:127). On the other hand, Gastmans (2006) and Little (1998) suggest that ethic of care seeks to answer the question: "what is the best way to care for this individual at this time?"

Of significance is the fact that the ethic of care advocates for the care of both the receiver and the carer. The attention is traditionally on the one needing care, but the ethic of care is premised on the fact that unless we learn how to care for ourselves we cannot be effective in the delivery of care services to others. This could be due to resentment of unpaid care work; fatigue where no one is there to relieve the sole carer; burnout due to the burden that comes with care work (Watson, 2001:348).

The ethic of care bring the issue of caring into the public policy arena to level the ground so that society recognizes the efforts of the carers and incorporates them into the care policies so that they gain recognition and assistance for the work done (Watson, 2001:349). It has been argued that since care work is associated with women, elevation of its importance is dependent on how policies and programmes frame care and caregiving issues.

Ideally these principles of care, caregiving and care receiving are essential features within policy formulations not just within grassroots practice, due to the fact that the possibility of change through political action is dependent upon the appropriate vocabularies being in place, of being able to 'speak' care within policy contexts (MacKay, 2001: 216). The following discussion briefly looks into care policies.

4.5.2 Care Policies

> "*Just as we have required care to survive and thrive, so we need to provide conditions that allow others — including those who do the work of caring — to receive the care they need to survive and thrive*" (Kittay, 1996: 233).

Care needs to be seen as a social activity that links the state and society. The state as a custodian of social care services and policies has the responsibility to ensure that all citizens have some form of security. Making provision for care affects a whole series of societal settlements. Care policies are important in society as a way of being in society as well as a way of making connections (Fischer and Tronto, 1990:40). Care has profound moral significance and how society thinks about care work is deeply implicated in existing structures of power and inequality (Tronto, 1993:21).

Women are part of the workforce and the gap to care for older people, children and disabled members of the family is left with very few hands to carry such a burden. This is how care work enters the policy arena, as governments have to look into ways to assist in the caring of vulnerable members (Glendenning and McLaughlin, 1993:3). Governments are called to provide family oriented policies that take into consideration the caregiving needs as well as the shortages in the number of people available to provide informal or unpaid care to members of the family (Ungerson, 1990:10). In those societies where ageing is still slow, family policies need to look into how, where and who is going to care for older persons so that the financial costs of caring for older people and children are also included.

Daly (2002) makes an argument that all care work (paid/unpaid, formal/informal or care for children or adults) needs to be considered in public policies. This differentiation is significant as it considers the needs of both the carer and the recipient of care (Daly, 2002:225). Therefore, care is a complex issue for public policy because it touches on the boundaries between family, state and market. In the end care policies exert significant impact on human motivation and relations.

Accordingly, care policies are accustomed to meeting financial needs and generally hold itself aloof from the relational implications of its own practice. Most countries use cash transfers, social security cards and social care services to try and provide welfare and care to its citizenry (Daly, 2002:225). Policies on care have to satisfy at least three needs, namely that of need for services for time and financial support (ibid).

According to Daly (2002) care policies vary over time and place producing different outcomes and also revolve around four processes. These are as follows:

(i) Cash payments, financial and in kind social security benefits;

(ii) Employment-related provisions;

(iii) Services; and

(iv) Incentives to employment creation or provision in the market work (Daly, 2002:255–256).

Good care policies need to integrate public and private care services. In addition, because care is not free (whether provided in a private or public arena), such policies need to assess or review the care provision needs of the carer and the care needs of the receiver. Care policies frequently ignore the needs of the one giving the care and that neglect has direct impact on the quality of care that the receiver will be given. "Care is at the forefront of public–private relations. While it originates in the private world of love, intimacy, families and friendship, much of it is now carried out in the public world of work, organizations, markets and government" (Stone, 2000: 89).

Another important aspect of care policies is how these can influence cultural influences, which in most cases exclude men from caring responsibilities and put pressure on women to undertake caring as part of nurturing. Gender disparities can be addressed in public policies of care work so that caring become a shared activity within the family. England (1992:99) argues that gender equity and the valuing of care work are closely intertwined and can be achieved by challenging repressive cultural norms and values, and can thus promote women empowerment.

Fraser asks the following question "how are needs interpreted and by who?". This question will make the fact quite evident that in a form of passive citizenship, people outside the official governmental system are usually excluded from the interpretation of their own needs (Fraser,1989:166). In Fraser's view, this question "tends to substitute the administrative management of need satisfaction for the politics of need interpretation," in that it tends to substitute "monological, administrative processes of need definition for dialogical, participatory processes of need interpretation " (ibid).

Fraser (1989:166) contends that the politics of needs is included in three distinct but interconnected actions: (1) "the struggle to establish or deny the political status of a given

need, that is, the struggle to validate the need as a matter of legitimate political concern; (2) the struggle over the interpretation of the need, the struggle for the power to define it and, so, to determine what would satisfy it; and (3) the struggle over the satisfaction of the need. Unless there is need in a society there won't be any room for carer and cared for" (ibid).

Addressing the needs of vulnerable populations is a political issue that needs to be articulated as such in order to have more responsive social welfare policies (Fraser 1989:167). Designing good policies, which are conversant with caring needs is paramount in societies because the traditional role of women as carers is changing as they enter formal employment. This leaves a void in caring of older people and frail members of the family (Williams, 2010:1).

Therefore, the ethic of care further speaks about rights and fairness. "Equitable caring is not necessarily better caring, it is fairer caring. And humane justice is not necessarily better justice, it is more caring justice" (Held, 2006:16). These are in line with the Universal Declaration of Human Rights of 1948 that should be respected by all governments and make necessary provisions for all people. The "social responsibility" is integral to the ethic of care (ibid). A further discussion on human rights is given in the following section on the Human Rights Based Approach (HRBA).

4.6 Policy Implementation Theory (PIT)

4.6.1 Definition of Policy Implementation

According to Hill (1993:9), policies should be seen as outcomes of the political process and care must be given to the policy-making functions of policymakers, bureaucrats, pressure groups and the citizenry. Noyoo is in agreement with Hill in stating that a policy signifies the commitment and sense of belonging whereby it belongs to someone or something such as government. It also refers to commitment on the part of those to whom it belongs, as well as a particular status, which is possibly conferred on it by a prior event such a public pronouncement (Noyoo, 2015:99).

In other words, policy is a deliberate government effort to undertake action to address certain issues arising from problems in society. Bogenschneider (2006:6) notes that a policy is the plan, design and execution of a strategy or selection of a course of action carried within a regulation, statute, code or other machinery in the public or private sector. There are a number of steps that a policy follows, for the purposes of this study implementation is the focus.

Van Meter and Van Horn (1975:665) see implementation as the uncertainty over the degree of variation between the ideal "pronouncement" and the practical policy "implementation." On the other hand Mazmanian and Sabatier (1983:20) define implementation as the "carrying out of the basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions…" Ultimately, there are different actors in the policy process. Policy implementation begins with an executive order and junior bureaucrats implement the order to implement the political decision with the hope that the policy produces desired effects.

Mazmanian and Sabatier (1983:20) present three sets of factors, which guide the policy implementation process: manageability and controllability of the problem; capacity of pronouncement to structure implementation; and other resources that govern the possibility of effective implementation.

Goggin (1990:99) presents a communication model of integrated policy implementation in which street level bureaucrats are seen as a major link in the communication networks. Bardach's definition also brings forth the different intentions of the actors or 'players'

involved in the policy implementation process. It spells out the different processes, stages and the rules of the implementation process. It also focuses on the intricacies of maintaining a balance between the different stakeholders and actors; and also demonstrates that some people may lose interest in the process due to its lengthy nature, or as a deliberate exclusionary tactic by some factions (Bardach, 1977:55-6).

The complicated nature of the communication channels is also highlighted in Bardach's definition. Developing a policy is the foundation of a lengthy and tedious process; for any policy to effectively deliver any provisions, an essential ingredient is systematic implementation (Health Policy Project, 2014:1). The main function of implementation analysis is to pinpoint areas where considerable vagueness emerges, and clearly state clearly some possible effects of that ambiguity. Policymakers can then decide whether or not to tackle that uncertainty (ibid).

Policy implementation is therefore a web of complex activities that follow after a Bill becomes a Law (Mazmanian and Sabatier, 1983:4). The successful implementation of good public policies continues to be elusive in many developing countries (Bhuyan, Jorgensen and Sharma, 2010:1). There is always a gap between the original visions or 'ideals' articulated at the beginning of the policy process and the 'actual' outcomes due to the tenuous and rough process of implementing a policy (ibid). In some instances, the legal consequences of the policy for the intended recipients are not adequately reflected.

Hardee (2012) gives a comprehensive definition of the implementing:

> *"Policy implementation refers to the mechanisms, resources, and relationships that link policies to program action. It includes both technical and relational aspects- not only specifying the institutions responsible for implementation but also ensuring that the institutions have the capacity for implementation and that the relations among institutions are conducive for collaboration (Hardee, 2012:8).*

Policy implementation cannot happen in isolation and has to be treated as an integral part of the entire policy process (Pressman and Wildavsky, 1973:323). From inception, it is possible to look at how best to implement the proposed plan so that if challenges are envisaged, the direction of the policy can be moulded at the initial stages of the process. In other words, treating implementation as a 'once off event' results in ineffective policies. Issues of personnel, funding, technical expertise and support, the stakeholders and how

much the proposed policy will cost can be part of the on-going discussions so that implementation is given the importance, which it deserves (USAID, 2014:1).

Policy implementation never follows a linear process; thus certain circumstances call for the modification of the directions a policy was supposed to take, and predicted results are sometimes the polar opposite of what was envisaged at the beginning of the policy process (Meier, 1991:45). Often high ranking politicians harbour a lot of misconceptions about the implementation phase in the policy cycle; they tend to think that implementation is not as serious as the other phases thus their comfort in delegating the nitty-gritty, hands on process to low level bureaucrats who unfortunately are rarely part of the team that conceptualized and designed a specific policy agenda. Policy makers often miss the opportunity to influence the implementation process because they believe that efforts in the conceptual, design and formulation phase is sufficient to smoothly translate into practice; thereby excuse themselves from the implementation process and trust that street-level or junior officials are equipped to translate their vision into reality (ibid).

Policy formation and design must offer a complete description for the whole process, not just an abstract but also the actual actions, steps, processes, responsibilities and offer justification for what is actually proposed (Pressman and Wildavsky (1973:xxi). In fact there is a huge gap between persons who 'envision' a policy and persons who implement it or 'bring it to life'. Pressman and Wildavsky gives a succinct description faced by the different players in the implementation field:

> *"It is hard enough to design public policies and programs that look good on paper. It is harder still to formulate them in words and slogans that resonate pleasingly in the ears of political leaders and the constituencies to which they are responsive. And it is excruciatingly hard to implement them in a way that pleases anyone at all, including the supposed beneficiaries or clients" (Pressman and Wildavsky, 1973:3).*

Graham (2005:2) provokes our thinking by asking a principal question: "what has to change to create greater congruence with the public-policy process to ensure that legislated and policy intentions are actually carried out in reality." The response to this question is crucial as literature on implementation has suggested that it is possible to actually predict potential implementation glitches but often policy makers ignore this aspect of the policy making process over and over again. Again policy makers have an opportunity to prevent

future policy failures from taking place by utilizing the monitoring and evaluation exercise, which reveals the pitfalls and obstacles that previous policies have undergone. Policy makers rarely use evidence-based research to help inform the next policy they will be designing and eventually implementing (O'Toole, 2004:315).

According to Pressman and Wildavsky (1973:323), politicians normally give attention to those aspects of the policy process, which will gain them political mileage and make headlines about what they are currently doing. However, when it comes to actually bringing their vision to life, politicians have the audacity to leave street bureaucrats to implement policies with minimal supervision. Furthermore, implementation has to be seen as a political as well as a practical or technical activity that can benefit from a certain degree of expertise as well as understanding of the process itself (Brinkerhoff and Crosby, 2005:44). Implementation therefore suffers as junior bureaucrats can misread the intention of the proposed policy, there is likely to be misunderstanding of certain crucial steps that need to be adhered to, and this usually results in interruptions that can hamper the implementation of the proposed policy (Graham, 2005:3).

Political support and will is essential and needs to be maintained to keep the momentum as well as to ensure that resources are available to complete the process and also for street-level bureaucrats to be accountable for their actions and inactions. Furthermore, the expertise of the street bureaucrats, the conditions they will face during implementation, as well as the political pressure for completing the process, needs to be taken into consideration in order to minimize the chances of implementation failure.

According to Calista, (1994:117) "policy implementation represents the faithful fulfilment of policy intentions by public servants." In Calista's definition, it can be argued that junior officials implement policies using their own discretion, which to some level might not be in sync with the intent of the policy makers. This basically suggests that the success or failure of any policy hinges on the quality and expertise that the implementing team possesses and how well they can translate the 'intent' and ideals of the policy makers, understand the local context and needs, and blend all of them to develop and implement efficient and effective policy (Calista, 1994:117). Therefore, leadership and stakeholder engagement are essential ingredients in the interpretation from policy to action. There are several approaches to implementation: top-down, bottom-up and centrist (ibid).

4.6.2 Approaches to Policy Implementation

4.6.2.1 Top down approach

Matland (1995:150) argues that there are different approaches that can be used in implementation. The proponents of this approach put forward the following guidelines to successful implementation: policy objectives should be well-defined (Van Meter and Van Horn, 1975:446). They also advocate for restricted actors throughout the implementation process to avoid confusion and conflicts (Mazmanian and Sabatier, 1988:129). According to Van Meter and Van Horn, (1975:445), effective implementation centres on establishing boundaries for the policy and limiting the extent of revisions needed. Lastly, the implementers should be those who are likely to agree with the contents of the policy to reduce disagreements and delays (Sabatier, 1986:21-48).

This approach has advantages because the elite are support the chances of its implementation are very high. Secondly, the resources needed to accomplish would be available because of the political backing behind it (Matland, 1995:148). The expertise needed for implementation would be easy to source due to the top down flow of information. The politicians are most likely to support and even defend policies that will score them political mileage or further their interest (ibid). One of the criticisms of top-down approaches is that is elite oriented; disregards the realities on the ground; and does not consider consultative processes.

Policy decisions are oblivious to the actual needs and do not build (improve) on what has been tried before (Nakumara and Smallwood, 1980:10). This approach has also been criticized for seeing implementation as purely an administrative process and ignoring the influence of politics (Berman, 1978:157). In the end, the policy goes through without soliciting input from the recipients.

4.6.2.2Bottom up approach

The bottom-up approach critics the top-down approach (Elmore 1985:63). The bottom-up approach starts by recognizing the system of stakeholders involved in service delivery in one or more local areas and solicits their aims, plans, actions and connections (Sabatier, 1986:28). Conversely, “a bottom-up approach argues for local implementers to adapt policy strategies to meet local needs and concerns” (Palumbo, Maynard-Moody and

Wright 1984:53). Implementers of this approach, also known as street-level bureaucrats (Brodkin, 2000:31), want to attain more alignment between policy-making and policy delivery. The policy is reliant on the collaboration amongst stakeholders in the local communities (Maynard-Moody, Musheno and Palumbo, 1990:837). The intention is to clarify what really transpires once policies are implemented. These two perspectives can result in dissimilar plans and results (Brynard, 2007:38).

Criticisms for this approach centres on concerns that even though the street level bureaucrats have the right to exercise their discretion in the implementation process, this does not mean that they have control over the entire process. "Decentralization should occur within a context of central control" (Matland, 1995:150). Even if the implementers had the desire to make alterations to the design and structure of the policy, they have to seek approval from policy makers. This discretionary authority works only when the implementers and the policy goals are in sync. If not this presents serious implementation issues. This approach is also criticized for putting too much emphasis on local autonomy (ibid).

4.6.2.3Centralist approach

There has been a gradual shift from the top down and bottom up approaches to policy formulation. A centralist approaches is being favoured due to its emphasis on how actors from diverse institutional settings influence the policy process (Calista, 1994:33). "The evolution and bargaining models view policy implementation as a bargaining, exchange and negotiation action" (Jordan, 1995:16). The aim of this approach is to explain how policy is regarded as the outcome of negotiating and bargaining amongst interests (Ingram and Schneider, 1990:71). Policy is reflected as reliant upon an activity of negotiating. "Implementation is seen as one part of an on-going process of bargaining and compromises of inputs from the top and innovations from the bottom" (Jordan, 1995:15).

Implementation has been likened to machinery whose engine is driven by central authority. The grease in this engine is made of collaboration and information, human and financial resources, and political backing that supports the enactment of the desired policy (Jordan, 1995:15). Executive orders kick-start the process and the goals are weighed and arranged according to their importance in the process and then implemented. At each level the policy aims are stated explicitly and the implementers and/or partners are assigned their

specific roles to play (ibid). Those in power can influence implementation results by convincing others to support their views.

4.6.3 Types of policies

When formulating a policy two sets of questions arise namely a) who is the formulator; i.e. "who is the decision maker and who is the implementer?" Another set of questions b) is "whether the formulator or decision maker has more power or a role that is more legitimized than the implementer" (Hill and Hupe, 2002:44). These questions can be answered using different policies ranging from distributive, regulatory, self-regulatory and redistributive policies.

(i) Distributive policies include the provision of assistance or benefits to a specific section of the populace. Distributive policies are funded through state budgets so that they may provide assistance to a few recipients. Some forms of distributive policies can target large number of recipients for money generating initiatives (Randall and Ripley, 1991:20-21).

(ii) Regulatory policies are designed to impose restrictions or limitations on human behaviour. They reduce the freedom or discretion to act of those regulated. Normally regulatory policies refer to business owners. They have clear demarcations of losers and winners (Kenneth and Meiner, 1988:42).

(iii) Self-regulatory policies share similar attributes with competitive regulatory policies. Self-regulatory policies are usually more controlled by the regulated group as a means of protecting the interests of its members (Anderson, 1982:111).

(iv) Redistributive policies involve deliberate efforts by the government to shift the allocation of wealth, income, property or rights among broad classes or groups. They shift resources from the 'haves' to the 'have-nots.' These policies are difficult to implement due to the reordering of wealth, influence and rights (Randall and Ripley, 1985:68).

4.6.4 Approaches in Public Policy

According to Anderson (2015:23), there are certain theoretical approaches to public policy making and analysis:

(i) Elite theory in which policies are enacted to reflect yet protect the interests of the ruling class. These policies never reflect the needs on the ground and are not responsive to the needs of the most vulnerable classes in society. The ruling elite uses public officials and agencies to enact policies that protect their interests (Anderson, 2015:23).

(ii) Institutional theory- public policy emphasizes the formal and legal aspects followed by government when enacting policies. The procedures, structures, arrangements and institutions are more important when policies are formulated (Anderson, 2015:23). "By itself the institutional theory can provide only partial explanation policy. It has little to say about the policy process- the dynamic forces of politics" (Anderson, 2015:25-26).

(iii) Rational-choice theory-is occasionally discussed as "social choice, public" choice or formal theory originated with economists. It is premised on the idea that political actors, like economic actors, act rationally in pursuing their own self-interests. "Thus politicians are guided by their self interests rather than by an altruistic commitment to such goals as statesmanship or national interest" (Anderson, 2015:26).

(iv) Political systems theory contains identifiable institutions and activities which government takes when allocating resources. The environment consists of the social, economic, and/or biological settings that are outside of the political system (Anderson, 2015:26).

(v) Group Theory- from this perspective, public policy is a product of the group struggle and this interaction and struggle are the central facts of political life. Groups in society influence many policies through advocacy (Anderson, 2015:26).

These provide a framework in understanding the policy processes, which the following stages need in order to be taken into consideration:

i. **Problem definition and agenda setting:** At this stage, the focus on the identification and definition of problems is important and the question being asked is, "what is the social problem? Why does this particular problem requiring government attention?" (Spicker, 2010:235).

ii. **Policy setting and formulation:** This stage is dependent on proper definition of the problem in order to identify possible courses of action that could be adopted. The key questions are "what are the alternatives for resolving this social problem? And what actions should the government adopt in dealing with this particular issues?" (Spicker, 2010:235).

iii. **Policy adoption**: This stage is about the chosen line of action for the government to deal with the issues at hand. It asks the following questions: "Who are the adopters? What is the content of the adopted policy and how is this policy implemented?" (Anderson, 2003:5).

iv. **Policy implementation**: This stage is the actual implementation or carrying out of the plan or adopted line of action. In this part of the policy process the question is: "How does implementation help shape or determine the outcome of the policy?" (Anderson, 233:1; Spicker, 2010:235).

v. **Monitoring and Evaluation** are important aspects of the policy process, which should be on-going from the inception phase until the end of the policy cycle (Spicker, 2010:235).

The policy process is neither value free nor neutral but it is usually informed by normative positions, hence the varying approaches to public policy (Pressman and Wildavsky 1979 and Kingdom, 1995).

4.6.5 The Five Variables Impacting the Policy Process

From the literature, five important variables have been identified that have a direct bearing on the outcome of the implementation process of any given policy (Najam, 1995:4).

(i) **Content:** the content of the policy is critical because it gives a detailed account of what is contained in the policy; the problem that the policy seeks to address and who is affected by the problem at hand. It is also here that the aims, goals and objectives of the policy are articulated and how the policy intents to intervene and at what level (Najam, 1995:5).

(ii) **Context:** the context speaks to the political, economic, cultural and social environment within which the policy will be implemented. The context determines political commitment and will; resources to be allocated to the policy process and also the potential barriers that any policy is likely to encounter in that environment (Najam, 1995:4).

(iii) **Commitment:** for any policy to be successful there is need to have political backing and influence. In addition street level bureaucrats also need to have a level of commitment to the implementation process as they are the tool or instrument that translates policy to action (Najam, 1995:3).

(iv) **Capacity:** the success and failure of most policies is due to the limited expertise of the implementing officers. There are arguments for ensuring that street-level bureaucrats are capacitated in order to be able to deliver quality services (Najam, 1995:3).

(v) **Clients and coalitions:** policies are made in response to inputs and the outcry of certain groups in societies. These people are important stakeholders and all the different implementing partners are crucial in the policy process and their input is valuable at all the stages of the policy process (Najma, 1995:4).

4.6.6 Assessing Policy Implementation

Alesch and Petak (1986:14) offer six criteria for evaluation of the implementation process. This criterion would be useful in the evaluation of the success or failure of the implementation of a programme, which is the state provision for protecting the elderly from insecurity. The following questions can be utilized:

(i) Did the policy have the exact planned outcome on the proposed recipients?

(ii) To what degree were there unintentional and unplanned impacts and were those unexpected results positive or negative?

(iii) To what degree did the different components of the implementation system conform to policy instructions?

(iv) What section of the recipients was reached?

(v) Did implementation take place within the estimated period?

(vi) Were the implementation budgets sufficient and realistic? (Alesch and Petak, 1986:14).

According to Mthethwa (2012:37), a variety of issues impact on policy conceptualization, design and implementation. These include the subject matter the policy is intended to address, the arrangements needed for the policy process to succeed, the participants involved in the activity and the environment (economic, political and social) in which the policy is organized and executed. All these issues can be potential barriers to the smooth implementation of any policy. A closer look into the policy implementation process unlocks the "black box" to give an insight of why certain policies succeed and some do not as well as provide information on those elements that were instrumental to successful implementation (Love, 2003:4).

4.6.7 Successful Implementation

Matland (1995:154) defined a policy as "programmatic activities formulated in response to an authoritative decision." This means that the plan or design rests on what the one in authority would like to see happen; to ensure that the desired outcome happens, it is backed by a statute or Bill of Parliament.

"Successful implementation requires early, informed and systematic consideration of implementation" (Commonwealth of Australia, 2014:3). There are some building blocks for successful implementation namely policy development; governance; managing risk; planning for implementation; engaging stakeholders; planning; resources; monitoring, review and evaluation; communication and basis for active management (ibid).

Figure 4.6.7-1 below shows the cyclical nature of the policy process and puts emphasis on essential preconditions such as stakeholder engagement and capabilities of all involved in the policy development stages (especially street level bureaucrats who are tasked with the implementation process). Furthermore, considering policy implementation during the entire policy cycle is a shared responsibility. "All entities- central agencies, policy entities and implementing entities-should always be mindful of the need to identify and involve relevant stakeholders as early as possible when developing a new policy" (ANAO, 2013:9).

Figure 4.6.7-1: Building Blocks for Successful Implementation

Source: ANAO (2013)

Essential preconditions and capabilities in successful policy implementation included leadership, policy design, inclusive approach, sound processes and effective use of available resources (ANAO, 2013:13). When stakeholders are not involved from the beginning the failure to do so increases the risk. Also when stakeholders are involved from the initial stages, the government can get a sense of possible implementation options

and/or barriers to implementation (ibid). In all these stages there are critical questions, which need to be asked: what process applies to ensure that implementation initiatives have been identified and agreed on when policy initiatives are being discussed? Have lessons from previous implementation initiatives been identified and taken into consideration during the design of the implementation process? (OECD, 2009:20) These questions are critical for successful implementation especially in low economies where there is constant competition over scarce resources (ANAO, 2009:9). Accordingly, a policy initiative is most likely to achieve its intended outcome when the question of how the policy is to be implemented has been centre stage of the policy design. Leaving out this question from the beginning can make it hard to inform government of any risks involved in the implementation of that particular policy especially when rapid policy development and implementation is a prerequisite (ANAO, 2013:11). Policy implementers who are experienced in the process need to be engaged at the initial design stages so that they understand both the risks and possibilities when it comes to the proposed policy (OECD, 2009:19). Timing is everything because experienced implementers can bring valuable lessons based on past experiences with other policies they have been involved in. the question: is there clarity of purpose, powers and relationship between those involved in the implementation of the initiative? Often some stakeholders are left of the process due to poor co-ordination and limited sharing of information about the intended policy (ibid). This can cripple a good policy from being implemented in a successful manner. In most cases commitment from political figures diminishes at some point in the implementation process resulting in failure in implementation, therefore commitment of the politicians is key in ensuring good governance and that is one ingredient necessary for the success in the implementation stages of any policy (Lindquist, Vincent and Wanna, 2013:13).

4.6.7.1Policy Development

Policy development is essentially a phase that makes or breaks the policy process regardless of whether it is a top down or bottom up approach. The first question to ask is "what are the barriers or opportunities to implementation of a policy?" It is essential to consider how this is going to be done (Matland, 1995:154). The processes that a policy will take needs to be clearly stated and understood by those involved. Projections on resources that might be needed must to be articulated as part of the policy process. Even before the design stage begins, a possible list of stakeholders needs to be listed and consulted (ibid).

Adequately weighing the options and the rationale for wanting to focus on this chosen policy is key, especially where public commitment is needed. The potential beneficiaries also have to be identified at this stage and decisions made as to how and when their views will be solicited. If done well, planning can give a rough estimate on the resources to be needed (both human and other resources) (Matland, 1995:154). The organisations that would be expected to implement the proposed policy can also be identified. If planning is done correctly, it is a constructive tool for mapping the route, which the policy might take. In the end, it has to be clearly stated what can or cannot be done and also what resources are available and what more needs to be done to get more resources. Accurate projections of expenditures need to be documented for accountability purposes. The time frame is also crucial (Commonwealth Australia, 2006:5).

4.6.7.2 Governance

Leadership is key in the implementation of policies; a critical factor is for the policymakers to take the lead of the process (Matland, 1995:154). At other times delegation of certain responsibilities is essential for consistency and progress. In cases where stakeholders involved, strong leadership ensure that arrangements between the other implementing partners are in place and formalized. There are also clear lines of accountability and how to negotiate and/or resolve conflicts. Policy implementation include decision-making and therefore the involvement of senior management is important so that the process does not get interrupted due to lack of availability of a relevant individual who is authorized to make a crucial decision (Commonwealth Australia, 2006:8).

4.6.7.3 Risk management

Knowing how to manage risks in any project is something that management or those in leadership should know how to do. In policy implementation it is crucial to have risk identification early enough in order to minimize the impact of that risk. Early risk assessment also assists in the team's ability to find alternative interventions that might not be as risky (Commonwealth Australia, 2006:9). Prevention is less costly than mitigation and so early identification and thorough planning is essential.

4.6.7.4Planning for Implementation

Attention has to be given to the overall structure for the implementation processes in order to minimize unnecessary delays (Matland, 1995:154). Reviewing other projects previously implemented and focusing on what not to do can help save time and money. Planning includes assessing whether technical assistance will be needed; which aspects and the budget implications. It also includes planning for all other implementing partners in the team so that attention is focused on what tasks partner might need to do. Planning saves a lot of resources, time and gives plenty of alternatives; planning involves even the proposition of meeting times, frequency and possible dates so that everyone can prepare for the upcoming meeting(s). The projection in the planning process on the potential project begin and end dates helps in costing and also factors in other resources that the process might require (Commonwealth Australia, 2006:10).

4.6.7.5Procurement and Contract Management

Policy makers and those in high levels of authority have to ascertain whether there is appreciation of the importance of the procurement and contract arrangements for services, which are being outsourced (Matland, 1995:154). The appointment of a contract management and procurement specialist can assist if management has limited skills in this area. Implementation can be hampered if the contract is tampered with and therefore paying attention to details of the contract is important (ibid). It is therefore crucial for the personnel in the government offices to have adequate training so that these issues can be attended to in-house.

4.6.7.6Stakeholder Management

Stakeholder involvement is one of the most important aspects of accountability, transparency and inclusiveness (Matland, 1995:154). A clear definition of the aims of the policy and what it intends to address can generate interest from different stakeholders; it can also generate a lot of opposition and advocacy against the proposed policy. Stakeholders must be consulted at every step of the policy process; their input has to be accommodated every step of the way (ibid). The buy-in from stakeholders is the most important issue for policymakers. Stakeholders can be seen as the expertise on the ground and therefore policy implementers need to use them to their advantage in order to have successful implementation. Forums such as focus group discussions, in-depth interviews

and surveys are some of the ways to engage with stakeholders (Commonwealth Australia, 2006:17).

4.6.7.7Resources

There are different kinds of resources needed during the implementation process and mismanagement of any of those resources can have negative impact on the implementation process (Matland, 1995:154). Recognition of which skills and expertise are required in order to effectively complete this process is essential. If there are gaps the team can decide on the alternative plan for bridging that deficiency. Financial resources can also halt the whole implementation process as well as systems resources. It is therefore essential to develop an inventory of the skills available against those needed is essential (ibid).

4.6.7.8 Communication

A project cannot be successful without communication. Communication keeps the energy for the project flowing; lack of communication can result in delays and unnecessary quarrels amongst the teams involved (Matland, 1995:155). Therefore, a good communication strategy has to be put in place to ensure that all issues are communicated clearly at all times. People respond better when they are knowledgeable about a project, and therefore keeping the information flowing clearly helps with ambiguity and vagueness that might engulf the process. Clear communication is also key in the project teams (Matland, 1995:155).

4.6.7.9Monitoring and review

Most programmes fail partly because the monitoring and review phase is undertaken at the end of the project. For successful implementation it is crucial to check if the process is going well or whether there are some adjustments that need to be done; whether the project has taken off as designed or if there are new developments (Commonwealth Australia, 2006:20). Implementation monitoring can help highlight red flag issues so as to avoid partial or failed implementation.

4.6.8 Challenges of Policy Implementation

Meyer and Cloete (2006:301) argue that bad implementation has been the main problem in the development of many poor countries. Most policies that look good on paper fail at implementation because the interpretation of policy into existence is more multifaceted than the itemized decisions of authorities or policy makers. There are reasons that have been put forth on why policies fail. According to Fox, Bayat and Ferreiria (2006:103), policy implementation fails because the implementers are unaccommodating and/or incompetent or their best efforts were not sufficient to neutralize the effects of unanticipated complications.

At times it is not the implementers but the policy itself is not good enough to be implemented. This is mostly because of insufficient descriptions of the problem, unreliable analysis or impractical deductions (ibid). At the implementation phase there are a number of uncertainties in reaching and attaining policy intentions which potentially destroy the confidence, credibility and outward standings of the organisations and/or groups responsible for implementation (Love, 2003:5).

a. **Interpretation issues:** Changes in social conditions may affect the interpretation of the problem and thus the manner in which the programme is implemented (Howlett and Ramesh, 1995:155). Thus many of the issues faced by social security programmes in industrialized countries arise from the fact that they were not designed to cope with the ever-increasing proportion of older people or high rates of unemployment, which impose a very heavy burden on public finance (Howlett and Ramesh, 1995: 156).

   In some cases, policies and programmes are legislated with many key elements left indeterminate. This may occur for several reasons. Policymakers may not feel that they know enough to dictate more precisely to implementers, and they want to give the latter discretion to respond to changing conditions or to emerging experience (ibid). They may also simply be unable to agree among themselves.

b. **Leadership for policy implementation:** Governance and good leadership are indispensable for efficient policy implementation (Bryson and Crosby 2005:36). "High-level actors and influential leaders can communicate about the policy's rationale and mechanisms, and champion the policy to ensure implementation, which requires co- ordination and co-operation" (Bhuyan 2005:27).

c. **Organizational co-ordination issues:** There are different bureaucratic organizations within the government and other levels of government involved in the implementation process, each with its own interests, ambitions and traditions that can hamper the implementation process and shape its outcomes (Bardach, 1998:185). "Many reform proposals require new forms of cooperation between existing organizations. The desire of existing agencies and their political patrons to protect their "turf," jobs and constituencies sometimes leads to allocation of responsibilities for programme implementation that reflects realities of the distribution of political power more than what is required for efficient and effective administration" (Howlett and Ramesh, 1995: 156).

d. **Lack of stakeholder involvement in policy implementation:** "Successful policy processes require democratic public participation; where policy makers and the public continually engage in dialogue, examine the consequences for fundamental values, as well as sharing burdens and benefits" (Umar and Kuye, 2006:815). In the national sphere, different stakeholders should be involved in order to reduce political pressures on the government (Calista, 1994:120). Groups and individuals who have an interest in the implementation of a policy as well as those individuals who are potential beneficiaries of that policy or programme are the stakeholders. In other words, stakeholders are those individuals and groups who are most affected by a policy's implementation, bureaucrats and government authorities are only responsible for attaining policy targets (Policy Project, 1999:25).

e. **Lack of planning for implementation and resource mobilization:** The policy implementation process is affected by global and local economy conditions. Economic conditions also vary by region, necessitating greater flexibility and discretion in implementation (Mazmanian and Sabatier, 1983:21-5). Effective implementation involves forecasting and the enlistment of adequate sources of funding. "The difficult decisions that may have been avoided when policies were drafted must be resolved as plans and guidelines are developed" (Stover and Johnston, 1999:23). Implementation of any policy requires political support and statutory framework, monetary, supervisory and technical resources. And so "throughout the implementation process it is important to guard against those opposing the policy change and blocking access to these required resources" (Mazmanian and Sabatier, 1983:24).

f. **Operations and services:** "The process of implementing a new policy- particularly those policies that require significant training", learning, and changes within or among organizations, can be time-consuming and expensive (Klein and Knight, 2005:246). Thus, "the degree of flexibility to adapt policy strategies affects the ability of service providers and other stakeholders to respond to local needs or specific subgroups of the population covered by the policy" (Altman and Petkus, 1994:42). Implementation therefore "involves adapting the ideal plan to local conditions, organizational dynamics, and programmatic uncertainties. This process is often uneven and, in the end, actual programmes and services often turn out to be different from the original plans" (W.K. Kellogg Foundation, 2004:24; Bhuyan, 2010:9). "Unforeseen operational barriers arising from implementing a policy may also pose challenges" that have to be overcome before the policy can produce the intended improvements in access and quality to service delivery (Cross, Hardee and Jewell, 2001:17).

g. **Feedback on progress and results:** "Policies typically include monitoring and reporting requirements, which vary in terms of clarity and quality" (Kuye, 2010:279). "Some policies also designate an entity to be responsible for monitoring often a government agency or an official body comprising government and/or non-governmental representatives"(Brynard,2011:157)."Other groups from civil society, the private sector, media or public sector may also be involved, either officially or due to their own initiative," in monitoring the policy implementation process (ibid). Monitoring and evaluation should ensure accountability, improved performance and encouragement for government officials to do more (Cross, Hardee and Jewell, 2001:17).

h. **Timeline issues:** Timeline issues are closely related to resource and organizational capacity issues (Weaver, 1986). "Even where the needed human capital, technology and other resources required for successful implementation can be financed and acquired," it takes time to put all of the needed systems in place and make sure that they work effectively (Weaver, 2010: 1).

i. **Political interference issues:** "Powerful groups affected by policy can condition the character of implementation by supporting or opposing that particular policy" (Noyoo,2015:5). It is therefore very common for implementers to strike compromises with groups in order to make the task of implementation easier (ibid).

Implementation issues may arise not just within or among implementing agencies, but also from the "political masters" of those agencies-political executives and legislators (Hollard, 2010:1664).

j. **Programme operator issues:** At times support from programme leadership is not sufficient to see its policy and/or programme being implemented because those who actually deliver programme services to clients (variously referred to as "programme operators," "front-line workers," or "street-level bureaucrats") may use their own discretion in the implementation of the programme. This might result in somewhat replacing the objectives of programme designers with their own as frontline staff (Weaver, 2010:4). Indeed, the literature on bureaucracy contains a variety of conflicting images of programme operators, taken from (Weaver, 2010: 5) including: "Saints, Shirkers, Subverters, Shackled and the Rent-seekers" (ibid).

4.7 Conclusion

This chapter focused on the theoretical and conceptual frameworks that guided the analysis of the research questions. The Active Ageing Framework offered a guideline for governments to follow as they implement active ageing policies targeting older persons. Of importance is the ability of governments to mainstream active ageing into all policies so that individuals are encouraged to live a healthy life so that they can minimize the chances of preventable illness in ageing.

The Notion of Care framework offered insight into the care needs of human beings and how everyone is either a receiver or giver of care at some point in a lifetime. Further, this framework offered the rationale for governments to see the link between social policy and care, because care is the integral part of the human experience. Individuals need care throughout the lifespan at different levels and therefore individuals need to see the values that the state attaches to the caring process.

The framework looks at the impact of HIV and how it has created a caring void for older persons. In addition, in some communities institutional care or old age home are still not dominant thus making the family the primary institution for the provision of care for older people. In sub Saharan Africa, older people are involved in the caring process due to the lack of carers. The framework looks into the possibility of compensating carers because caring is not free whether done in the public or private sphere. Gender issues are also

raised where women are seen to be disadvantaged because of the cultural expectation to be primary givers of care. The framework suggests that holistic care is one where the needs of the caregiver and care receiver are appreciated.

The Human Rights Based Approach looks at the innate human rights of which governments are custodian. The approach looks at how governments can implement inclusive, complementary and participatory policies, which consider the needs as well as the views of the recipients (older persons). This approach encourages governments to deal with social exclusion and isolation of older people by involving them in the policies and programmes. The human rights based approaches are the foundation on which policies for older person can be formed.

Policy implementation focuses on the implementation process and seeks to offer understanding on why policies fail to reach the desired results. Definitions of implementation show diverse perspectives of the concept of implementation. The overall objective of this theory is to show how different stakeholders can work together to accomplish good policies. At the same time, this policy also demonstrates that context, content; clients and commitment have a bearing on the success or failure of the implementation process. It also looks at the challenges that engulf the process.

CHAPTER FIVE

RESEARCH METHODOLOGY

5.1 Introduction

Chapter Five presents the research methodology relating to how the study was conducted. The first part of the chapter focuses on the research design and methods on how the researcher implemented the study. The research design is important in linking the research questions and how the study was conducted. A qualitative research design was selected for this study.

The qualitative research design was significant in assisting the researcher to understand respondents' experiences and how they made sense of the world around them. A case study design provided the context of the study, why it was selected and how it fits into the research agenda. The case study design was useful in contextualizing the experiences of older people in Swaziland and also provided understanding of their situation as well as their overall experiences with the state-based social security mechanisms. A descriptive exploratory style was used in explaining and describing the phenomenon with the participants in order to gain insights through following the questions that enabled the researcher to understand the experiences of older people. The main idea was to get the essence of the experiences of older people as well as a description of their realities.

Sampling helped the researcher to decide who would be in the study and how they were included in the research. In selecting the sample the researcher was able to decide on the number of respondents to be included in the study. It was important for the participants selected, and the size of the sample allowed the researcher to explore in detail the smaller group because this was a qualitative study. This study used purposive sampling, which helped the researcher to specify the characteristics of participants who were selected for the study based on their relevance to the phenomena under study.

Primary data was collected using in-depth interviews and focused group discussions. A detailed account of the participants is given in terms of demographic status and relevant information gathered from the participants is included as part of the primary data.

Secondary data information was provided in Chapter 2. Content analysis was used in the development of different themes that emerged from the data. The chapter ends with a conclusion.

5.2 Research Design

A research design specified the organization of the research and connected each of the components of the research. According to Tronchim (2005:44), research design "provides the glue that holds the research project together. A design is used to structure the research, to show how all of the major parts of the research project work together to try and address the research questions." A good design provides a list of procedures and techniques that will assist the researcher to get the best results or outcomes of the research being undertaken. Berg (2004:31) agrees with Barbie and Mouton (2001:74) that the research design is a plan guides the research process. According to Ormrod (2005:85) the research design provides a structure for procedures to be followed by the researcher, data to be collected as well as the analysis of the data collected. The research design is the backbone of the research.

The researcher was able to select a descriptive explanatory style of research that would enable respondents to describe the experiences and provide insight on their meaning with regards to being old and how the State based social security provided adequate security for older people in Swaziland. The research design enabled the researcher to use case study design. In-depth interviews and focus group discussions were selected as tools for data collection. Blaikie (2000:21) is of the view that a research design and methodology should be developed after a clearly articulated problem. For this study, the research design incorporated the choice of language.

5.2.1 Choice of Language

The languages selected for this study were SiSwati and English. An effort was made by the researcher to eliminate any form of language barriers during the in-depth interviews and focus groups. Since SiSwati is a language widely understood by older people in Swaziland, questions were in SiSwati. For officials and implementing partners an English version of the questionnaires was used. The thesis was language edited to ensure it met the requirements regarding language proficiency.

5.3 Case Study Design

"Case studies involve in-depth, contextual analyses of similar situations, where the nature and definition of the problem happen to be the same as experienced in the current situation" (Sekaran, 2003 3:7).

Yin (1984:23) defines a case study as an "empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between context and phenomenon are not clearly evident; and in which multiple sources of evidence are used". The lived experiences of older people with regards to the state social security are phenomena that are not clearly evident and this study wanted to gain views from the recipients of this programme. The implementation processes of the OAG were another grey area in which the researcher wanted to gain more understanding.

5.4 The Case Study: Swaziland

Swaziland is a landlocked, open economy in Southern Africa bordering South Africa and Mozambique. It has a population of 1.2 million and a gross domestic product (GDP) of $2337 (World Bank, 2012:2). Approximately forty percent of the population lived on under $1.25 per day in 2010, while sixty percent of the population subsist on less than $ 2 per day (World Bank, 2014a:24).

Being classified as a lower middle-income country, Swaziland is challenged in attracting donor and/or investors, as it is believed that the country is better off compared to other countries in the region. Swaziland's economic growth has been very slow since 2013, and is projected at 1.3% in 2016 down from 1.7% in 2015 (World Bank, 2012:9). The country is battles with drought, HIV and AIDS and declines in South African Customs Union receipts (World Bank, 2016:1). In 2005 the government of Swaziland implemented the Poverty Reduction Strategy and Action Plan (PRSAP) through the Ministry of Economic Planning and Development. The aim of this plan was to develop capital projects that could stimulate economic growth as well as create job opportunities.

Most countries in the region have had relatively growing economies in the past 15 years but the opposite can be said about Swaziland. Both the "trickle up and trickle down effect theories" have been applied but none seem to yield the expected and/or anticipated results (Nindi and Odhiambo, 2015:64). The expectation of the trickle down effect theory is that

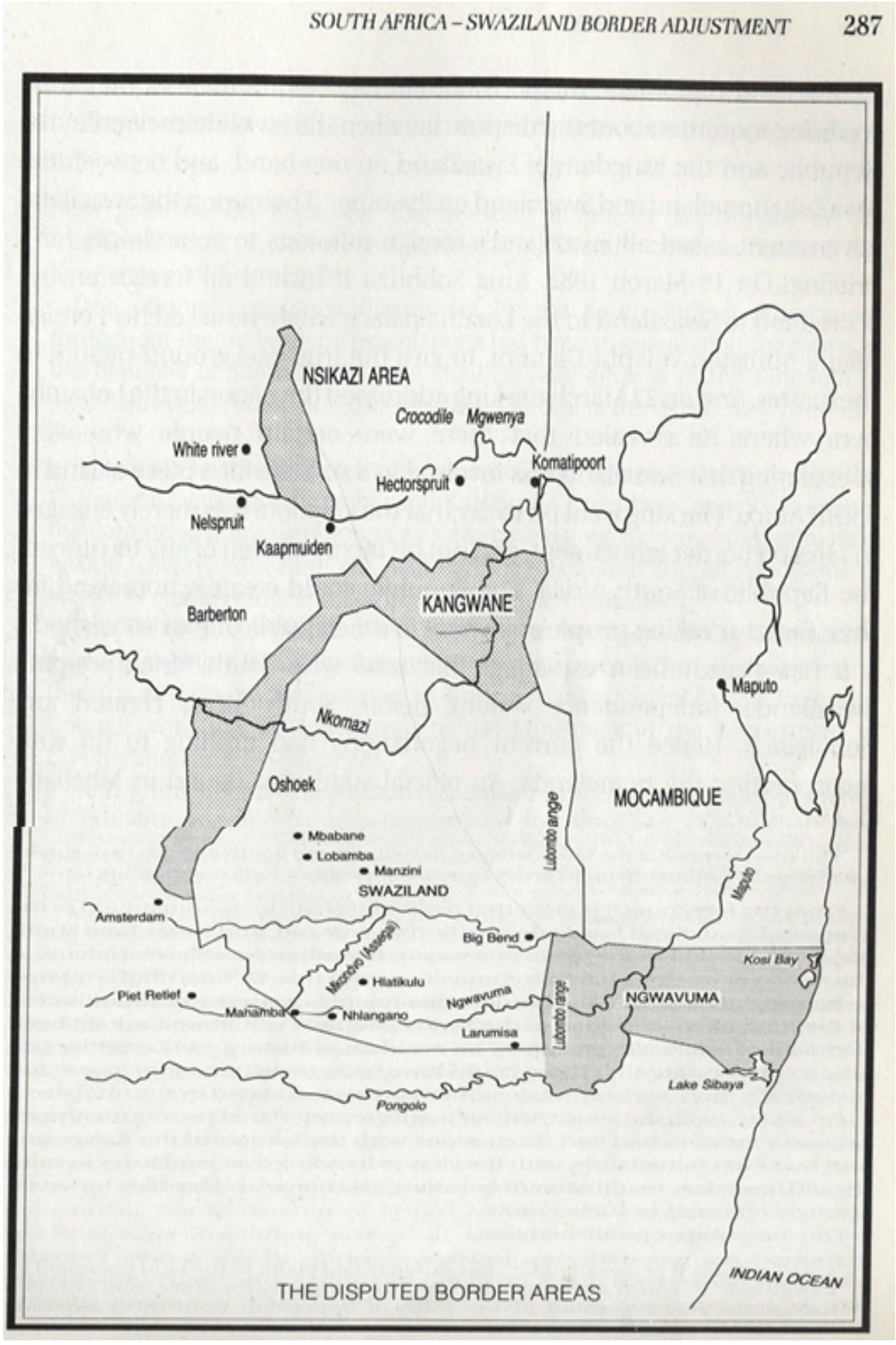
economic growth can trickle down to uplift the poorest of the poor. The year 1990 saw significant economic growth but the poverty rate was and still is very high. The trickle-up theory holds the view that there are structural adjustments needed in order for the livelihoods of the poor to improve. “Countries do not grow fast because they are just too poor to grow” (ibid).

Contemporary Swaziland has a comparatively short history; it has embraced both ‘traditionalist’ and modern ways of life (Bischoff, 1988:458) and conservative (Kuper, 1976:346). Customs and traditions have prominent roles, which influence many facets of life in Swaziland. These institutions and customs have significant influence on the lives of the young and old (Bischoff, 1988:459). The twentieth century witnessed the emergence of the Swazi monarchy as the custodian of culture and modernity; the king also formed his own political party (Imbokodvo national movement) to counteract the colonial rule that relegated the king to a paramount chief (The Swazi Observer, 2006:18).

Figure 5.3-1 below shows the original boundaries of Swaziland before the advent of colonial rule. It shows the different territories that were under the Swazi kingship. What is significant is that the areas, which now belong to South Africa, still have a connection to Swaziland. In terms of the welfare of older people, it can be argued that older people who were originally under the Swazi government are now receiving a significant amount of money through the old age pension given by the South African government.

The effects of the imposed boundaries were that families were divided and substantial tracts of arable land as well as grazing lands were lost in the process. The monarchy also lost its title of king to paramount chief. In all these changes, the traditional structure of ruling was allowed in most of the British colonies this resulted in a dual system of governance.

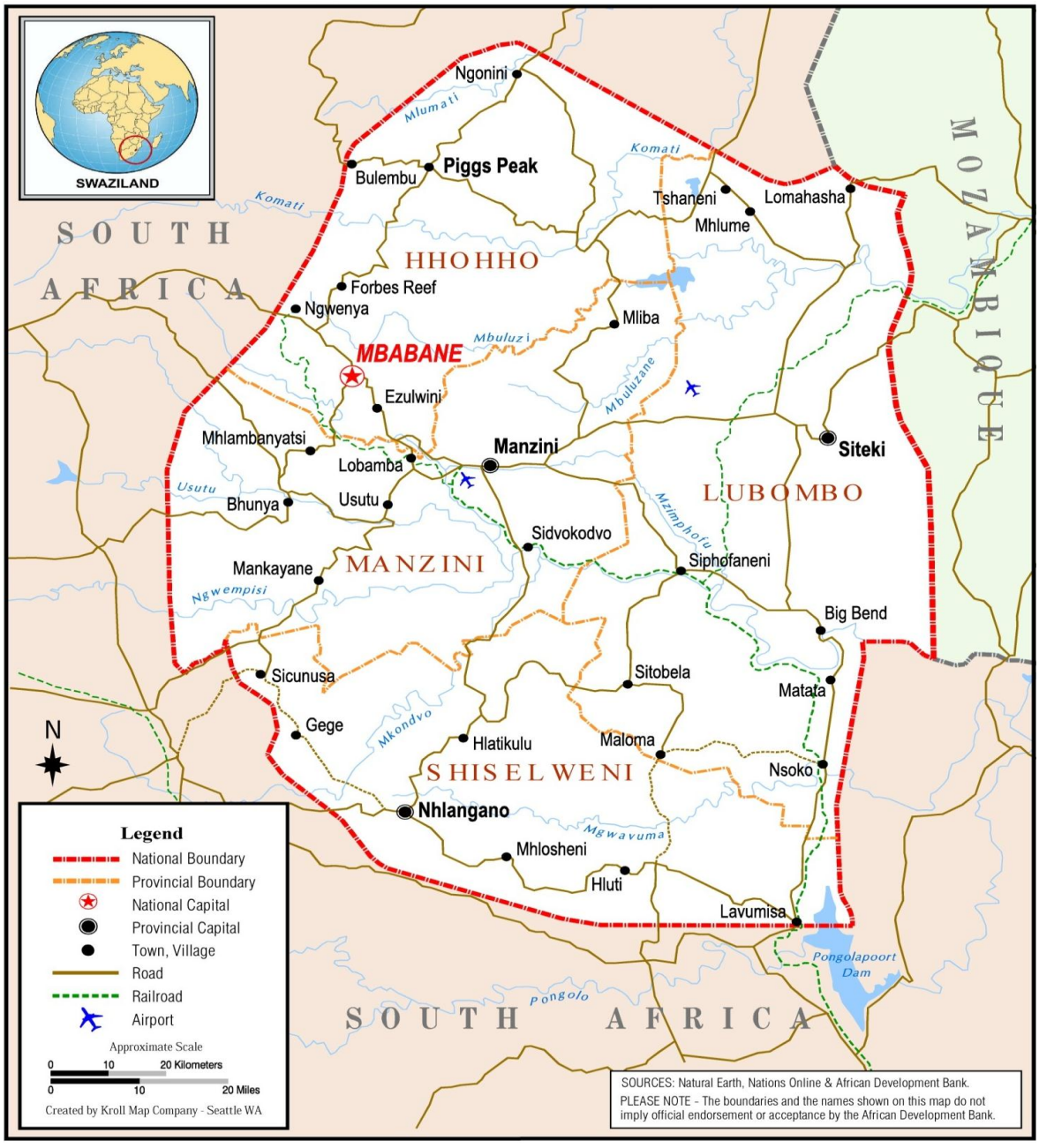
Figure 5.3-1: Original Map of Swaziland



Source: Matsebula (1976)

The original boundaries of Swaziland stretched over a large portion of what is now known as South Africa (Matsebula, 1976:66). To date, there are Swazis on the South African side of the border who still pay homage to the king as a sign of allegiance. As a result of the proximity and constant interactions, the people have compared the ways in which the Swaziland and South African governments provide social security to older people. Those close to the borders are able to "double dip" because there is no integrated system which can share the data of older people accessing the grants in both countries.

Figure 5.3-2: General Map of Swaziland



Source: World Facts Book (2007)

Figure 5.3-2 above shows the current square area of the new state after the colonial era. Most of the nutritious grazing areas were lost to South Africa and the remaining land was mountainous. The impact of the limited arable land was that families had limited access to the land.

5.3.1 Demographic features of the Swaziland Population

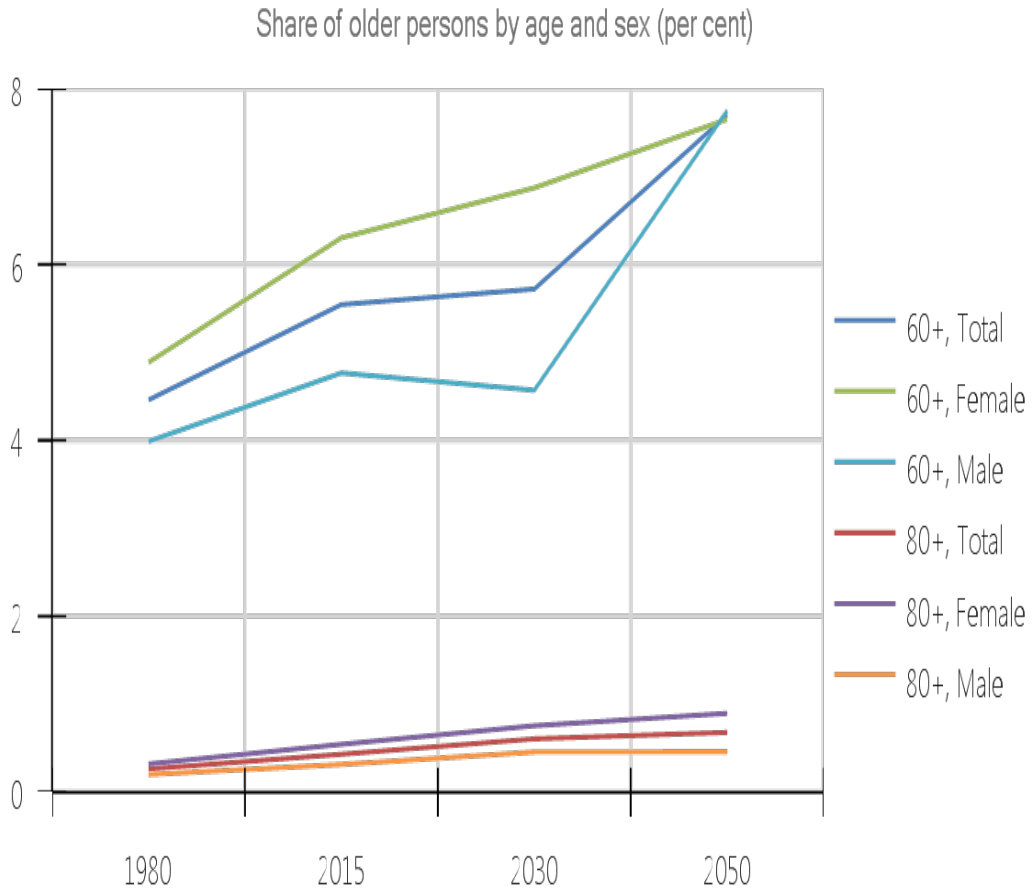
According to the World Population Ageing (2015:14), all countries worldwide will experience substantial increases in the size of the population aged sixty and over between years 2015 and 2030. Swaziland does not deviate from the predicted trends as seen in the current statistics where older people make up five percent of the 1.2 million people of the Swaziland population (World Bank, 2012:iii). Even though the scourge of the HIV pandemic is evidenced by the 'missing or skip generation,' but older people are assuming new roles as heads of households (Grandmother Headed Households, GHH). Unfortunately, extreme poverty is a trademark for some of the GHH due to lack of income and other resources to derive a healthy and 'normal' livelihood. According to CSO (2011:1a), "households with smaller children are poorer than older members, and households with both are even poorer."

Figure 5.3.1-1: Distribution of the Population by Age in Swaziland

Source: UN Profiles of Ageing (2015)

From Figure 5.3.1-1 the number of older people around the 1980s was significantly low compared to other age groups. However, with improvements in nutrition, sanitation, clean water and treatment for diseases, the number of older people began to increase. By 2015, projections reveal that older people 60-79 have been on the rise in Swaziland. From the predictions the percentage of the age group 80 and above will rise steadily by the year 2050, and projections suggest that women will continue to outlive their male counterparts by at least 4.5 percent globally (UN Profiles of Ageing, 2015:1).

Figure 5.3.1-2: Share of older persons by age and sex in Swaziland



Source: UN Profiles of Ageing (2015)

Figure 5.3.1-2 shows the breakdown of the ageing population in Swaziland since 1980 and it is evident that in the 1980s there were fewer older people: females aged 60-69 were at 4.9 percent, while males were 4.0 percent. In the age group 70-79 the percentage of older female rose from 4.9 to 6.3 percent while males in the same category rose from 4.0 to 4.8. The female survival rate is higher than male counterparts in all the age groups. For instance, in 2015 female 80 and above were 0.5 percent compared to 0.3 percent of males in the same category (UN Profiles of Ageing, 2015:i).

The figures above show a breakdown of the population structure and the steady increase in the ageing population in Swaziland. Such a scenario results in the feminization of the ageing process in Swaziland and more older women are in the labour force later in life due to the phenomena of "new mothers" in old age. This gender disparity means more women are likely to be lonely and lack companionship in old age.

Older women 60 years and over are mostly single due to being widows and outliving their spouses while a major portion of older men are married and they enjoy better health and socio-economic position than 15 percent of men who are not married (Pillay and Marahaj, 2013:23). In Swaziland men receive more support than women and male headed households are less vulnerable to poverty compared to female headed households thruoghout the life cycle.

5.3.2 Fertility Rates in Swaziland

According to Pillay and Maharaj (2013:26), the reduction in fertility is beneficial to a nation's development, but will cause population ageing to increase. Central Statistics Office (CSO) Swaziland (2008:3) reveals, "fertility has been declining over time but remains high among the poorest. The total fertility has significantly dropped from 5.6 births in 1991 to 4.5 births per woman in 1997 to 3.9 in 2006-07." The high HIV prevalence has also impacted on the fertility levels. Amongst tertiary educated women, the total fertility rate amongst women with tertiary education has declined significantly to 2.4 per woman compared to 4.9 among women with no formal education (CSO, 2008:4).

According to van Dullen (2006:33) the impact of the HIV pandemic and other social factors, which decrease population size will not offset the growth of the older population. Urban women are more likely to have 3.0 births per woman compared to rural women at 4.2 births per woman (CSO, 2008:3). In 2009, Swaziland had 62, 000 older people and 2050 projections remain unchanged (ibid). According to Pillay and Maharaj (2013:45) older women are less likely to be married than older men, and the country with the highest percentage of married is Swaziland, with 64% of older, married women.

Table 5.3.2-1: Fertility Rates in Swaziland

PERIOD	LIVE BIRTHS PER YEAR	DEATHS PER YEAR	NATURAK CHANGE PER YEAR	CRUDE BIRTH RATE (PER 1,000)	CRUDE DEATH RATE (PER 1,000)	NATURAL CHANGE PER 1,000	TOTAL FERTILITY RATE	INFANT MORTTALITY RATE (PER 1,000 BIRTHS)
1950-1955	14 000	7 000	7 000	48.1	22.6	25.5	6.70	174
1955-1960	16 000	7 000	9 000	47.6	20.8	26.8	6.70	160
1960-1965	18 000	7 000	10 000	47.9	19.6	28.2	6.75	150
1965-1970	20 000	8 000	13 000	49.0	18.5	30.4	6.85	141
1970-1975	24 000	8 000	16 000	49.3	16.4	32.9	6.87	124
1975-1980	27 000	8 000	19 000	48.5	14.2	34.2	6.73	108
1980-1985	31 000	8 000	23 000	47.7	12.0	35.7	6.54	90
1985-1990	36 000	8 000	28 000	46.1	10.3	35.8	6.13	77
1990-1995	35 000	9 000	28 000	39.9	9.4	30.4	5.30	69
1995-2000	34 000	12 000	22 000	34.1	11.9	22.1	4.49	80
2000-2005	34 000	17 000	17 000	31.8	15.7	16.1	4.01	87
2005-2010	34 000	17 000	17 000	30.1	14.9	15.2	3.57	76

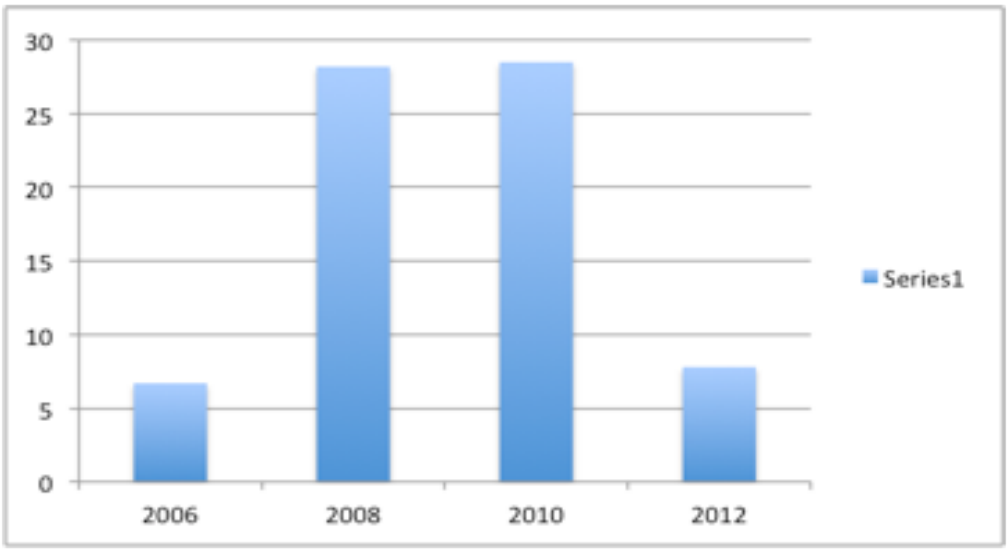
Source: World Population Projections (WPP) by UN Population Division (2010).

Adolescent fertility has adverse effects on young women's education, health and employment prospects as well as their children. According to a World Bank report (2011:1), "births to women aged 15-19 years old have the highest risk of infant and child mortality as well as a higher risk of morbidity and mortality for the young mother." Adolescents' fertility rates are high at "82.3 reported births per 1000 women aged 15-19 years" (Central Statistics Office Swaziland, 2008:9).

5.3.3 Unemployment rates among men and women in Swaziland

The current unemployment rate in Swaziland is 40 percent (CSO, 2011:1). Swaziland has a few medium enterprises and the need to attract foreign direct investment is acute. Subsistence farming employs approximately 70 percent of the population (World Bank, 2012:11). Swaziland's economy is dependent on Southern African Customs Union (SACU) receipts, which have been dwindling over the years (ibid). The unemployment rate in the country increased significantly between 2008 and 2010 during the global fiscal crisis. These effects still linger and not much has changed in terms of the quality of life and unemployment regardless of the reduced unemployment in 2012.

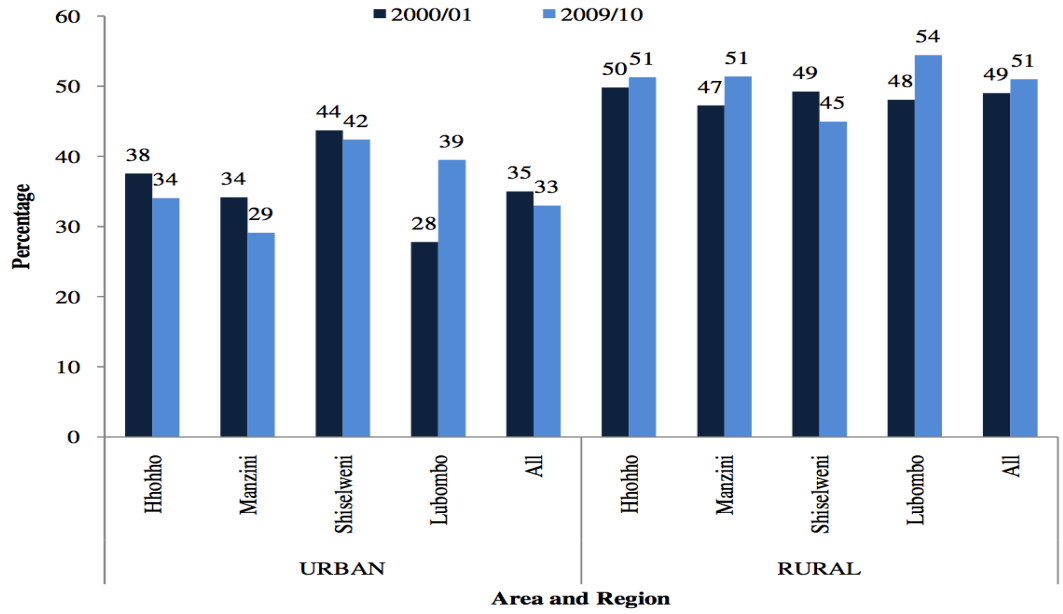
Figure 5.3.3-1: Unemployment in Swaziland



Source: Central Statistics Office Swaziland (2011a)

According to Central Statistics Office (2011a: 2), "the average consumption among poor individuals in urban Swaziland is about 33 percent below the poverty line in 2009/10 and 51 percent in rural areas." Poverty is essentially a rural phenomenon in Swaziland. The income gap ratio figures further reveal that the poor individuals in rural areas are even poorer than the urban poor. Even though poverty has declined during the ten-year period, those that remain poor have not experienced any improvement in their standard of welfare. Women are the majority when it comes to poverty rates. They are mostly in informal employment and have no social security coverage.

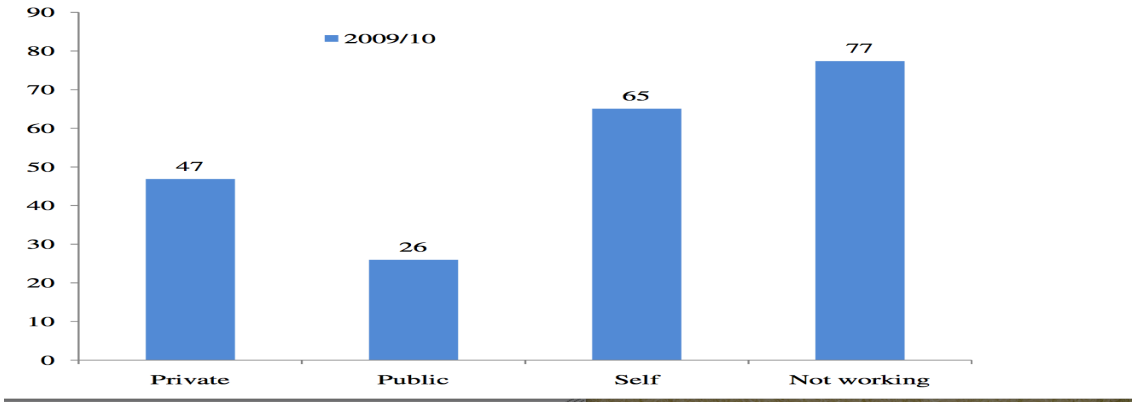
Figure 5.3.3-2: Poverty in Swaziland by Location (Urban and Rural)



Source: SHIES (2009-2010)

In the households where the head of household is employed the overall welfare and economic status of the dependents differs significantly compared to those who have no income. Figure 5.3.3-2 above shows that the poverty incidence is highest among households where the head of household is unemployed (77 percent). The same is also true of households where the head is self-employed (65 percent). This may indicate that conditions around self-employment do not fully provide a conducive environment for this activity to be economically viable as indicated in figure 5.3.3.2i below. Hence, returns derived from this activity are not sustaining for the majority of households.

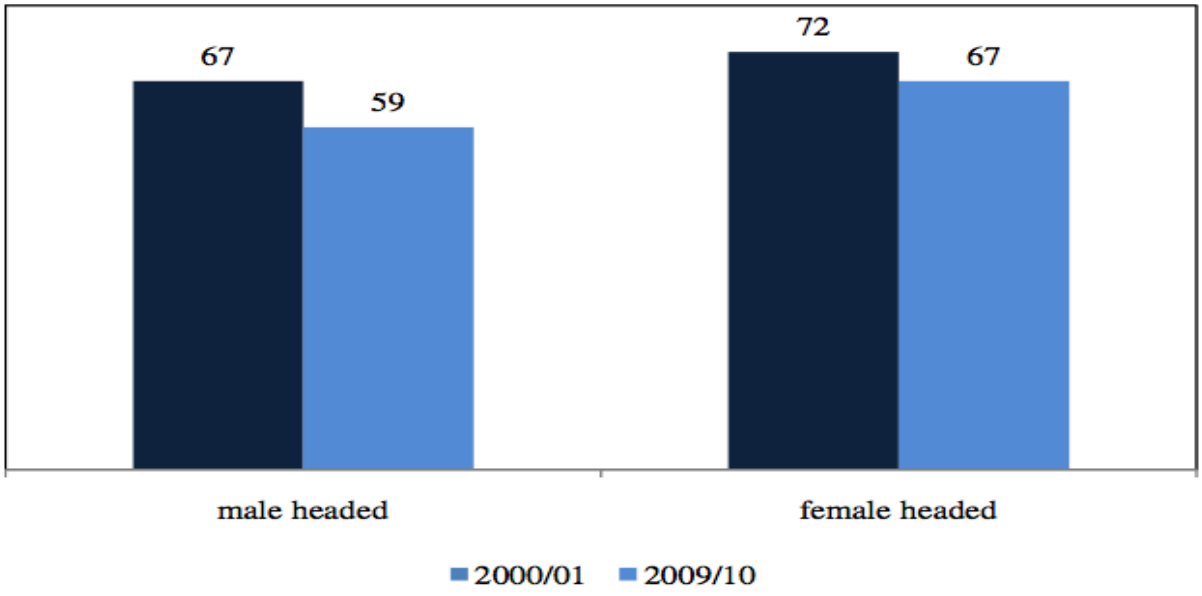
Figure 5.3.3.2i Poverty incidence by economic activity 2009/10 in Swaziland



Source: SHIES (2010)

According to the World Bank (2011:11), "households with illiterate heads are 50 percent more likely to be poor than those with literate heads, with a poverty rate of 85 percent." Households with illiterate heads are twice as likely to be extremely poor, with an extreme poverty rate of nearly 50 percent.

Figure 5.3.3.3 poverty incidence by gender of household head, 2000/01 and 2009/10



Source: SHIES (2010)

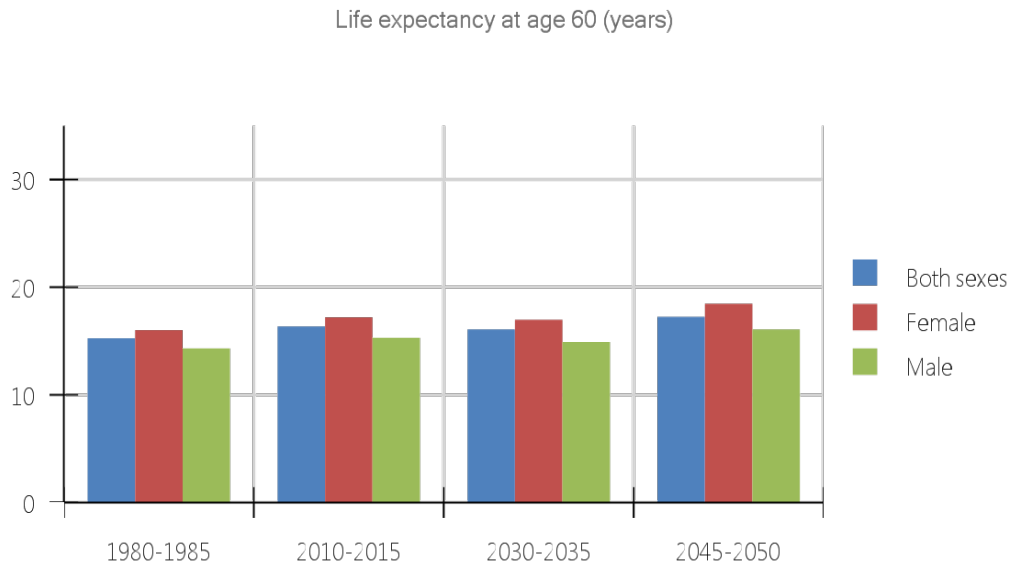
Also, households headed by someone who completed high school or a public or private college or universities are much less likely to be poor. Overall male-headed households in Swaziland seem to have benefitted more from the poverty decline during the 2000's (SHIES, 2010:19).

5.3.4 Life Expectancy Rates between Men and Women in Swaziland

According to CSO (2011a: 3), "people in Swaziland have an average life expectancy of 32 years, the shortest in the world. Intrinsically linked with these problems is the fact that Swaziland has the highest prevalence of HIV infection in the world. Twenty-six in every 100 people, aged 15 to 49, in Swaziland is HIV positive." Swaziland has an estimated 1,297,378 people. There has been growth of "1.51% (19,337 people) compared to 278,041" in 2014 (ibid). The current male population is 647,701 (49.2 %) and 668,560 are female (50.8%) (United Nations Department of Economic and Social Affairs: Population Division, 2015:11). Even though the life expectancy is very low, women are the majority

in all the age groups in Swaziland. In addition, female-headed households are most likely to be more vulnerable to poverty (ibid).

Figure 5.3.4-1: Life Expectancy in Swaziland at age 60 years



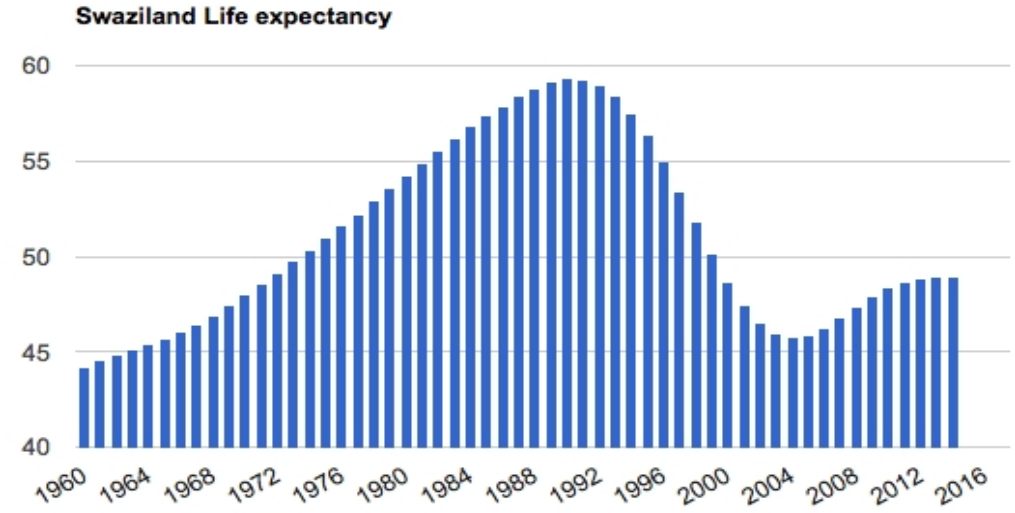
Source: World Population Ageing (2015)

According to Population Division of the Department of Economic and Social Affairs of the United Nations (2015:1), "in absolute figure there are 490,007 young people under the age of 15 years (247,812 males and 242,195 females). There are also 760,601 persons between 15 and 64 years old (378,445 males and 382,169 females)". A further "46,770 persons are above 64 years old (19,383 males and 27,388 females)" (Population Division of the Department of Economic and Social Affairs of the United Nations, 2015:15).

In terms of the life expectancy ratios above females outlive their male counterparts making it necessary to strengthen non-contributory interventions so that every one is adequately covered from risks and vulnerabilities. The Declaration of Philadelphia of 1944 made the following provisions,

> *"To further among the nations of the world programmes which will achieve…the extension of social security measures to provide a basic income to all in need of such protection and comprehensive medical care"*(The Declaration of Philadelphia, 1944).

Figure 5.3.4-2: Life Expectancy in Swaziland



Source: The GlobalEconomy.com, World Bank (2017)

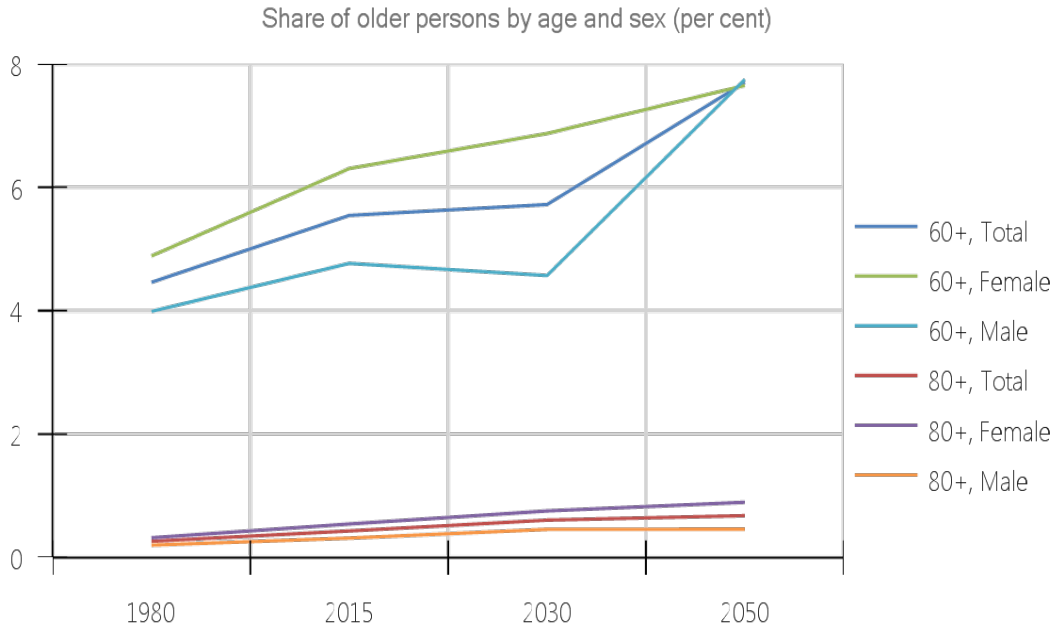
From Figure 5.3.4-2 above, it can be seen that the population of Swaziland grew significantly in 1992, which was partly due to economic growth and improved medical care. In the beginning of the Millennium, Swaziland witnessed an increased number of deaths due to the HIV pandemic. These effects have contributed to the skip generation that has resulted in the very young and very old becoming visible in society (United Nations, 2015:8).

On the other hand, older people make up to five percent of the population in Swaziland and are increasing steadily. Grandmother Headed Households (GHH) and other multigenerational households are more likely to contain orphaned and vulnerable children (OVCs) (United Nations, 2015:7). These types of household comprise of two vulnerable groups challenged by extreme poverty in environments that are inadequately prepared to deal with the issues of children and older people. The dependency amongst these populations is high making them susceptible to intergenerational poverty (ibid).

According to Barrientos and Holmes (2006:9), low-income countries need to develop comprehensive social assistance programmes, which take into account the needs of older people as well as their dependents. The active participation or inclusion of intended beneficiaries for any social policy and/or programmes is perceived as one essential determinant for successful and effective social safety nets especially in low-income countries where there are scarce resources (ibid).

According to the Population Division of the Department of Economic and Social Affairs of the United Nations, 2015:1), "the dependency ration is 70.6 percent meaning that there are more dependent people than those who can take care of themselves financially and otherwise." Older people dependency ratios in Swaziland are 6.1 %. The overall life prospects (both sexes) at "birth for Swaziland is 48.7 years" (ibid).

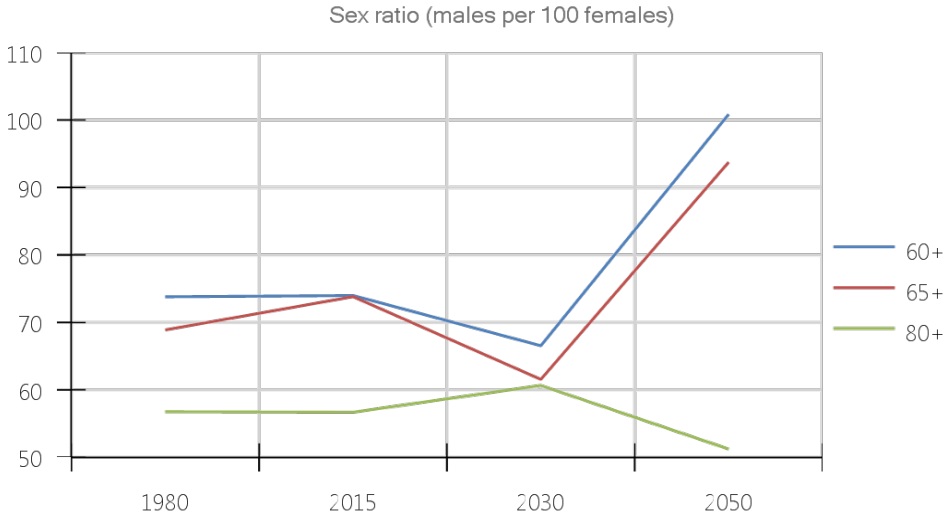
Figure 5.3.4-3: Share of Older People by Age and Sex in Swaziland



Source: World Population Ageing (2015)

Population ageing in the Swaziland context confirms that women are the majority in the country compared to their male counterparts. Addressing structural and cultural barriers against women in development can be implemented through good policies that have a gender lens. The projections estimate the life expectancy for men in Swaziland to be 48.9 years while women had lesser life expectancy at birth with 48.4 years (Population Division of the Department of Economic and Social Affairs of the United Nations, 2015:19).

Figure 5.3.4-4: Sex Ratios of older people in Swaziland



Source: UN Profiles of Ageing (2015)

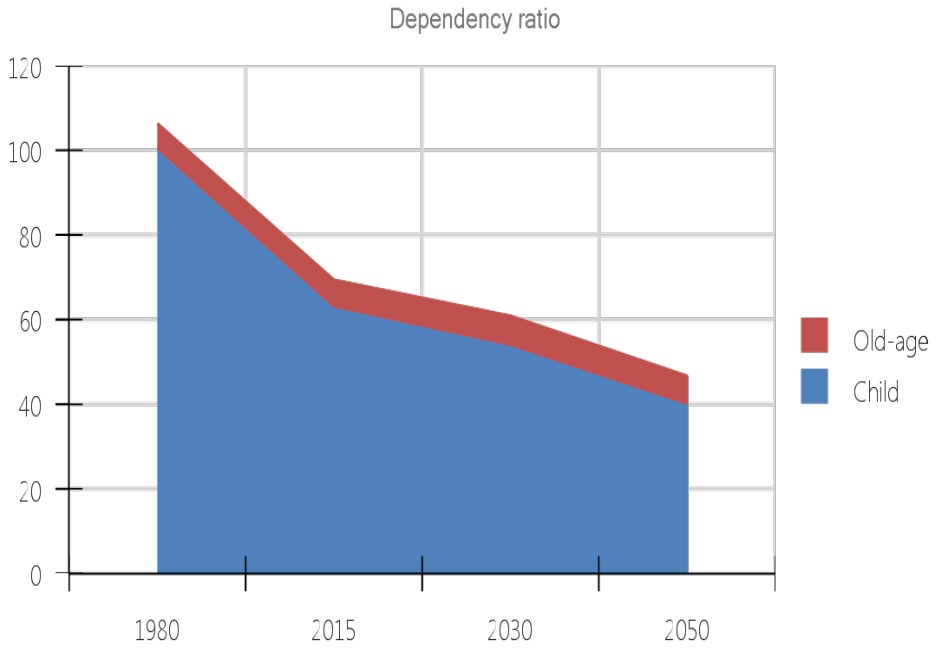
Accordingly, where there are high incidences of poverty, inequality among the poor population is low but political will in implementing effective poverty alleviation programmes is missing. If implemented correctly, social security can be a tool to fight old age poverty as well as addressing new forms of poverty resultant from HIV/AIDS, migration and other social risks. The working-age population in Swaziland is between the ages of fifteen and sixty-four but as more younger people die due to HIV-related illnesses it means that the population needs education and training, social security and health policies that will safeguard the increasing number of the 'female' older persons (World Bank, 2012:8).

Social security and old age poverty reduction does not seem to feature in government priority areas for development, which will create future problems as more people age. High poverty rates amongst the general population have negative effects on old-age poverty strategies, as there is generalization (lumping) of poor population. Assessment of poverty issues per age group can bring more clarity into the kinds of poverty reduction strategies needed by each population group.

5.3.5 Dependency ratios

As more women outlive their male counterparts, this increases the dependency ratios among women, indirectly forcing them to remain in paid employment for longer. Grandmother headed households and child headed households are extremely susceptible to extreme poverty. According to the SHIES (2009-2010), "in Swaziland the larger the household the more likely it is to be poor. Also poverty incidents among households with six or more member are higher than those in the national average" (SHIES, 2010:9).

Figure 5.3.5-1: Dependency Ratios in Swaziland



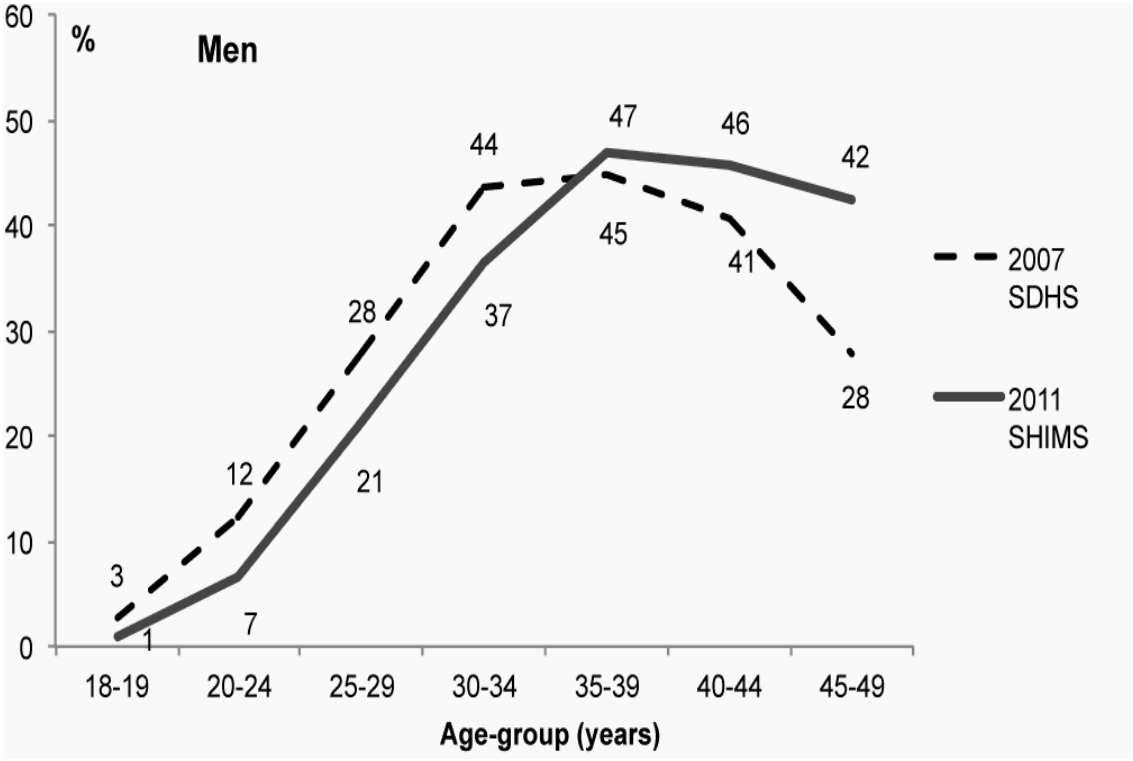
Source: World Population Ageing (2015)

Projections reveal that the 60 years and over will increase by almost thirty percent (18 000 older people) by year 2020. Therefore, opportunities for the girl child to access education are key in eliminating the chances of extreme poverty at old age and need to be addressed. According to SHIES (2009-10), households are more likely to be poorer if the head of household is uneducated. With population ageing the disparities between men and women need to be addressed especially with regards to access to essential services. Addressing food insecurity in Swaziland is also another critical area in reducing the dependency and vulnerability ratios amongst women (CSO, 2011a: 9).

5.3.6 HIV and AIDS in Swaziland

HIV/AIDS has had devastating impact and effects for most countries in Africa, from which Swaziland was not spared. A number of children have been left parentless due to HIV related sicknesses. Older people are the ones who mask the effects of the HIV pandemic and they are sometimes expected to be sole carers for children orphaned in the HIV pandemic (Makadzange and Dalamo, 2011:60). Nkhoma (2013:1) also observed that in the last decade, there has been an increase in the interventions needed to assist children orphaned by HIV/AIDS in Swaziland.

Figure 5.3.6-1: HIV Prevalence Among Men in Age Groups in Swaziland

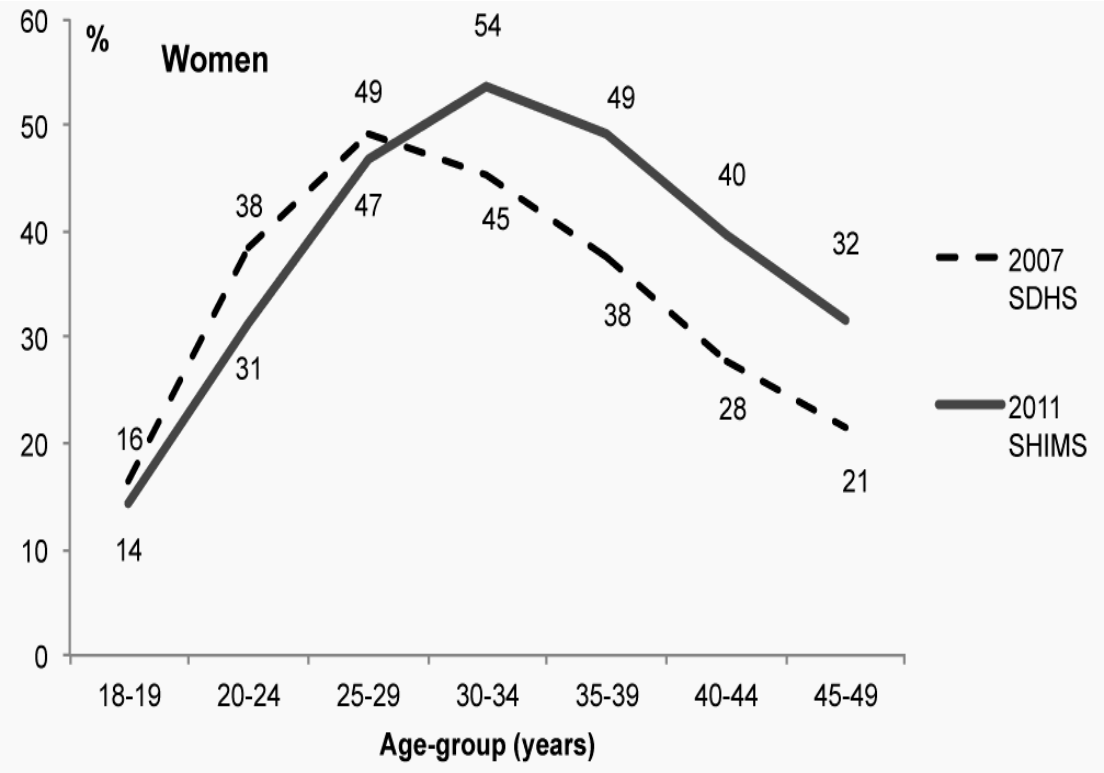


Source: World Bank (2012)

HIV pandemic has greatly impacted and affected the age group 35 to 49 years; this is a sexually active group, which is also in its prime in terms of productivity (SHMS, 2011:1). As a result of the deaths suffered in this category, a missing generation has been created. This has resulted in more women needing to seek employment or engage in informal money making mechanisms in order to take care of the children under their care. The family dynamics have been altered and there is an increase in the number of families headed by females (ibid).

Women are also over-represented in the people mostly affected by the HIV pandemic (SDHS, 2007:1). The age group 25-39 is most affected and this results in a lot of children losing one or even both parents due to HIV related illnesses (SHMS, 2011:1). The anti retroviral treatment (ART) has been a very important intervention in elongating lives.

Figure 5.3.6-2: HIV Prevalence Amongst Women in All Age Groups

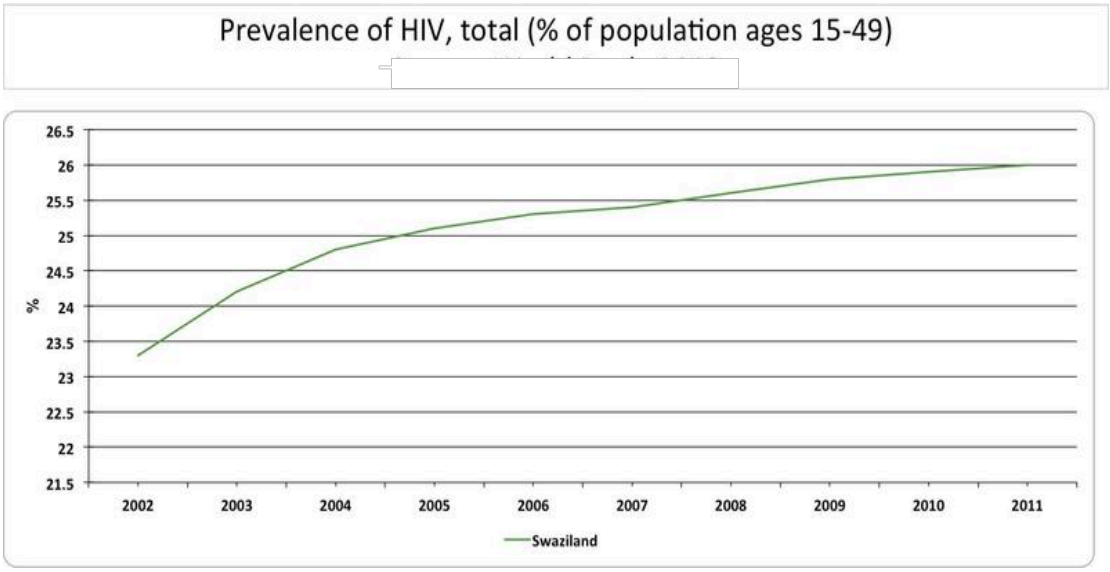


Source: World Bank (2012)

In most cases, grandmothers are expected to care for HIV positive grandchildren and this puts a strain on the aged. According the United Nations Children's Fund (UNICEF), in 2010 there were 120 000 orphaned children of which 16 000 are living with HIV in Swaziland (UNICEF, 2008:44).

Older people do not receive much support from nongovernmental organizations and/or government. The burden of caring for the orphans is difficult especially because HIV positive people need nutritious food in order to be able to boost their immune system. Grandmothers thus live in extreme poverty and cannot provide descent standards of living for the children (Makadzange and Dolamo, 2011:60).

Figure 5.3.6-3: HIV Prevalence in Swaziland



Source: World Bank (2012)

As population ageing takes place, there is already a gap that exists in the Swaziland population. Most active young adults are affected and/or infected with the HIV virus, it is important for Swaziland to engage in active campaigns to ensure that older people, who are carers of a number of HIV-positive people within their families, remain HIV negative. There is need for protective clothing for the carers and training on how to care without jeopardizing and/or compromising their own health. Programmes that also factor in carer fatigue and self-care are needed for this population to effectively care for others while they are also practicing self-care. Support programmes for the carers are also needed in order to share frustrations and get assistance with any difficulty the difficulties, which they endure.

5.4 Research Methodology

5.4.1 Qualitative Research

Qualitative research is an umbrella concept covering several forms of inquiry that "helps us understand the meaning of social phenomena with as little disruption of the natural setting as possible" (Merriam, 1998b: 6). The advantage of qualitative approaches to research is that these enabled the researcher to appreciate the reality of the participants and their circumstances in their natural environment (ibid).

Qualitative researchers are i) concerned in understanding the constructs that people form based on their experiences and in what way they create their realities; ii) the researcher is seen as the principal tool in gathering data; and iii) information gathering is the backbone of qualitative studies (Merriam, 1998b: 6). The qualitative approach allows the researcher to appreciate the bottom-up thinking where the views of the participants who are actually experiencing the ageing process offer insightful information about the lives of older people in Swaziland. The qualitative approach has been relevant to the study due to its ability to provide a holistic view to an array of issues that encouraged the use of open-ended questions.

The perspectives and worldview of the participants is championed in qualitative research. The data collected from the fieldwork is powerful and compelling, and this provided the researcher with a clear vision of what to expect. In addition, by asking the question "why," the researcher was able to unearth powerful messages about patterns, habits, emotions, human behaviour, needs and personality characteristics of older people and how they experience social security in Swaziland.

Qualitative approaches are particularly relevant in environments where the political climate is complex (Spencer, 2004:7) especially when new social care and welfare policies are concerned. In fact, voices of the poor can paint the picture of the daily experience of the poor such that even policy makers who might be complacent about issues facing older people are moved into action when these life experiences are shaped. Qualitative approaches encourage and facilitate the inclusion of the views of targeted populations in influencing policies

5.5 Sampling

Sampling is a technique for data collection. The sample is a small component for enquiry that will be used for the research (Merriam, 1998:7). According to Polit (2001:234) a "sample is a proportion of the population." The sample was chosen from older people who are recipients of the OAG as a form of social security in Swaziland. It was important for the sample group of recipients to be recipients of the OAG because they represent the typical population from which conclusions can be drawn. The sample was selected using purposive and non-random method.

In total, there were 172 participants for the study, participants were selected on the basis of being 60 and above and receiving OAG. Sixty-one (61) in-depth interviews were conducted with older people. Eight focus groups discussions were also conducted in the four regions of the country (Hhohho, Manzini, Lubombo and Shiselweni); each focus group consisted of eight to fifteen members per group resulting in a total of hundred (100) older people participating in the focus group discussions. Eleven (11) questionnaires were distributed to five government officials under the DPMO and six representatives of local and international NGOs (UNICEF, PEPEFAR, World Vision, EU Technical Team, Umtfunti WeMaswati Charity Organization, Philani Maswati Charity Organization) working in social security issues or as implementing partners for the government of Swaziland. This enabled a rich contextual analysis of the experiences of older that were sampled from rural, peri-urban and urban areas to draw on similar experiences as well as diverse ones. This diversity in location provided the richness of the data. In addition, the in-depth interviews took place in naturalistic environments to ensure that the participants were comfortable and able to express themselves without fear or reservation.

A. Demographic features of in-depth interviews in the study

All respondents included in in-depth interviews (II) were 60 years and above currently receiving the OAG. The location for respondents was spread over the different town in Swaziland to enable a representation of urban, peri-urban and rural areas. Piggs Peak had 5 respondents (rural); 10 from Mbabane (5 were from urban areas and 5 from peri urban); Manzini had 11 respondents (6 peri-urban and 5 urban); Mankayane had 5 respondents (peri-urban); Hlathikhulu had 5 interviewees (peri-urban); Nhlangano had 5 respondents who were from peri urban areas; Lavumisa 5 respondents (rural); Siteki had 5 participants

(rural); Big Bend 5 participants were interviewed (peri urban) and Mhlume had 5 residents (peri urban). Participants profiling was possible with the in-depth interviews and below Figures 5.3-1 and 5.3-2 below presents the demographic characteristics of the respondents.

Figure 5.5-1 Distribution of marital status of participants by age, sex and place of residence in in-depth interviews

	Age			**Sex**		**Residence**		**Total**	
	60-69 (%)	70-79 (%)	80+ (%)	Males (%)	Females (%)	Urban (%)	Rural (%)	(%)	
Marital status									
Married	41.18	39.13	25.00	84.21	19.05	40.00	38.71	39.34	24
Widowed	23.53	52.17	50.00	0.00	52.38	36.67	35.48	36.07	22
Single	29.41	4.35	25.00	10.52	23.81	23.33	16.13	19.67	12
Cohabiting	5.88	4.35	0.00	5.26	4.77	0.00	9.68	4.92	3
Total	**34**	**23**	**4**	**19**	**42**	**30**	**31**	**100**	**61**

Source: Field Research (2015)

For in-depth interviews (II): Participants' educational attainment revealed that a majority of the older persons had no formal education: 38.24 % in the 60-69 group; 21.74 % in the 70-79 group and 50.00 % amongst the over 80 group. However, in the FGD, there was also a mixture of individuals with either primary or secondary education and a majority of those without any formal or tertiary education.

Figure 5.5-2: Educational attainment by age and sex for in-depth interviews (II)

Education attainment	Age			Sex		Total	
	60-69(%)	70-79(%)	80+ (%)	MALES (%)	FEMALES (%)	(%)	NO.
Sebenta	0.00	4.35	0.00	0.00	2.38	1.64	1
Primary	29.41	52.17	50.00	36.84	40.47	39.34	24
Secondary	14.71	13.04	0.00	21.05	9.52	13.11	8
High school	11.77	8.70	0.00	5.26	11.91	9.83	6
Tertiary	5.88	0.00	0.00	5.26	2.38	3.28	2
No education	38.24	21.74	50.00	31.57	33.34	32.79	20

Source: Field research (2015)

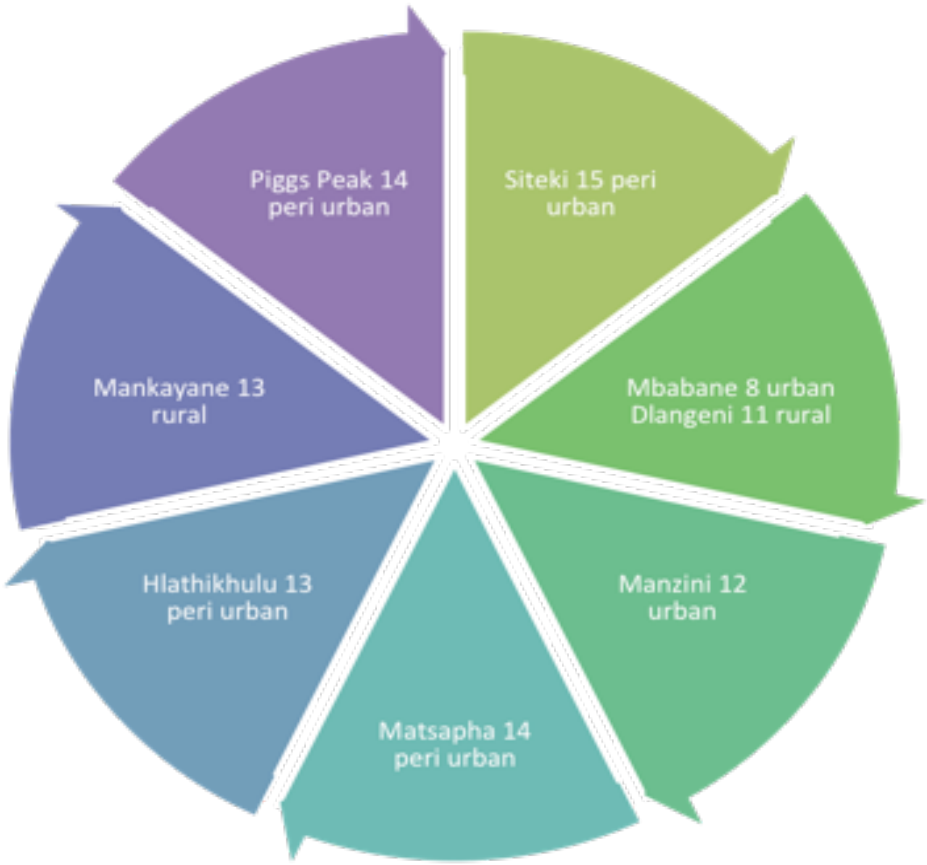
For in-depth interview participants, 38.24 percent of the age group 60 to 69 had no education. The 70-79 percent had 21.74 percent illiteracy rate while the 80 years and above recorded a 50.0 percent illiteracy rate. Even though the females participants in the study had (33.34 percent), educational attainment compared to the males (31.57 percent) the study revealed that a significant number of older people in the study have had an opportunity to get the most basic education. In the 80 years and above, one interesting finding was that 50.0 percent makes had primary education compared to 50.0 percent of women in the same age group not having any form of formal education. The age group 60-69 had a few individuals with tertiary training, which could reveal a shift in the recognition of tertiary education as a key to betterment.

B. **Demographic breakdown for focus groups (FG)**

The focus group discussions were also spread out in the country in this manner: two (2) focus groups were in Mbabane (Mbabane west and Dlangeni) to cater for the urban and rural dwellers. There were eight (8) participants in the Mbabane group and eleven (11) members for the Dlangeni group. In Manzini, one focus group was conducted to cater for

urban dwellers, which had twelve (12) participants and in Matsapha one focus group for peri urban area had fourteen (14) participants. Hlathikhulu had one focus group, which was peri urban with thirteen (13) participants. Mankayane also had one focus group, which was also rural and also had thirteen (13) participants. One focus group was in Piggs Peak with (14) participants and another in Siteki, which was peri-urban and had fifteen (15) members. In total, eight (8) focus groups were conducted for the study with members ranging from eight (8) to fifteen (15) members. There were 100 participants for the focus group discussions (FGDs) as seen in Figure 5.5-3

Figure 5.5-3 Representation of focus groups (FGD) by location



Source: Field Research (2015)

The respondents were chosen on the basis of being recipients of the OAG and the willingness to share their experiences of getting old in Swaziland. The experiences of older people with regards to accessing the grant as well as other challenges associated with access to this social security mechanism were of importance for this research. The contribution of older people was very important in establishing the current situation of the

OAG and how it is administered. In the study respondent and participant are used simultaneously to refer to either older people or key informants.

5.5.1 Non-probability sampling

"Sampling can be regarded as an element of measurement drawn from the population in which the researcher is interested" (Grinnell, 1993:157). The researcher chose a sample only from individuals who were recipients of the old age grant (OAG) in Swaziland because of their relevance to the research objectives for the study. De Vos (1998:195) argues that there are two types of sampling techniques, namely probability and non-probability sampling. According to de Vos (1998:196), probability sampling is mostly relevant in quantitative research. This study however used non-probability sampling because the study was interested in meaning making and experiences of the participants.

Not all potential older persons were selected for the study given effectiveness, funds and time limits (Grinnell, 1993:157). Only those individuals whose contributions would assist in responding to the research questions were included in the study. The older people included were in the government grant payment register for at least one year. This was important in providing a balanced view of their experiences over the three or more disbursements. Since the grant is received manually and electronically, the target was to ascertain views from both groups of older people. The selection was also based on urban, peri-urban and rural areas in order to gain a comprehensive understanding of all the environmental settings.

The choice of key informants as participants in the study was informed by their level of involvement in issues of older people, social security and/or social protection in Swaziland. Government officials were included as the implementers of the social security grant for older persons. Having the views of implementers and partners of government in the implementation of social protection mechanisms for older people in Swaziland was very significant for a balanced view of the prospects and challenges of the OAG in Swaziland. Local non-governmental organizations were also included in order to assist in highlighting problems experienced by older people in the different communities where they operate.

The purposive sampling enabled the researcher to conduct the interviews due to the manageability of the sample size and it was a good way of generating raw data. There is no cap on how many informants should make up a purposive sample, as long as the needed information is obtained (Bernard, 2002:33). The researcher was able to save costs and met the desired number of respondents. During OAG disbursements only those older people who were willing to be interviewed were included from all the regions. The researcher was also able to include both men and women in the sample. The researcher travelled to meet the respondents for the interviews and the focus groups were held on days and times that were more suitable to the respondents.

5.5.2 Data Collection

According to Bodgan and Biklen (2003:109), "data is any kind of information that the researchers collect in order to answer their problems." Kvale (1996:174), argued that an interview is "a conversation, whose purpose is to gather descriptions of the worldview of the interviewee with respect to interpretation of meanings of the phenomena." The researcher was able to conduct in-depth interviews, and the conversations gave rich descriptions of the subject and the meanings of the participants were recorded. The in-depth interviews provided the researcher with the opportunity to accumulate meanings from the different interviews through the use of open-ended questions.

In the end, the researcher was able to generate large amounts of data through the process and for one interview the researcher needed a significant amount of time to transcribe. Therefore, the primary data for the study was collected through in-depth interviews and focus group discussions and also from information from organizations. Secondary work was conducted through desk study publications, newsletters, books about the elderly and social security.

5.5.3 Informed consent

At the beginning of each interview, respondents were informed of their right to stop the interview process whenever they were uncomfortable and that nothing would happen if they decided not to continue with the interview process. A consent form was signed before any interview took place. Respondents were also informed about the desire to record the proceedings so that the researcher could focus on the conversation rather than on writing; for those who were uncomfortable with being recorded, the researcher took notes instead.

5.5.4 Confidentiality

The researcher did everything to ensure that confidentiality was upheld at all times. Even though in the focus groups it was difficult to maintain an overall confidentiality amongst individuals, but the researcher encouraged respondents to uphold confidentiality.

5.5.5 Data Collection Methods

5.5.5.1 Individual interviews

There were sixty-one (61) in-depth interviews and one hundred (100) participants in the focus group discussions with older people. According to Marshal and Grossmann (1998:112), "phenomenological interviews are a specific type of in-depth interviewing grounded in the theoretical tradition of phenomenology." As the sample was purposively selected, the focus was on the given topic and direct explanations were given during this comprehensive interaction. The researcher had opportunities to seek clarification where necessary. During the interview process the researcher was critical, reflective and illustrative but still allowed the natural flow of the conversation to proceed.

"In-depth interviews are flexible techniques that lets the researcher to explore greater depth of meaning than can be obtained with other techniques" (De Vos, 2002:302). The researcher created an atmosphere where participants could freely express themselves. In addition, conducting the interviews in the natural spaces of the aged also facilitated the appropriate atmosphere for interviewing.

Barbour and Schostak (2005:42) argue that when conducting an interview, caution must be made with regards to "power relations, value, trust, meaning and working". The researcher ensured that the participants did not feel obligated to continue with the study if they so wished. The researcher ensured that the words of the participants were recorded and transcription undertaken to represent the views of the individuals. The researcher assured the participants on the objectives of the study and that their identities were protected. They were also given assurance that their information would be coded such it would be difficult for people to know who said what. The questions were short so that the participants could understand what was being asked. A lot of clarifying and explanations was provided one during the whole interview process.

The researcher paid particular attention and sensitivity to the participants throughout the process interview. Some of the participants found a channel to offload their burdens and other issues that they had harboured in their hearts. Some participants were dealing with a lot of grief issues and therefore care had to be exercised by ensuring that they were attended to and comforted. The researcher exercised being an active listener, by focusing on the spoken and also on the non-spoken (exhibited through body language) communication of the participants. The researcher took a very non-judgmental stance in order to be objective and see things through the eyes of participants.

The researcher was very friendly to the participants as one of the ways to create a good atmosphere while striving to gain rapport with participants. The researcher needed to be open minded and honest, especially when it came to transcribing the data. Flexibility and patience were key ingredients in collecting data (Holloway and Wheeler, 1996:4-6). The data collected was analysed using thematic and content analysis.

5.5.5.2 Focus Group Discussions

Focus group refers to a "carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non threatening environment. It is conducted with approximately seven to ten people by a skilled interviewer. The discussion is relaxed, comfortable, and often enjoyable for participants as they share their ideas and perceptions. Group members influence each other by responding to ideas and comments in the discussion"(Krueger, 1988:1).

One main advantage of using a focus group is being able to collect data from several people at the same time as individuals "feed off" each other as they respond to questions. People interact amongst themselves about their experiences and knowledge. In a group, individual participants are able to explore and clarify their views in a way that is less accessible in a one on one interview. For the study the researcher had an interview guide with open-ended questions to allow free interpretation and free flow of thoughts and ideas. The researcher learnt new words, which old persons use and there was use of parables, which is one way in which older people convey messages (Kitzinger, 1995:299).

The composition of the focus groups: there were a minimum of eight members in all the eight focus groups conducted, and the maximum being fifteen members. The researcher sought some form of homogeneity in-group composition but it proved more difficult and

was subject to the availability of the participants. Most of the groups were composed of community people who had some form of rapport amongst themselves, enabling the researcher to have meaningful conversations because the participants could speak to each other without much hostility. The concepts of being 'in the same boat' and 'safety in numbers' proved to work especially on sensitive issues and participants were able to empower and support one another (Kitzinger, 1995:301). A total of 100 older people were part of the focus group discussions conducted in the four regions of Swaziland.

5.5.6 Data analysis

Data analysis is a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher (Burns and Grove, 2003:479). Data analysis is a challenging and creative process characterized by an innate relationship of the researcher with the participants and the data generated (de Vos, 2002:339).

5.5.6.1 Content analysis

Content analysis is a "research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh and Shannon, 2005:1278). According to Patton (2002:453) content analysis entails the researcher reducing and making sense of the volume of qualitative material and attempts to identify the core consistencies and meanings. For the study content analysis allowed the researcher to have an integrated view of the data in their specific contexts (Marying, 2000:2; Smith, 1975:218). The researcher condensed raw data into categories based on interpretation and inference. Each category had subthemes under it. This was done until all data had been put under a certain category. The researcher was looking for repetitions, differences and outliers. The researcher coded information to help in the organization of the content (de Vos, 2002:340). The researcher made sense of the categories identified by identifying relationships between categories, uncovering patterns and testing categories against the range of data (Bradley, 1993:2). The researcher used the uncovered patterns, categories and themes important to the experiences of older people in Swaziland.

5.5.6.2Thematic analysis

A theme is a pattern in the information that at a minimum describes and organises possible observations or at the minimum describes and organises possible organizations or the maximum interprets aspects of a phenomenon (Braun and Clarke, 2006:82; Sandelowski, 2004:1371). Thematic analysis is a method of identifying, analysing and reporting patterns (themes) within data. It is minimally organised and described the rich set of collected data in detail (Braun and Wilkinson, 2003:30). Familiarization with data was done through transcription and translation of the 172 interviews conducted. All the interviews were transcribed by the researcher from SiSwati to direct English, which helped in the development of codes and themes.

Transcription included hesitations, false-starts, cut-offs in speech indicated with a dash, a comma represented continuing intonation, invented commas signalled reported speech and three stops (…) represented editing a transcript. Most of the translation was processed through Microsoft word office (Braun and Claeke, 2012:2). The conceptual framework guiding the study guided the coding process and when satisfied that the codes generated from the transcripts were aligned with the research questions examining the social security and older people in Swaziland. The researcher used descriptive and interpretive themes that emerged form the inductive analysis of study findings to answer the research questions. The researcher identified codes relating to experiences of being old, daily experiences, experiences with social security provision. The researcher then constructed one theme using all the codes relating to older peoples' experiences in line with the research questions so that there is connection between the themes and dataset.

5.5.7 Protecting identities of respondents

Participants for the study were assured of the protection of their identities as well as the confidentiality of the information given during the interviews. The information obtained from the field was kept in a locked filing cabinet to ensure that no one had access to this information. To further ensure that the identities of the respondents were protected, a coding system was introduced such that the respondents were given pseudonyms. For focus group discussions the groups were also given pseudonyms to ensure that no one could tell where exactly the interviews took place.

5.5.8 Ethical considerations

"Conducting research ethically begins with identification of the topic and continues through to the publication of the study therefore the conduct of research requires not only expertise and diligence but honesty and integrity" (Burns and Grove, 2001:191; De Vos, 2001:24; Polit and Hungler, 1999:90). "Ethical considerations are vital to any study because of the influence on the researcher's ability to acquire and retain participants" (Polit and Hungler, 1999:13). In this study, the ethical consideration of confidentiality was strictly upheld. Confidentiality was maintained through protection of the privacy of the respondents selected by not revealing their identities. Informed consent was necessary from the participants and they were asked to sign consent forms before the beginning of the interviews.

The researcher sought permission to undertake the study from the Ethics Committee, University of KwaZulu Natal, Pietermaritzburg campus. The research proposal was further subject to approval by the Department of Social Policy and Development Higher Degrees committee at the University of KwaZulu Natal, South Africa. The researcher has kept the information collected from the field in a safe place and kept the information confidential. The data stored in the computer was linked to a secret password to which only the researcher had access.

5.6 Conclusion

Chapter Five described the design and methods utilized in the data collection for the study. The chapter highlights the case study site (Swaziland) and contextualized the study by giving detail on the demographics and geographical features of the country. The structure of the population dependency ratios, unemployment ratios and the share of older people versus other age groups; fertility rates and the poverty rates between urban and rural areas; unemployment rates were also discussed. The chapter also highlighted the research design and research approach, study population, sample, trustworthiness and ethical considerations utilized for this research study.

CHAPTER SIX

LIVED EXPERIENCES OF OLDER PEOPLE IN SWAZILAND

6.1 Introduction

Chapter Six presents the findings and analysis from the research on social security and older people in Swaziland. Focus groups and in-depth interviews were the main methods for collecting primary data and from international conventions and treaties, legislation and programme documents and literature review, books, journal articles and newspaper articles provided secondary data for the study. Eight focus groups were conducted in Hhohho, Manzini, Lubombo and Shiselweni regions with older people aged 60 and above who received the old age grant (OAG). The group composition ranged from 8 to 15 men and women. In-depth interviews were also conducted with seventy-two older men and women who are recipients of the old age grant. Respondents included in the study were from different geographical regions (urban, peri-urban and rural areas) in Swaziland.

The chapter highlights older peoples' daily experiences, their survival, strengths, coping mechanisms, and the roles and responsibilities. The narratives and perspectives of older people centred on the meaning making, which they attach to life and awareness of their own experiences and the nature of the ageing experience itself.

In analysing the research findings, the Human Rights Based Approach enabled the researcher to address the question:

- ✓ What are the lived experiences of older people amidst inadequate social security?
- ✓ What are the issues confronting older people in Swaziland?

The Notion of Care helped in answering the following questions:

- ✓ How do older people take care of their needs?
- ✓ What coping mechanisms are older persons using to address problems associated with poor social security?

The Active Ageing Framework was used to explain the experiences of ageing in the Swaziland.

- ✓ What are the gender differences in old age with regard to the provision of social security mechanisms?
- ✓ What are the experiences of older people with various types of indigenous social security systems?

Themes that emerged from the responses were reviewed in terms of the guidelines to the Human Rights Based Approach, Active Ageing and Notion of Care were that od older persons and development; enhancing health and well-being in old age and ensuring enabling and supportive environments.

6.2 Human Rights and Lived Experiences of Older People

6.2.1 The Madrid International Plan of Action on Ageing (2002) and the African Union's Framework and Plan of Action on Ageing (2003)

The Madrid International Plan of Action on Ageing (2002) and the African Union's Framework and Plan of Action on Ageing (2003) offer a comprehensive lens for advancing the needs, rights and participation of the ageing population. The three sets of priority directions identified by the Plan of Action—older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments for older people—offer detailed issues that concern the well-being of older people and the specific actions that would be required to meet their development needs, their health needs and their need to enjoy full participation in society.

In acknowledging the global ageing process, the Plan provided a fresh way to look and appreciate the issues presented by this process. It advocates for inclusion of older persons in national and community life to ensure that their human rights and quality of life are not tempered with. The first human right of older persons is adding health to long life. Older people have the right to access the best health care as enshrined in the Universal Declaration of Human Rights of 1948. The experiences of older people with regards to access to health care indicate a level of discrimination and violation of this basic right at family, community and institutional levels. The following responses support these views:

"When you get to hospital there is no privacy and the nurses can ask age

inappropriate information which I feel uncomfortable disclosing…such as when last did you have intimate relations…or better still they might say oh because you are old you can be exempted from tests like HIV or STIs…and as a self fulfilling prophecy we tend to keep sensitive information to ourselves"(FDG 8 urban).

Similar sentiments shared by other participants were as follows:

"…old people are naturally conservative…no matter how educated or illiterate you are some issues are just taboo…because of the fear of judgment we tend not to tell the exactly what is bothering us…and at times we use parables which can be misleading …in the end we get medication for something minor or completely irrelevant…for instance some of us are still sexually active which is something society thinks is no longer happening and so when we have problems relating to our sexual health we lie…how can you discuss such sensitive issues with nurses as young as your own daughter…there are taboo topics for us and how I wish these young nurses would be taught how to converse with older person on sensitive issues…if only we had a choice to request for a mature nurse or doctor I think that make the clinics and hospitals user friendly for the aged" (FDG 1 rural).

Other older people cited incidents of lack of proper assessment when they get to health centers and these were their views:

"My neighbor was over ninety years old and she had cervical cancer…she began to bleed and we took her to hospital, the doctor suggested that she removes her cervix because of the bleeding…obviously she refused because no one explained how that was going to be done and how it would help her live longer…no one had time to assure her that she would be taken care of during and after the operation…she died due to excessive bleeding and we blame it on the poor structures and service delivery in attending health issues of older people"(R1 rural).

From the responses for the study, the rights of the older persons are violated due to the lack of old age appropriate services.

"Sometimes you need to see a doctor or a specialist but you only find a nurse…and when you insist on seeing a specialist the nurse asks why you want to waste resources afterall you are nearing the end of life…as a result we now face age based

rationing of services…there is lack of affordable high standard health care for older people…on top of that there is lack of information that can help prevent certain illnesses so that the we get to old age healthier and happier…the reality is to wait until we are bedridden to go to hospital because every cent counts …financial insecurity results in us not putting health first…we need old age friendly health care facilities that are user friendly and non threatening to older persons"(FG2 urban).

Issues of access are also critical for good health outcomes in old age, human rights based approaches advocates for improved access and participation in the treatment plan or outcomes so that the rights of older people are upheld at all times.

"*If you develop a sore that is related to being diabetic you are told that the only option you have is to amputate…you are never fully consulted on what you would want to do…they tell you as experts what will happen to you…you have no say in the matter...in any case if the operation is unsuccessful and you need more cutting they just take you to theater and tell you that they mistakenly left some infected areas…no one helps you deal with the grief of losing a part of your body…. no amount of talk can prepare your body for the pain above all nothing prepares you to walk with crutches in old age…such cases are common….it is also possible to get to the clinic and be diagnosed with high blood pressure but not get the tablets to control it until the old person has a stroke"(FG4 peri urban).*

Due to the fact that ageing is associated with so many stereotypes, it is a very stressful period for the population and mechanisms need to be put in place to address the diversity within the group as well as their varied needs. Older people often experience care services that are poorly co-ordinated and often health and social services fail to agree their respective responsibilities, resulting in confusion and sometimes delays to discharge from hospital (Audit Commission, 1997:17).

A gender is a lens through which to consider the appropriateness of various policy options and how they will affect the well being of both older women and men (Active Ageing Policy Framework World Health Organization, 2002:5). Accordingly, information concerning ways in which gender and sex differences between women and men influence health in older age is inadequate in Swaziland and this is an area that needs more research. Furthermore, there is a glaring gap in terms of the situation of old women aged 50-60 years who are not the

focus of any social assistance programmes. If the health of women and men is gender inclusive it is likely to bring better health outcomes later on in life (ibid).

Older people in the study proved to be heterogeneous population that cannot be easily categorised. Like the other groups in the population older some of the older people were fully functional and still able to do most activities; while others had disabilities and difficulties with their overall health.

> *"We are still able to get food, firewood and clean our houses because we are not as weak as someone who is probably 70 years old…some of them really need assistance because they are unable to do some of the basic things like washing, cooking...so our needs as older people are significantly different and also this experience is unique for each individual…when it comes to the 80 and over their issues are also significantly different from what we are currently experiencing as 60-69 year group…having said that some of the people in our age group (60-69) are unable to care for themselves due to ailments…each older person has a different story to tell and so unique are the experiences"(FG8 urban).*

The participants proved to be a mixture of educated, semi educated and illiterate whish automatically suggested the differences that exist within the different generations who have different life experiences and different sets of expectations on so many issues. Furthermore, in trying to understand the issues confronting the ageing population in Swaziland two messages were reinforced.

> *"Most people associate being an older person with being backwards, grey hair and wrinkled face. Some of us are still able to do most things like any other person…a lot of people have the perception that we are uneducated and irrelevant…but truth is that some of older people are educated while there are those who are not educated…people should never make swopping conclusion and they should never lump us together…we are different…we are individuals more than we are a group of old people"R26 urban).*

The perception of old age as a social problem rests on the assumption that older people are in some way separate from those who are not yet old (Fredvang and Biggs, 2012:6). Old age

as a social construct means that it is not old age per se that makes certain rights hard to enjoy but rather a particular idea of old age that would deny full enjoyment of their rights to the ageing (Doron and Apter, 2010). With all these observations it was also clear that individual older persons experience challenges which impact the protection and enjoyment of their basic human rights. And that continued invisibility of this population disadvantages them from enjoying their basic human rights.

> *"…the older you get the more conservative you become…you really want to be treated like a human being and not belittled just because you are an elderly…there are instances where you feel that you are stripped of what is left of your dignity especially when service providers speak over you or shout at you and speak about you to your family member(s) as though you are dead already…that is dehumanizing…they take away your decision making abilities and treat you like a senseless thing"(*R5 rural).

As such older people experience specific forms of rights violation influenced by ageism. Such an approach to service delivery for older people shows normative gaps that impact the dignity and worth of older people as shared by respondents:

> *"…most people take age into account when providing services to us…for once you cease to be an independent person but become a category…the way they refer to you is oh that old lady (logogo loya) as opposed to focusing on the issue or condition that you presenting with…"(*R4 urban).

Gaps that exist in the implementation and monitoring of age appropriate structures are essential to strengthen the struggle against ageism in Swaziland. These instruments will preserve the diversity that exists among older people so that there are no inhibitions in the articulation of age specific rights. The starting point would be acknowledging the huge diversity that exists among the ageing population and the varying health needs.

> *"…sometimes when you seek service your grey hairs or age becomes the focal point…we hear things like at your age this should not be happening or at this age people like you should not be doing this and that…you somewhat feel like you put on a scale of acceptable things at a certain age…when most relatives die from*

certain illnesses you also want to get reassurance that you are also not going to suffer a similar fate but service providers will tell you…argh you are old and the only thing left to do is to die…or you are a grandparent now at least you lived to see the next generation. As much as this is true you do not want constant reminder that what's left for you is death" (FG 6 rural).

Even though there are issues that are crosscutting but there are individual differences, which have to be understood and addressed as such. Failure to recognise and address individual variations in the challenges impacting on the quality of life of older persons and merely "lumping" them into one uniform group makes the real struggles of this population and suggests that a 'one size fits all' approach fosters the violation of the inherent dignity and worth of older persons. The following sentiments were shared:

"We are individuals, we age differently, we have different concerns, we hate being seen as a group, no one stops to recognise and appreciate the aged because they feel like we are not relevant anymore…the truth is that if society were to take a closer look they would appreciate the wealth of knowledge, skills and wisdom that comes with age and life experiences"(R27 peri urban).

Even though the Madrid International Plan of Action of 2002 provides for the protection of older people's human rights, including the right to the enjoyment of the highest attainable standards of physical and mental health, freedom from inhumane treatment and equality before the law yet participants cited incidents that go against these provisions:

"*Service providers tell you that you cannot get a policy after retirement…as a former teacher I never had much to save but with the lump sum I got at retirement I wanted to safeguard my future…I told the service provider low monthly fees are okay because I can mange them but told me point blank that I should have done it early on and not later in life…this is a classic example of your right to service being taken away by age…my human right and dignity went out the window…other people feel strongly that they can make better decision for me…sad really sad"(R26 urban).*

Furthermore, discrimination and exclusion of older people in different services are listed as prohibited ground by the Human Rights Based Approach and therefore a distinction related to age have to be addressed with relevant laws and regulations. Insufficient consideration and lack of understanding of the needs of older people is partly responsible for the violations suffered by older people in the hands of service providers in particular and society at large. An example given by a participant was as follows:

> *"Oh the nurses laughed at me when I wanted to do breast and cervical check ups…a very indirect comment was that there is no breast tissue anymore why waste time (mosi libele sekute lana sitohlola ini) and is it possible that as old as she is she might still be sexually active (kodwa bogogo bayalala yini)…even though they were speaking in harsh tones but their laughter made me feel so bad and inferior"(R27 peri urban).*

As such the violation of older people comes in different forms and monitoring mechanisms need to be put in place to ensure equitable treatment of older people in society. Older people have the right to periodic check ups as well as psychological and rehabilitative services to maintain a high level of functionality and autonomy (The Madrid Plan of Action on Ageing, 2002). Furthermore, "the right to adequate living, including adequate food and housing and continuous improvement of living conditions" is provided for in the International Convention of Economic, Social and Cultural Rights, Article11.1. The participants did point to the importance of gender specific human rights approach (Megret, 2011:37) and these are some of the sentiments shared by participants:

> *"There are different needs that affect women specifically…. sensitivity to some of these needs is crucial in providing health service that restores the dignity and self worth of the ageing population…as an older woman I prefer female nurses or doctors because I know they will have more understanding than the males…that is a preference for most older people really…sensitivity to such pairing between an older person and practitioner is essential so that we can be open about the real health issues"(FG5 peri urban).*

A need for comprehensive legislation and policies on ageing in Swaziland needs to be framed from the Human Rights Based Framework so that there is an instrument that is concrete and binding focusing on older people. Such a legal instrument needs to take into

account the gender disparities, which exist in Swaziland as a patriarchal society. The persistence of negative representation of older people and ageism in the Swazi society is testament to the failure of government to have specific protection and recognition of human rights of older people in Swaziland.

Most long-term care for older people happens in traditional home setting in the home of the old person or in a home of a relative. Unfortunately, there is a decrease in the number of informal carers and this will impact the quality of care that older people will receive in future. With the skip-generation trend that is becoming more visible in Swaziland, a pool of future carers (adult children) is also decreasing. As a result there is added pressure for older people to care for OVCs while they remain without carers in time of need. Not having institutional care services such as old age homes also impact on the dying with dignity. Participants shared the following observations:

> *"My grandchildren are so small that it would be days before they even noticed that I wasn't sleeping but dead…. i am terrified to die because no one would bury me"(R32 rural).*

Participants also revealed that finding support for everyday needs proves to be a serious challenge for older people and no one seems to sympathise or helpful in raising the children:

> *"Everyday I cry because my son left me with small children who need me…these children have been through a lot…they lost their mother first and then their dad and when my time to comes it means they will be left without anyone to provide care for them" (R1 peri urban).*

Participants further shared caring for grandchildren puts tremendous stress on the wellbeing of older people to the point that some develop stress and depression due to the inability to provide for all the needs of the children under their care. Here are some of the views of participants on the stress caused by caregiving:

> *"You never plan to outlive your children, no one wants to bury their child but we are seeing our sons and daughters dying from different ailments. When the children first arrived to live with me permanently I was overwhelmed…I was dealing with my own grief of losing my children but I had to shelve grieving and focus on building a home*

and safety for the kids…I wasn't even sure how to respond to question about their parents. That on its own is a great source of stress for us because we ask ourselves so many questions, which remain unanswered. No one plans to 'adopt and raise' grandchildren because they deserve to get the love and attention of their parents but here we are raising a young family in old age"(FGD 3 peri urban).

Some grandparents wished there was an area where they could get temporary relief from the caring duties:

"We are surprised that there are still no old age homes where we can go in case we want to run away (sibaleke) from all these burdens of caring for our grandchildren…it is not easy to see your grandchildren sleeping on an empty stomach…which is why some of us resort to eating things like cow dung as you have read in the papers…life is tough…"(R40 rural).

Relationship dynamics between older people and their grandchildren is another explosive area, which causes substantial strain for older people:

"*My grandchildren are naughty, they do not listen to me and they also talk back…they always remind me that I am not keeping up with life and that is why I do not understand them. They steal from me but I cant even discipline them because they run away*"(R27 peri urban).

A human rights issue that arises here is that older people often neglect their own health needs and focus on raising grandchildren. Lack of self-care contributes to shortening the life of the older person, which is why self care needs to be encouraged amongst older people especially those with the responsibilities of raising OVCs. Access to financial resources, counselling and other services to assist older people cope with their losses as well as their everyday challenges. Provision of home care visits where assessments can be made so that those needing residential care can be taken there. Further poor health of grandparents makes more difficult for them to provide a secure and safe environment to grow in. Minkler, 1999 is of the view that "care work has both private and public benefits and relying on grandparents to raise the children conserves public resources and sidesteps debates over public responsibility. And as older people continue to provide care to their

families," the impact of caring on the grandparents' health is of particular focus and concern. The day-to-day care of children, especially very young children, is physically taxing and can involve loss of sleep and exposure to infections (Jendrek, 1993)

6.2.2 Active Ageing Framework (AAF)

The Universal Declaration of Human Rights of 1948 and the United Nations Principles of Older people of 1991 Act are the foundations for the Active Ageing Approach or framework. The Active Ageing Framework (AAF) uses a Rights-Based Approach (RBA) as opposed to Needs-Based Approaches (NBA). The main principles in this AAF are independence, participation, care and self-fulfilment. This approach was useful in answering the question "what are the lived experiences of older people amidst inadequate social security." In attempting to capture the lived experiences of older persons, the following discussion is based on the five principles of AAF:

6.2.2.1 Independence

According to the United Nations Principles of Older People of 1991 older people have the right to have all their basic needs adequately met through the support of family, community and self-help (UN Principles of Older People, 1991:2). These principles emphasize financial independence of older people to live better lives. Self-determination in terms of where to live and with whom is part of the decisions, which impact on the independence of older people. It also emphasizes the importance of the older persons' access to education and training in order to maintain descent standard of living (ibid).
Safe spaces are important for the ageing population in order for them to continue to contribute to the development process. When participants were asked about their experiences in terms of independence, the following sentiments were shared:

> *"One can never have complete independence when they are poor...poverty is like a chain that holds you back…it humbles you because you realise that you lack most things that make life go around…. you have no money, food and shelter and you have no power fix the roof, buy electricity, fix a leak or falling door…. poverty is the biggest threat to anyone's sense of independence…poverty is more than just not having your*

basic needs met, it also means you do not have a voice which in turn takes away your independence and dignity" (R18 rural).

When talking about independence respondents seemed to have differing views- for example this respondent shared the following sentiments:

"Traditionally there is nothing like independence but interdependence as seen in how we lived, raised children, organised activities, disciplined wrong doers and the like…we lived as a group, we moved as a group, in a sense the group was more important than the individual…solidarity between the generations was key to happiness and everyone knew they could depend on the group…that to me was surety for holistic living...you could live life knowing that when you need help there was someone on standby to assist you…today all that has changed...people are more individualistic and there is less social cohesion and solidarity amongst clansmen...today interdependence has been replaced by this form of 'independence' which in turn has subjected us (older persons) to the harsh realities of fending for self and carrying burdens without much assistance…to me aloneness equals unhappiness…and since I live in the outskirts of town I find myself unsatisfied by the house I rent, I am always unhappy when it is cold because I have to rely on a heater… I cannot choose whether I want electricity or firewood in my house or a toilet next to the main house or far away...we live in houses that are too small to raise a family in…we live too close to neighbours and everyone knows everyone's business…we live next to people who we would otherwise would have not chosen to live next to…(makhelwane wati tindzaba takho phindza aphuma atitsemanti akushaye ngawo buso nawungakanaki ngoba sonkhe siphila dvute) we live in a time where no one cares about the other and that to me has deprived us the sense of independence"(R19 peri urban).

Another participant shared the following views with regards to how older people perceive independence and autonomy:

"Independence means having a voice, knowing what is happening around us…what government is doing to address our issues…above all to me independence is the ability to engage on issues affecting us as a group and influencing the types of programmes

intended for us…but no one asks us anything…people make decisions for us and deprive us our self worth and self determination"(R20 urban).

According to the Active Ageing Framework, services that enhance life and social engagement are key to older persons remaining independent. Providing them with income security, proper housing and access to quality health care is important in having healthier and happier older persons. The importance of these factors was evident in the following response from one respondent:

"For an older person a home is security, a job is a guarantee to a meal and association is a key to happiness. This is something that I experienced while I worked and I realised that stressors on how to pay for accommodation after retirement is real…I spent most of my adult life living at a teacher's quarters…I raise my children there...this was the most affordable accommodation because I was a civil servant…but since the money I got was too small I hoped that I would save up and build a home in the rural areas…saving never happened until I retired. What must be clear is that there is a sentimental value attached to a house one spends time in…memories were made…children grew there…I also lost my youthfulness there…. so for me not to have a proper or ideal home I wished for broke my heart…yes I still live in town but this is not the kind of life I envisioned for myself...I moved in with my daughter who is also a teacher…losing the house and realising that yesterday I was so useful (at 59) but at 60 society turned its back on me…suddenly I was of no value….no one wants to feel unwanted and useless…so to me lack of independence happens when you no longer make decisions about finances, where to live, what to eat, what to wear and who you live with…all these factors can influence independence one way or the other and such pain contributes to the high death rate amongst old people" (R21 urban).

One of the strong components of the Active Ageing Framework is its advocacy on the continued visibility of older persons in economic productivity to reduce social isolation, ageism, discrimination and exclusion. Education has been seen as a tool to reduce the isolation of older people.

"Preserving the dignity and worth of all human beings is important but in old age dignity is what keeps you going because old age illness, ageism and losses that you

accumulate along the way threaten to erode the core of who you are…life has a way to break you and erode your dignity…. and so the more you feel isolated the more you are likely to deteriorate fast and lose touch with the world around you" (R22 rural).

Another respondents made the following observations in relation with independence and being literacy:

"One of the things one realises is that when you are not educated you have limited chances of having a good life…not knowing is the most horrible thing but that doesn't stop us from wishing for a better life…As you grow older you wish your grandchildren can have better chances so that the cycle of want is broken…as the saying goes with shoes one can walk on thorns…so as it is it is hard to be a poor old woman in a culture that no longer celebrates the ageing process" (R23 rural).

Dignity in old age matters and this can be achieved if older persons are allowed to live a full life through active participation in social, economic, spiritual and civic affairs. One respondent shared how lack of autonomy interferes with the rights of the older persons.

"Autonomy is something that you lose as an elderly person because there is just too much invasion of your space and your decisions have to include the other members of your family... There are too many people fussing over me to the point that I wish they could just leave me alone… I no longer live by my own rules and preferences…when I became a grandmother I lost my power to make decision and I was stripped the joys of being an architect of my own life…suddenly everyone around me is writing and directing the story of my life…I am living life as dictated by their terms…It is dehumanizing…I used to enjoy meeting with my friends in the local tavern (sheeben)…now I feel like I'm a slave because I cannot make the most crucial decision about my life…I am a spectator…" (R24 peri-urban).

According to Moody (2005:59), successful ageing suggests key ideas such as satisfaction, longevity, freedom from disability, mastery and growth, active engagement with life and independence. Positive functioning is important throughout the life cycle of all population throughout their time so that there are healthy outcomes later in life (Phelan and Larson, 2002:9).

"I wish I was told that you pay for living recklessly in your youth…I used to smoke (imboza) and look at my teeth and my health is deteriorating because I abused alcohol as well (benginatsa inkantingi). I should have been taking more care and ensuring that I keep active maybe I would still be strong and not needing this walking stick"(R25 rural).

According to WHO (2002:12), 'active' means continuous participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active to participate in the labour force.

"I love going to church because I am edified and it is a positive thing in my life…it makes me forget my troubles…the only challenge is that I sometimes miss church services because I do not have transport to get to church…I wish there was transport that catered for my age group so that we always have fellowship with each other….I wish there were places like service centres where we could go and meet with other older people to catch up and share our experiences" (R26 urban).

Another respondent shared similar sentiment and said the following statement:

"I am as fit as anybody around the house, I still clean my house, I like moving around even though my hip causes me lots of pain but I believe walking and being active is one way to delay the onset of other illnesses related to the ageing process"(R27 peri-urban).

From this framework engaging in exercises does not encompass the entire active ageing process; it contributes significantly to the lives of the aged but there are other aspects that give a holistic feel to the ageing process (WHO, 2002:13). A life course perspective on ageing recognizes that older people should be seen as heterogeneous group because as people age they become comfortable to reveal what they really want in life; their individual characteristics reveal how they are different; and what they prefer. These diverse needs and preferences have to be appreciated and respected (ibid). For Swaziland to implement this Active Ageing Framework requires an active participation and representation of older people in future planning of legislation, policies and programmes targeting this population. Focusing on healthy living throughout the lifecycle is the starting point for Swaziland for better health outcomes in old age.

6.2.2.2Participation

Ageing is associated with social exclusion and limited participation in communities and society. However, according to the Active Ageing Framework, the aged should be encouraged to remain active throughout their lifetime. Opportunities to engage in productive activities can be inclusive of older people but societies often exclude them. Instead of being seen and perceived as a burden, older people need to be appreciated for their contribution to society where they give their best and expect nothing in return.

> *"Lack of participation or representation often leads to misconceptions and development of fear about the unknown phenomenon…society is quick to dismiss the aged just because social constructs suggest that older people are backwards, outdated and out of touch with reality…that is far from the truth. We have been young and now we are old, we have some experiences, which can benefit the workplace, politics and the physical environment. The lived experiences of older people reveal peculiar experiences which can offer solutions to family, community and societal problems"(FDG 2 urban).*

Exploring different forms to incorporate social participation of older people can be valuable at individual and community levels as narrated by these respondents:

> *"One painful reality is that we have so much baggage that we carry but there is no one we can share it with…When you look around you realize that ageing is synonymous to death; people assume that once you get to a certain age then you cease being an independent thinker or a person who can make significant input into the development in the community…suddenly it's like you become obsolete and invisible…if only the younger generations would be receptive, we would give them advice on life in general…we need each other…we can still contribute positively in society if they stopped and asked our thoughts and views" (FG1 rural).*

Negative features of ageing present this process as a social problem because some social groups label it as such. Such negative representation of the ageing process is fuelled by fear.

"I am yet to see an attractive picture of old people in the magazine or newspaper…all that is reported about us is usually negative…it usually fuels the negative stereotypes of ageing and ageism…pictures of older people are normally represented by old, dirty, thin, wrinkled and weak pictures…there is hopelessness that is depicted in every picture of the aged in the media…if they are not giving us hand-outs they are showing one of us in a depilated house asking for alms...in the end poverty is what ageing is associated with" (FG2 urban).

Ageing generates and reinforces a fear and denigration of the ageing process, and stereotyping presumptions regarding competence and need for protection (Bytheway, 1995:14). Ageism further legitimises the use of chronological age mark out of classes of people who are systematically denied resources and opportunities that other groups in society enjoy (ibid). According to the Madrid International Plan of Action on Ageing of 2002 (Article 2), "all societies are challenged to promote increased opportunities to participate fully in all aspects of life." Including older people in development initiatives can eliminate their invisibility in the mainstream society. They need programmes that bring them into mainstream society so that their issues are also included on the development agenda so that issues affecting them can be phrased appropriately. On the issue of participation and development, these are some of the views shared by older people:

"Even though other people might look down on older people but the Queen Mother through Philani MaSwati tries to brings smiles to the faces of the ageing population…but it only the Queen Mother who seems bothered by the plight of ageing… She has embraced the ageing process herself…she values us and has assumed responsibility for issues surrounding us…from what we have seen people are afraid of the ageing process…which is why are perceived as a care burden, no one wants to care for us...it feels like there is a divide between us and the rest of the population…it us against them…no one wants to give us opportunities to work because we do not have the necessary qualifications…we are basically ignored due to our lack of income power…we are associated with decline in a society that celebrates youthfulness…people look at us as people needing care"(FG3 urban).

Hockey and James (1993:37) highlight that dependency is created by particular social, economic, cultural, political and interpersonal processes. And also the level of participation in the community they live in determines the quality of life for older people.

Participants highlighted the positive effect of keeping older people relevant and connected to the development agenda in the country and their views are as follows:

> *"We are treated like children, we are stripped of our decision making responsibilities…. we are treated like we are senile…. it is true that as living organisms our bodies are going through a physiological transition but that does not mean we are detached from the realities around us…to us modern Swaziland has displaced old people…in the past we were relevant because we were reservoirs of knowledge and wisdom…. in sickness and birth we served as midwives, doctors and healers…. in grief we were the comforters and 'priests' assigned to conduct the burial and encourage the bereaved…we would visit the family after burial just to make sure they were coping with the loss….in disputes we played arbitrators and mediators...at home we were socializing agents…in weddings we were officiators…in communities we were leaders….we were all rounders' but today that knowledge is no longer appreciated ….we are no longer relevant and this the social isolation…"(FG1 rural).*

Thinking critically about the effects of ageing in a society that favours youthfulness can be difficult for the ageing population. How society views the ageing process and older people in general impacts on their self perception which can perpetrate negative self imagery as a response to the negative attitudes towards the ageing process. As ageism persists this becomes a meaning making process for older people based on the experiences and attitudes they receive within the given society as revealed by participants:

> *"There is no government initiative that includes the old people…not even one... when you go to the bank to borrow money they ask you to produce your latest salary advice…mind you I am retired and when I tell them that I have pension they just told me to return with a salary advice slip…. so I am now sitting at home worrying how I will raise the money to pay for the school fees for my children…it is sad that we do not have loan services that are directed at the aged…. whether you have worked in the formal or informal sector, opportunities to develop yourself after reaching 60 years are very slim" (FG4 peri-urban).*

Participants echoed similar sentiments in the ability of older people to contribute significantly in many several ways to counteract social exclusion and isolation and this is what they shared:

> *"In the community we can still contribute as volunteers (Lihlombe Lekukhalela) or rural health motivators (bagcugcuteli)…we can impart different skills such as making mats (emacansi) cooking traditional healthy food (umcushu, siphuphe, sidvudvu), we can train the people who cook in the schools so that the food that children eat is nice and nutritious…we have skills in sewing (tindlamu, luvadla) and making school uniforms…the list is endless…we should not be dismissed as passive participants in communities and society at large"(R3 rural).*

Any initiatives that seek to address the social exclusion of older people need to appreciate the specific ways of social exclusion and how it impacts on older people. Some forms of contributions made by older people require support from all sectors.

> *"There are a lot of non-governmental organizations who are working on behalf of the children and the youth…very few are looking into the issues of ageing…of those few none has small loans targeting the aged…. there are also no state driven initiatives which are targeting us…there are no formal settings where the elderly are represented so that their views and wishes can be factored in when policies and programmes are being formulated and implemented…we are the forgotten population…. we are spectators and we are recipients of age inappropriate initiatives" (FG5 peri-urban).*

Another participant shared these sentiments and said:

> *"So far the government has not invested in the elderly…there is no elderly fund for development…there is nothing that targets the elderly in becoming economically active…all we hear its women or youth fund…that tells you that even government is not willing to do business with us… so the way a society treats its old has impact on how they also perceive and experience the ageing process…to address these ageist attitudes and stereotypes government has to lead the way…non-governmental*

organizations are also not helping much in spearheading development projects that are lead by older people" (FG6 rural).

As the population matures and ages, age-appropriate policies are necessary in responding to the needs of older people. The Active Ageing Framework encourages governments to mainstream issues of ageing so that older people are represented in the development of strategies that can enhance their livelihoods (WHO, 2002:12). This approach to development acknowledges that older people are not homogenous and therefore their differences can be used to further the inclusive development agenda.

6.2.2.3Care

Humans are social beings who thrive on human relations that nourish their bodies, souls, spirits and minds. No human being forfeits his or her human rights after reaching a certain age. The human rights are innate and cannot be disassociated and/or taken away from any person. All human beings have equal amounts of human rights irrespective of their age, gender, skin colour, education background or marital status. Society has an obligation to ensure that older people are cared for within families and communities. According to the United Nations Principles on Ageing of (1991:3), older people have a right to "institutional care and access to legal services."

"This society has missed a crucial part in that we saw how our parents were cared for by the family…it was an enjoyable time to grow old…. you had every reason to look forward to this important milestone…today it is different. When my husband died I was deprived legal access to his lawyers and I was chased away from our home…I had to rebuild myself but I have not been able to recover from that loss…my husband owned sugar fields but today I do not even know who owns them because some people stole from me and my children when I was still observing the culture (mourning)" (FG7 rural).

Older persons are not usually an organised and visible group that demands attention, and because of that, sometimes their needs are overlooked. The amount of care and support provided by older people to their families often goes unnoticed. Their individual needs for care are also ignored most of the time. One respondent shared the following sentiments:

> *"As long as our leaders assume that all is well with us then nothing will change…. true change will come when we admit that there is no one size fits all when it comes to addressing the needs of the aged…we are all classified as old but our life stories and experiences are so different…there are some things to learn in each person's story and society needs to stop and listen to all these stories…understanding that as older people we sometimes get satisfaction from spirituality…we connect with a higher power and feel the relief and rejuvenation….we have our belief system which must be respected" (R28 urban).*

Another respondent shared a perspective on the need for more visibility is needed so that there is a correction of the misguided conception and/or information about older people.

> "*Even though most elderly people are neglected but I must be one of the lucky ones, my daughter takes good care of me…when she realized that my sight was failing me, she bought me glasses; when I could not remember which medication to take, she bought medication organizer; she has built me a home and I am relatively comfortable compared to the other poor and vulnerable older people…I count myself luck and I thank God for this child" (R27 rural).*

Living in an environment that replenishes and revives the human spirit, which makes older people feel stronger inside and live healthier because there is nothing interferes with their livelihoods. Protecting older people from all forms of humiliation and ill treatment is a positive attribute of the Active Ageing Approach (WHO, 2002:15). Daily provisions for older people who have functional limitations are needed to help maintain independent living for older people in Swaziland.

Explicit laws discouraging ageism are needed in order to make it illegal to discriminate older people. In all these initiatives informed participation and representation in the design and implementation of policies targeting older people in Swaziland. Participation constitutes a guarantee against social exclusion and isolation and this can safeguard the human rights of older people (ibid).

6.2.2.4Self fulfilment

Older people are not considered as potential development partners or people who are interested in advancing themselves. According to the United Nations Principles on Ageing (1991:3), older people should not be prevented from accessing resources that can contribute to their development. They should be allowed to get involved in the development agenda of their neighbourhoods, church settings and society at large whether traditional or religious because learning is not an event but a process throughout the life span. Participants shared these views:

> *"I am good with cars even though I never went to school…it was a natural gift but these youngster think I'm old school and wouldn't understand how to fix a car…I always say there is nothing new under the sun" (R29 peri urban).*

Stebbins (2016:1) suggests that education gained through leisure activities plays an important role in our search for self-fulfilment. Participants shared similar sentiments in how fulfilling it was to acquire and use different sets of skills without going through formal training:

> *"I have been working for the electricity board (SEB) before they changed it to SEC…I worked as an electrician…I never went to formal training for this type of work but whenever there were faults I would be the first to be called in…I loved my job it was in my vein…but youngsters always think I am old school and boring…maybe I am but I get the work done better satisfactorily and 20 years later I have not being electrocuted…some people are born with natural gifts and I believe I am one of them" (R30 urban).*

Another older person made another example of self-fulfilling activities previously engaged in:

> *"I always found satisfaction in wearing clothes that I had made with my own hands…long time ago I worked for a white couple who had an old sewing machine so I asked the madam to let me use and that is how I learnt sewing…. I learnt even to bake…I was cooking up a storm back in the day…for me these activities made me feel so good and complements about the food and baking made me feel so good…then old age came and now I am no longer allowed to do anything around*

the house because they believe I might get hurt…sometimes I just need the freedom to test some of my skills"(R31 rural).

The Active Ageing Framework encourages older people to keep their minds and bodies active in order to live longer and happier lives. Another respondent confirmed the impact of exclusion on the lives of older people and made the following observations:

"As a woman who lives alone I always wish there was someone who cared enough to check on me…I wish I mattered to someone…. since I am childless I literally do everything by myself…. the other time thieves came in my house but there was no one to tell…. sometimes people violate you and you are too scared to open up about these issues…no one cares when all is well…. who would be bothered if I reported some abuse from some community people…. it is hard to live like this" (R32 rural).

As with other demographic transitions, the ageing transition process is not uniform, resulting in different countries and regions entering it at different times; being in different stages of the process, and going through the process at different rates (Weeks, 2012; WHO, 1999:19). As a result, issues of self-reliance become essential in understanding the issues surrounding older persons.

"We live in the margins of society…we are not in the mainstream of anything…we are like a horror movie or chapter that everyone wants to forget or ignore…I am struggling to make ends meet…. I have so much debts…I borrow from this one to pay the other…it is a stressful situation...I am always low on food and other necessities and so I 'borrow' at the local grocery store and sometimes I am unable to service those debts" (R33 rural).

Another respondent shared the following respondents about the level of satisfaction about life in general:

"As far as I'm concerned the quality of life for me centres on having roof over my head, no mobility restrictions and free of any crime that can result in one being incarcerated. It would be a nightmare to actually be jailed at this age...unfortunately, because of illness associated with old age caught up with me I

am immobile, I have limited income and that creates significant challenges for my outlook in life" (R34 urban).

The increase in the number of older persons means that the struggles of men and women differ significantly and therefore gender needs to feature prominently in the policies and programmes addressing ageing in Swaziland. The changes in living arrangements also increase the risk of abuse and neglect among older people; abuse of older persons and age-based discrimination need to be addressed in an appropriate manner. On gender based discrimination participants shared the following comments:

"Older men and women face age discrimination but as women we bear the brunt of gender discrimination. It's like a double jeopardy…. you are in a subordinate position by virtue of being a woman and when you age there is even more discrimination and the stereotypes faced by old women are so many…they say we are all wrinkled, ugly and witches…unfortunately women as tend to live longer and suffer prejudices and other practices that undermine their human dignity and rights of women"(FG 1 rural).

Another respondent shared the following experiences:

"Whenever they show a picture of old people they portray us as dirty, vulnerable and shameful which makes people to pity us or even wish they would not get old…sometimes we are depicted as people who are illiterate, with no income, and sometimes we are forcefully removed from our ancestral lands because our children want to sell the land and make quick money…for such important decisions we are excluded" (FG2 urban).

Another participant also added the impact of being voiceless in old age and shared that:

"You experience isolation and discrimination when you are old and widowed…some people do not want to associate with you just because you are no longer a wife…you lose the people you thought were friends and you live alone…. when your spouse dies you realize how much society puts emphasis on being married…and as soon as you are widowed it's like you fall into a category that a lot of people cannot associate with…there are too many loses that you experience

as a widow and some of us had to abandon our homes because the children wanted to take over the estate that the deceased left" (FG8 peri urban).

One participant also noted that:

"Living in a patriarchal society that highly values marriage, suggests that a woman's status is 'slightly' elevated once she finds a husband and when she mothers a boy child and as she becomes an elderly she receives a small segment of respect…she is somewhat unable to get access to certain resources unless her husband allows…in the end her life centres on her husband on whom her status is tied to…when the husband dies the status of the woman disappears…she no longer fits the correct description of being someone's wife and neither is she a young woman…she obtains a new but dreaded status of being a widow…no one is ever ready for this status as there are too many grey areas associated with it…and being an elderly widow is a terrible thing if you were getting along with your spouse…but if he was abusive you are somewhat happy that you will no longer be tortured and beaten for no apparent reason. You cry because that is what society expects you to do but in the heart of hearts you are like oh finally I have been saved from hell" (R35 rural).

Losing a loved one is the most difficult period for anyone. According to Bennett (1997:137) 'bereavement in life amongst women is a high-probability life event.' Even though losing a spouse consistent with lifespan development it is still not without serious effects mentally, physiologically and physically on the old widow. Death impacts the lifestyle and life view of the old person. And appreciating all these effects on the widow is critical for policy makers so that programmes are relevant for this stage in life.

It is evident from these findings that Swaziland needs to focus significant attention in addressing issues surrounding population ageing. What is evident is that ageing presents a scenario, which needs bottom-up participation. In the process government needs to acknowledge that this is a marathon not a sprint. It therefore needs to plan ahead to ensure that throughout the life cycle all population groups are living an active lifestyle to minimize the complications of an inactive life in old age (Active Ageing, 2002).

The loss and grief later in life cause significant instability in the life of the widow. Community networks become critical in safeguarding continuity after the loss. There are significant differences on the effects of bereavement on men and women:

> *"…after my wife died my in-laws brought her younger sister to 'replace' her sister…I was expected to marry her but I am just too old to do that"(R40 rural).*

Female participants also gave an insight into the changing status from married to single

> *"I had to wear moaning garments (indzilo) for two years. During that time I was prohibited from doing certain things and I wasn't permitted to attend certain ceremonies…I was also expected to marry my husband's brother and since I refused I was sent off and I lost everything in the process…I lost a home, a sense of belonging…I was single but few people want to associate with a widow because of the bad omen associated with moaning gowns and death in general"(FGD8 urban).*

Parkes (1992:33) argued that, however, that in older widows widowhood could precipitate severe depression. Further if there was a pre-widowhood mental illness, the likelihood of it becoming worse increases significantly. In most cases widows were to have significantly low social functioning compared to other groups of older women. During the bereavement period the participants reported that their health was neglected and their diet was not well balanced. Participants had this to say:

> *"I lost significant weight when I lost my husband. I would not eat much on the early days before the burial…only after my family members came was I able to receive the care and attention which I deserved…my sisters ensured that I had water and food…and that I took a bath"(57 urban).*

Often the long-term effects of loss and bereavement are not openly acknowledged and this leaves the grieving widow to feel isolated. The change of status from married to widowhood requires a lot of adjustment especially if the spouse had been the breadwinner. Participants shared their experiences in this manner:

> *"…some of the in laws can be pretty harsh…they want to see you looking miserable and they are suspicious of you if you should smile…they shave your head without*

your permission and they are just rough…if you refuse they accuse you of being a witch and one responsible for their son or brother's death. It is a tough thing and no one can be quite prepared for it"(FDG 5 peri urban).

Widowhood affects the morale and overall mental health of the widow, short term and long term. And from the responses from the study it seems like marriage acts a protective factor and after the death of the spouse it is sometimes impossible for her to enjoy the best health due to the pressure to conform to the rituals that accompany the new widow status.

"I was not able to get the privacy to go and take a shower…when I was about to eat sometimes people would walk and the food would be taken away and somehow no one remembered that I had not eaten…suddenly I was covered with a blanket…it was hot but no I had to endure the heat…when I had to go use the bathroom I was in the company of other women…. no privacy at all…and the laws governing death are never discussed until someone dies…you cannot walk with your hands on the sides…they always have to be at the back…you develop an apologetic demeanour and you walk behind houses…its just outright ridiculous and the sad thing is that every family has its own rules and regulations, you easily develop hypertension(hayihayi)"(FGD 7 rural).

Swaziland has very strong sanctions placed on the widow by the society in general and family in particular, which makes it hard for the women to express themselves while undergoing the rituals the women are subjected to during this transitional period. Some respondents confirmed that widowhood is a phase that exposes women to a lot of abuse and denies their right to enjoy some basic human rights. These are some of the views shared by respondents:

"Widowhood is a very strange period…a widow's nightmare begins when the spouse dies…the members of the family look at you as a prime suspect who killed their brother you are accused of being a witch and a whole lot of other ugly stuff…when my husband died I never bathe for days because my in laws asked who I was beautifying myself for…after days of heavy crying I was taken to the river and stripped naked so that a ritual can be conducted…after the ritual I was told to get into the river and wash while others watched…after the burial I was taken to the same spot where the ritual was performed and this time it was my hair…they

used all sorts of materials like razors and broken glass to cut my hair…something that could have been done better using a scissor" (FG6 rural).

In the same vein, other widows shared their own experiences with regards to the fear of the dead. The grief that many widows go through is beyond sadness of bereavement but the realization of the loss of their position in the family (Beijing Platform for Action, 1995):

"We are all widows and we have undergone the most inhumane treatment…the minute you change status from married to widow is like a rollercoaster ride that won't stop…you are accused of killing your man and then a brother or relative is supposed marry you and raise the brother's children and if you refuse they tell you never to be seen with any man ever…also if you refuse to be 'inherited' or marry by the in-law they tell you that you will not inherit the estate left by your husband and at times it means that you must pack your clothes and move out of your home…they give you the children and refuse to help raise them" (FG3 peri-urban).

Even though Swaziland ratified the 1979 UN Convention on the Elimination of all Forms of Discrimination against Women but widowhood is one phase where women are subjected to harsh treatment. Also some widows do not know the rights they have as provided by the Constitution of Swaziland of 2005. Participants echoed these sentiments by saying that:

"My husband left a will and when it came to distribution of the estate I was told that there was a new will which he had done just before he died…I could not even verify that it was authentic because they refused to hand it to me…all his cows, and other belongings were taken by the family and my children and I got absolutely nothing…they started accusing me of unfaithfulness and disputed the paternity of my children…we were sent out of the house and I had to start afresh and see how I can raise the children on my own" (FG8 urban).

The need for legislation and policies that address widowhood are essential in a patriarchal environment where the status of women is low. There is need to ensure widows have sufficient support especially now that there is a skip-generation. The welfare of the widows needs to be looked into especially to ensure that the widow is protected and is able to live a dignified life. Another participant shared that:

"…when the community knows that you have no male to protect you they do as they please…we are sexually abused and we are ashamed to report such issues to the police because sex is taboo in our culture…how do you explain what has been done to you? Whose going to believe you…you see even after you open a case it is does not mean that the police will patrol your home 24 hours a day…you are still susceptible to rape" (FG6 rural).

From the discussions it was evident that most widows have made significant contribution in the lives of their children and communities at large but they are in the lowest ranks of the ranks. They are a forgotten population and there is not enough protection and recognition of the hardships that comes with losing a spouse in a patriarchal environment. Widows in general rarely participate in public activities and this further excludes them from mainstream society. From the discussions it seems as though the effects of widowhood have long term effects and services have to be made available for these women to get psychological support especially when they are not coping well with the loss.

6.2.2.5Dignity

Maintaining the dignity and worth of older people is key to the overall wellbeing of the individual. Ageing should be a time that people look forward to and live a dignified and fulfilling life. Society needs to improve the attitudes, stereotypes and prejudices against ageing and promote positive images of the ageing process. Pullman (1999:44) The interaction between the generations should be seen in a positive light rather than the opposite. Older people must be treated fairly in all societies. On the issue of preserving the dignity of older people, this is what some participants had to say:

"Someone came to my home and shouted "she is a witch" I had never done anything offensive to anyone but there I was receiving insults from the community people…such unfounded allegations" (R36 rural).

According to the Universal Declaration of Human Rights of 1948 "the recognition of the inherent dignity and equal rights of all members of the human family." As such indignity is

something frowned upon and old people deserve to be treated with respect like all other members of society:

> *"…sometimes when you are admitted in hospital little things make so much difference…such as being covered nice when you being examined and after…bring curtains down if they are available or closing the door and making sure no one just walks in and see your nakedness…for us such is important"(R33 rural).*

Accordingly dignity involves autonomy and human rights. Older people desire to be treated with respect.

> *"In case you have been sexually assaulted it becomes hard to open yourself up for examination (tintfo tamkhulu ete tahlala ebaleni) and the manner in which the questions are being asked can strip you what's left of your dignity. A manner of approach and respect go a long way for an older person…autonomy and self determination make it possible for an old person to make certain decision pertaining to their livelihood"(R38 peri urban).*

Humiliation can threaten the dignity and worth of older people as explained by the views of participants:

> *"In my view people should taught how to advocate for themselves from a young age so that it becomes second nature to them...this is because we live in a culture that encourages silence…. at my age I am unsure where to begin if I were to advocate for my needs…there is a need for capacity building so that people are empowered throughout the lifecycle…right now there is lack of old-age appropriate transportation in the community which is a deterrent to many who might want to attend community meetings…educational level is becoming a problem because our youth and young adults like to use English a lot so sometimes we do not really understand what they are trying to put across…poverty, poor health, negative stereotypes, ageism further prevent the active participation of older persons in communities…as long the mind-set about ageing remain as they are currently, then the welfare of the older population will not improve" (R37 urban).*

Those older people who live in violent settings, where they are malnourished and deprived of their rights, as citizens tend to experience stressful living. One respondent shared the following sentiments with regards to the importance of having mechanisms to ensure the rights of the older population are protected:

> *"Most of us have discomforts that accompany the ageing process…As long as there are no laws that protect us as older persons, there is no progress that will be achieved...laws are needed to enforce programmes and rights of the elderly…as long as the status quo is maintained there is limited progress that can be achieved in this area…there are a lot of crimes on elderly but few of these cases are prosecuted successfully…such a status means that the elderly will continue to be victims of violence and other ills" (R38 peri-urban).*

The denial of the wrongs done to older people creates serious obstacles in attending to their needs for protection and legal representation:

> *"When you are experiencing hate, abuse, neglect, hunger and want you feel powerless…you have no platform to report issues that bother you…for the sake of survival you have to keep quiet and otherwise the caregivers sometime just slap you and say things that cripple your soul…many of the older person die with heavy hearts because we suffer in silence…some of the family members even steal the grant money from us…if you refuse you get assaulted…sometimes you even find yourself not receiving any meal because they feel like your contribution to the upkeep of the family is close to nothing…so in terms of making meaningful contribution it is hard because you are weak and dependent on the assistance of the other people in the family" (R39 rural).*

A strong legislative framework is needed to address neglect, abuse and violence against older people. Where possible, stiff penalties have to be used to deter caregivers as well the society at large from ill-treating senior citizens. Population ageing will challenge governments to ensure that practices that tamper with self-determination, self worth and dignity of older people are replaced with more accommodative policies in order for all generations to coexist peacefully. Policies that harness the capabilities and skills of older people are needed so that they can continue to participate in the development agenda of the country (WHO, 2002:15).

6.3 Determinants of Active Ageing

6.3.1 Social determinants

6.3.1.1Working in old age and income generation

Older people continue to be very important assets in families and communities; some are forced to work and care for their grandchildren. Therefore, in attempting to respond to question two on issues confronting older people, the social determinants were used to highlight these critical issues.

Life for old people has been a continuous struggle even though the Madrid International Plan of Action on Ageing of 1991 and the Second World Assembly on Ageing 2002 urge governments to address ageing and its challenges. However, a lot of governments in the sub Saharan region still fall short of the expected interventions. The provisions of the Madrid Plan and Second World Assembly on Ageing are that of "adequate food, water, clothing and health care through financial, family and community support" (Madrid Plan, 2002).

Respondents had the following observations with regards to failure of older people to meet the most basic of their needs:

> *"I live in a house that can fall on me anytime…I am too old to get grass and thatch the roof…on a sunny day the sun shines its rays on you inside the house, at night you can look up and make patterns on the sky and when it rains you wake up wet and all your belongings soaked in water because all the water just comes in…that is a description of my house but it represents the houses that some aged people live in" (R40 rural).*

Another respondent emphasised the need to have effective mechanism to deal with the risky factors of the ageing population and this is what was said:

> *"As an elderly person I am increasingly worried about myself and the children who I live with…I do not have the necessary resources to provide them with the best things in life and that hurts…the children walk from here to school and back because I cannot afford bus fare…and then they have to walk to the forest for firewood and to the river to collect water…life is just difficult"(R41 rural).*

Other sentiments shared by other respondents in relation with some of the experiences of this population were as follows:

> *"You can go for days without eating a proper meal…this is hard but what can you do…you ask the children to look for wild fruits like tincozi and mantulwa but if they are not in season what do you do?...we sleep on empty stomachs and the kids cry until they fall asleep…" (R42 rural).*

Other participants shared that:

> *"Children get sick and you cannot take them to the clinic because it is far and I cannot carry them on my back and walk to the health centre because I am old now…if I get sick too I just hope and pray that it passes soon"(R43 peri urban).*

According to HelpAge International (2008:2) on the African continent, sixty-four percent of men over the age of sixty continue to work across the formal and informal sector. Most of older people are heads of households and the role of breadwinner forces then to seek employment or continue to work in old age in order to be able to provide for their dependents. In explaining the factors that propel older people to work later in life, participants had the following explanations:

> *"There are a lot of children I am looking after and so even if I didn't want to work I am caught up between the rock and hard place…the kids do not understand when there is no food on the table so I am forced to work in old age…. I am supposed to be enjoying grandchildren and being cared for instead I am the caregiver and head of household…those titles come with a lot of responsibilities. So I am selling vegetables and sweets at the nearby school" (R44 urban).*

In explaining why older people are forced to work, another participant stated that:

> *"Being old doesn't mean your brain stops working…60 is just a number that is given to distinguish between the young and old…. I am still fit to teach and I didn't want to retire…I am currently running a preschool because I think I still have the stamina and love for what I do...we need to correct the stereotypes about ageing…by getting to 60 it doesn't mean you must stop living…you can still go at*

full speed with more caution so that you do not break any bones...otherwise with age comes wisdom...I believe older employees are the most loyal because they have experienced life and in most cases they do want to work…sometimes we have so many burdens but when we get to work we forget that we are carrying the world on our shoulders" (R45 peri urban).

Another participant shared similar sentiments that explained the importance of remaining active in old age:

"Working keeps me alive…it makes me relevant in terms of keeping up with what is happening around me…I love sewing so I do it for the school in the community but now I can't do as much as I did before because of my poor eyesight…I am also struggling with walking and high blood pressure so I do not over exert myself anymore and the income in the homestead had decreased drastically and that is affecting food security …" (R46 rural).

Older people have some responsibilities, which force them to look for employment and work in old age and this is what one respondent shared:

"*We are forced to look for employment and work in old age because our children are gone and we are left with small children who need milk and diapers. I have had to continue going to the market place to sell vegetables. It is not easy but what can I do... this is taking its toll on my health and the constant worry about survival has caused me some ailments" (R47 urban).*

According to the Madrid Plan Article 12, "older people should have the opportunity to work for as long as they wish and are able to, in satisfying and productive work." As the world anticipates the increased visibility of older people, governments are encouraged to review their policies that will ensure that the retirement age is reviewed and also that people are encouraged to stay longer and remain active in the workforce if they are still willing and able to work. Government also needs to consider empowerment programmes for older people in the informal sector. Such policies need a gender lens in order to be responsive to the needs of men and women. Poor education, poverty, and harmful living and working conditions also impact on the quality of life for older people.

6.3.1.2Education and old age

The Madrid Plan of 2002 (Article 12) stipulates that older people should be awarded opportunity to attain education and training in order for them to be empowered and to live dignified lives. Ageing is a life-long process and so is education. Health positively correlates with the years of formal education (WHO, 2002:19). Older people are perceived as illiterate, backwards and irrelevant to development in society. Women are normally not privileged to have access to education, which impacts on the livelihood of their families later in life, and sometimes school clashes with their child rearing and caring duties (ibid). Here are some of the views shared by older people about education and training. One participant said:

> *"I only did primary education, I had to drop out because my father believed that girls were ok with primary education…my brothers on the other hand went to high school…" (R48 rural).*

Another participant shared similar sentiments:

> *"I went through the informal schooling system (sebenta) I only learnt the basics…" (R49 peri urban).*

Another participant explained that:

> *"I went to tertiary…I was a teacher by profession…from the look of things the people who have education are able to make better choices in terms of nutrition and what is good for their families…. the prospect of advancing in life are greater as well when you are educated…"(R50 urban).*

A participant gave a slightly different view about education and said:

> *"I never went to school…during my time it was unheard of to go to school but I will say that even people in my generation were able to make it in life even without formal education…today the kids think we are old school, out of sync and irrelevant and they do not listen to anything we say to them" (R51 rural).*

Older people are less likely to engage in education and training compared to other age groups, with population ageing governments need to put in place policies that can address barriers that prevent women from acquiring education. Kearns (2001:i) argues, "lifelong learning involves all forms of learning and occurs in many contexts in society. It therefore spans formal, non-formal and informal modes of learning with the home and workplace increasingly important as contexts for learning."

6.3.1.3 Poverty and old age

Poverty is a major threat in old age because of the risk of becoming or remaining poor (UNDSEA, 2015:6) since the pensions are too low to lift the older persons out of poverty. According to UNDESA (2015:5) the risk of old age poverty is more 'pronounced in countries where social protection coverage is inadequate or absent, and where many older people rely only on family support.' Dethier, Pestieau and Ali (2011:137) observed that social pensions in developing countries are less likely to effectively deal with old age poverty because of low coverage offered by these systems. In Swaziland for instance, means-tested programmes apply to the individual and not to the household and the lack a harmonised database acts as a serious obstacle knowing and appreciating real issues faced by older people. Participants shared these insights on old age poverty:

> *"Poverty is being unable to provide for your needs and those of your family, it is seeing opportunities for a better tomorrow passing by because you have no arms (money) to grab that opportunity…it is watching your house tear down piece by piece just because you have no money for anything really…poverty is falling sick and just silently pray that the sickness passes soon but since you are not eating well you know your body has lost the battle already…poverty is depressing and it is a hard thing to live with…poverty stares at you like at you in the morning and it is the last thing you see before you sleep…in your dreams poverty interrupts you because you just too hungry or too sick to sleep…poverty is like a show. It is there with you every step of the way…it never gives you peace…it is so attached to your body like your buttocks…that is poverty…that is the life we are living as old people" (R54 peri urban).*

Ageing diminishes the capacity to work and earn (Kakwani and Subbarao, 2005:7). Chronic poverty as an analytical concept has not been adopted in Swaziland; as a result accurate profiling of the chronically poor and vulnerable old people has never been carried out Michie and Padayachee, 1998:631). Unfortunately, chronic poverty 'reduces the options of older people to move from producer to consumer' (HelpAge International, 2003:vi). Swaziland can improve its safety net by categorising older people into two groups: all older people and poor older persons so that the living arrangements. With such profiling the poverty levels of this population can be taken into account when programmes are being formulated. In the study more women appeared to be the face of old age poverty; suggesting that good policies targeting this population can consider giving women more money compared to their male counterparts (Ferreira, 1995:5). Participants shared the following views in terms of old age poverty:

> *"I am not sure if being old is a good thing especially when you have to struggle for everything…I constantly wish there was a place that can give assistance to me so that I am able to care for the grandchildren that I live with…at school the younger children need shoes, uniform, books and other top up school fees which I do not know how to provide to the kids...poverty is painful in old age" (R52 urban).*

Another participant echoed similar sentiments and said:

> *"In the past old age was a time for nourishment and abundance…there was always someone to provide for older people…it was a time to get a payback for all your efforts and toil during your life time…other members were expected to honour and respect the older person. Those were the good old days…today you do everything ourselves…we are carrying so much burdens on our shoulders…every day is a struggle for survival…we are poor and we have to raise our grandchildren…as a head of households we have to provide for everyone…it is a huge responsibility but we have nowhere to go" (R53 rural).*

According to HelpAge International (2008:5*)* "older people in Africa are among those who have benefited least from economic growth and development. Older people and their children, will make up the majority of the 900 million people who will still be in poverty in 2015 even if the Millennium Development Goals are met." Swaziland lacks data on old age poverty and this needs to be presented separately from the poverty statistics of other

vulnerable groups. Further from the study, the family composition has an impact on the ability of older people to benefit from the old age grant. It was also evident that when the older person is a breadwinner it means the dependents are not working and that the grant is the only source of income for that household. On another note, this study showed that there are some older people who are not claiming the grant either because they do not have documentation needed or they feel like queuing for the grant belittles them and take away what is left of their dignity and worth." Most participants in the study indicated feeling small, inadequate and low self-esteem due to old age poverty:

> *"The inability to provide for the family is hard to bear and it makes me hate not being educated…I hate being unemployed…I hate being unable to get the things I need when I need them…I hate being a 'mother' in old age…the kids are still very young and I cannot carry them on my back because I get tired easily…I do not know how to relate to these kids because I feel unfit to raise…I wish I could give them a better life but I know better that its just a dream...begging to earn a livelihood is the lowest point I'm in right now" (R11 urban).*

Some female participants explained that not being able to provide basic necessities for their families lead to a significant loss of self-dignity, worth and self-determination. And this is what was said:

> *"Queuing for the grant is a public admission that you have failed to meet your needs and thus the hand-outs…some of us were raised to believe that we can do it all ourselves…do you know how hard it is to admit to yourself that you are an elderly; above that you find yourself having to take orders and queuing for the money…it can be humiliating at times especially when you had been queuing for days and then government says no money is coming" (R57 urban).*

In many least developed countries such as Swaziland, the ageing process presents crisis on two levels. At family level, ageing crisis is seen in the failure of the family to cushion its older members and children. At societal level, the State provides grants to 'care' for older people, but it fails to adequately address the needs of individual households. Even though older people account for only 5 percent of the Swazi population, they still need to be considered as an endangered group needing urgent and appropriately responsive interventions.

"The most painful discovery is that we are perceived as receivers of grant money and drain or waste…the emotional, psychological, physical and emotional support we give to our grandchildren is disregarded…the sleepless nights we have thinking about the next meal goes unnoticed…no one stops to ask a poor person how they are doing…everybody is an expert in our lives…everyone thinks they know what we need…the truth is that unless you have been poor then your perception of our plight is completely unsympathetic of our daily struggles"(R43 peri urban).

From the responses it was evident that poverty is real and most poor households have been pushed over the edge of barely survival; for the most part the households headed by the older people (GHH) are more susceptible to starvation and destitution- all of which undermines the inherent human rights of the older people (and their families). Poverty makes it hard for some families to send children to school even though there is free primary education in Swaziland. Participants shared these views:

"…it is so hard to send my grandchildren to school because I the top up fees are too steep for me…they need uniforms, shoes and other stationery and I do not have money for that…they need money for lunch and bus fare and I am too poor to provide these things for the children…I feel bad because it means they wont have the opportunity to pull themselves out of this lifestyle…(buphuya lobu bufana nenkhukhu letalela licandza, buyatitala buphuya" (R10 rural).

Another respondent shared the following:

"in the rural areas you go and ask for sugar or candle from neighbours (kunanisa) but here in town you have to have acquaintances who can help you out in case you are in trouble...(ikhotsa leyikhotsako lengayikhotsi iyayikhahlela)…in town you cannot afford not to have people who can lend you money and other supplies in case you are in a difficult space" (R43 peri urban).

Deprivation has a tendency to breed intergenerational poverty since the different generations are unable to break the poverty cycle. HelpAge International (2001:2) defined chronic poverty as 'poverty that impacts on more than one generation, is hard to move out of and is multi-dimensional. Extreme poverty in old age is viewed as an intergenerational

phenomenon. Poverty experienced in adulthood is likely to deepen with age, and this in turn has an intergenerational impact within households'. From the responses, it can been argued that the chronically poor exhibit certain characteristics as described by one respondent:

> *"Poverty is not just lack of material things…it normally include exclusion, abuse, discrimination and ageism…poverty strips you self-worth…you basically at the corner somewhere and everyone pretends as though you are invisible...when government ignores your existence then who will acknowledge the 'elephant'…no one is really interested in your issues, you are never a priority and you seem to not matter…those are clear signs that you are desperately poor" (R38 peri urban).*

Another respondent observed that:

> *"I have become indebted to shylock (mashonisa) in the community…I took a loan sometime ago to buy some uniforms…the shylock told me that I will pay it with interest…after a while the needs kept growing and I kept borrowing (I began to use money borrowed from shylock 1 to pay shylock 3)…when I am behind in my payments he comes to the house to take items which he could sell to recover his money…from dishes to blankets…there is no way of breaking free because the interest keeps increasing…no one can bail me out of this situation…when I come back from receiving the grant I find shylock camping by my gate and he unapologetically takes all the money and demands more…so poverty is when you are so indebted the shylock takes a spare key to your house so that he can come anytime and take anything he thinks can repay your debt…I used to be a nurse but now I am so broke and I have lost most of the valuable items I ever possessed…people think that poor people are only those with torn clothes no…we are slaves to debt and that is the highest form of poverty" (R9 urban).*

Another respondent shared similar sentiments on the unavailability of work in rural areas.

> *"Our children are unemployed and there are no prospects of them getting jobs in the community…even when they try to work in town they are back after two months when the work in a construction site is complete…so I am taking care of them as*

the head of household…we fight over how to spend the grant money…if I want peace I just let them be" (R8 rural).

The Madrid Plan of 2002 (Article 13) puts emphasis on the role of nation states to implement policies, which ensure that citizens have access to basic amenities in life. It further encourages co-operation between governments and other crucial partners to work together in safeguarding the dignity and worth of older people. According to Aliber (2001:1), "chronic poverty can be understood as a household's or individual's inability, or lack of opportunity, to better its circumstances over time or to sustain itself through difficult times".

"We live in chronic poverty…since I have a disability it is difficult to take care of myself let alone the people under my roof…I lost my job and I lost my land and cows during the famine…I am so poor it is hard to imagine how the children will survive once I am gone…I am supposed to leave them wealth but there I cannot….the cost of living is so high and it is getting tougher and tougher to make ends meet"(R55 rural).

The respondents highlighted the burden of having to work longer hours in trying to meet the basic needs of the family. Most women alluded to what Carter and May (2001) refer to as "time poverty." Women reported having to work all the time without being compensated for their efforts.

"I have to fetch water and firewood because the children are still young to carryout these responsibilities…I have to clean and wash…the work just never ends" (R1 rural).

According to Carter and May (2001:16) there are five categories of poor populations: structurally poor; sometimes poor; structurally upward; structurally downward and never poor. From the study the experiences of older people revealed some commonalities. Most of the respondents with low educational opportunities were likely to be chronically poor; older people from the age group 60-69 were more educated and earned better livelihood in comparison to the other age groups (70 and over). Most of the 60-69 year olds lived in peri urban and urban areas. Most of the older people who live in urban areas maintained their

connection with relatives in rural areas but these ties are not as strong and in some cases there was total alienation.

6.3.1.4 Loneliness in old age

Intergenerational solidarity is essential to make sure that older people are not lonely. Loneliness, social exclusion and isolation are some of the issues that older people deal with. Bhalla and Lapeyre (1997:417) agree that "primarily on relational issues (such as) the lack of social ties to the family, friends, local community, state services and institutions or more generally to the society to which an individual belongs". On issues of loneliness and social isolation, participants shared the following views:

> *"Loneliness comes in many forms…there is loneliness that is provoked by lack where you suddenly feel like you do not fit to mingle with people. It is at that low moment that you also see people walking away from you…not wanting to associate themselves with you…there is absolutely no one even coming to check on you and you realize that even if you died it would be days before you are discovered…there is also the loneliness that is felt by you alone (umzwangedwa) especially after you lose your spouse or a child…you feel lost in your own world and you cannot escape that…you feel like you want to die and get it over with but death runs from you…when even death rejects you it's a confirmation that you are just alone and no one cares about you…it is the most painful feeling in the world…you cry and do it some more but you are feeling a pain that no one seems to understand" (R56 rural).*

A different angle on the interpretation of loneliness in terms of her widowhood and this is what she said:

> *"Being an elderly widow is a terrible thing if you were getting along with your spouse…but if he was abusive you are somewhat happy that you will no longer be tortured and beaten for no apparent reason. You cry because that is what society expects you to do but in the heart of hearts you are like oh finally I have been saved from hell" (R57 urban).*

Loneliness was also explained in this manner:

> *"In the past we lived in large families, there was no time to be alone…you were surrounded by people especially children and that was comfort and it never gave an old person time to feel alone…right now I live alone…I have never had children because my husband died two years after we got married and growing old alone is the worst feeling in the world…I am accused of being a witch and such insults increase the gap between you and the people in the community…I am a sad, bitter old woman" (R58 rural).*

There was another participant who echoed similar sentiments on loneliness and social exclusion and had this to say:

> *"Young and old people alike thrive when they are nurtured…we live in families because our makeup yearns for other people's approval, we want to be appreciated and loved…being around people who love us is medicine and a protective blanket…. but when loneliness strikes it isolates you in thoughts...it is an individual experience that only the person experiencing it can explain…you could be in the midst of family but when loneliness visits you it steals your soul and it tempers with your mind…it is difficult to reclaim your life" (FG2 urban).*

Yet another participant made the following observation:

> *"When you are poor and old you automatically qualify for team "exclusion" you are just there but life passes you by…you feel different because you have no means to participate in community activities, you have no money and you cannot provide for the family like you did before. As a man it is painful that I have to ask another man to help repair my roof because culturally and traditionally I am supposed to do all those things by myself...I am too frail to attend community meetings... everything seems to pass me by and that is not a nice feeling" (R59 rural).*

According to Townsend, the concept of exclusion and loneliness are intrinsically linked to economic, social and economic factors (1985:666). In the economic arena, it refers to loss of sources of income and loss of status within the family and community. It also refers to the loss of social relationships as well as the loss of identity. Townsend (1985:665) argues that,

"below a certain level of income, people are no longer able to fulfil certain social, cultural or political obligations. As a result, the poor not only consume less, but also change their behaviour." Furthermore, social isolation and being ashamed to participate in mainstream activities is a manifestation of loneliness and social exclusion (Sen, 1985:161).

The Madrid Plan of 2002 (Article 16) emphasizes intergenerational solidarity in order to reduce the impact of social exclusion of older persons in society. Loneliness, social exclusion and isolation can tamper with individuals' self esteem as well as their overall brain functions due to the increase in stress hormones.

6.3.2 Personal determinants of active ageing

Longevity is an event that has taken humanity by storm and it is not without its challenges to the individuals and society at large. Some societies are better prepared to meet the needs of older persons, whilst others are struggling to provide sufficient support and care services for this population. At individual levels, the genes are responsible for the quality of life of someone whilst the environment is also crucial in ensuring that an individual has quality living (Gray, 1996:12). Personal determinants highlight the gender differences in old age and how each is likely to react to the ageing process. This was an attempt to respond to the fourth question on gender differences and ageing. One respondent had this to say about ill heath and weak genes:

> "*I have been a healthy man all my life, you can ask my children- I have never been one to go in and out of hospital but then age happened to me and look at me now. I am frail, sickly and living with HIV virus. It is making me weak and I have also discovered that I have high blood pressure which is stress related. I have so much health issues to juggle and that is tiring. Look at me I'm unable to even walk without a cane but my own mother who is over 90 years old still walks unaided. I believe she got the best genes but unfortunately I did not" (R60 rural).*

Another respondent shared these sentiments and said:

> *"Men are generally stronger than women but in terms of endurance women are able to fight and they tend to live longer…men are likely to die early because they*

are terrified of going to the clinic whereas women visit hospitals more frequently" (R61 peri urban).

6.3.2.1 Biology and genetics

Biology and genetics greatly influence how a person ages. The process of ageing can be defined as a progressive, generalized impairment of function resulting in a loss of adaptive response to a stress and in a growing risk of age-associated disease (Kirkwood, 1996). A respondent had this to say pertaining to the impact of food on longevity and genes:

> *"In the past we used to have a lot of milk in our diets…milk was a source of immune booster because it can cure a lot of ailments. The food we eat today is different from what we had in the past. We used to have a lot of wild fruits and vegetables and we did not eat too much meat. Back then the elderly had resilient and very strong bodies; today we break easily, we are sick often and certainly not getting all the minerals and vitamins that could fortify our bodies" (FG1 rural).*

Research has shown a correlation between ill health and sickness of an individual that is directly linked to a combination of genetics, environment, lifestyle, nutrition, and to an important extent, chance (Kirkwood, 1996). One respondent had this to say about longevity:

> *"In the past we used to work very much and we were strong, but today the rains are not coming on time, we do not have seeds to plough, and with children at school it means that we have less activities to do within the homestead. Women deteriorate faster than men because of their physical makeup" (R1 rural).*

6.3.2.2Psychological factors

"Psychological factors including intelligence and cognitive capacity (for example, the ability to solve problems and adapt to change and loss) are strong predictors of active ageing and longevity" (Smits et al., 1999:9). There is an expected natural decline in cognitive capabilities when the ageing process takes place and with such decline there is a possibility of psychological traumas associated with lifecycle events that the elderly have to deal with. Some of the older persons had the following responses in relation to psychological factors affecting their wellbeing:

"Being old does not mean that we want to lose our power and independence, or be forced to do certain things without our consent: it is not nice to rely on other people to provide for your daily needs especially if you have been self sufficient before being incapacitated…some of our children think we are hot headed, stubborn and difficult to please…truth be told no one likes to be talked down at…that is why a lot of our needs remain unmet and the quality of care extremely poor…we are old but we frown on insubordination" (FG4 peri urban).

Old people want to stay active and part of their family and community life as long as possible. They also want to feel like they can contribute positively. Physiological resiliency is often defined as an 'individual's ability to properly adapt to stress and adversity' (Vailiant and Mukamal, 2001:839). A positive outlook in life increases the individual's ability to have a positive outlook in life and that influences his or her health in a positive light.

"When my kids died one after the other and then my husband I was devastated but what kept me going was knowing that I had grandchildren to raise…church also made me find that sense of meaning…I am active in the women's ministry and that helps me to counsel young mothers and widows…if these things were not there I would be long gone" (R10 rural).

Other respondents had this to say:

"When you lose a spouse you are thrown into a deep hole and you cannot seem to snap out of it. For the first time you realize that you are supposed to make important decisions...that can take its toll on you. You suddenly have to be able to make life-changing decisions and also be able to live on. You do not have anyone to share the burdens of your grief. All these events take their toll on you emotionally and psychologically" (R11 urban).

Men and women who prepare for old age and are adaptable to change make better adjustment to life after the age of 60. Most respondents seem to be ill prepared for retirement let alone being old. This is how one respondent narrated this reality to being ill prepared for the ageing process:

"I was a teacher for most of my adult life, I was active and was always living in the urban areas. I turned 60 and my world turned around and I found myself having to move back to the rural areas and that is such a huge psychological shock and it takes ages to get over such a shock. Suddenly, I enjoy too much time in my hands; I won't lie at first I was really excited because I needed to sleep but after a few months you begin to get bored and you do not know what to do with the time in your hands" (R12 urban).

Other respondents had this to say:

"One mistake that we make whilst we work is not to save…when you retire you are emotional about starting the next phase of your life broke and poor…the joys of ageing and playing with your grandchildren is cut-short by the realities of hard life ahead of you" (R13 urban).

Social security in old age is essential because it enables the elderly person to have a comfortable lifestyle. However, in most poor countries social security is exclusionary and covers less than ten percent of the entire population. With the dependency ratio increasing with age, population ageing challenges governments to begin to put in place policies which will look into the issues of financial security in old age (WHO, 2002:30). Those individuals who are resilient and psychologically healthy are more likely to age successfully than their peers. Having a purpose in life can positively contribute to longevity and healthy life in old age.

6.3.3 Health determinants

6.3.3.1 Mental health and old age

Men and women experience ageing differently. Genetically they possess some differences, however, the level of access to health care services also has an impact on the ageing process later in life. Health determinants are also useful in attempting to understand the gender differences as experienced by the participants in this study, and offered a gender lens from which to analyse the different experiences of older people based on their gender roles and identity.

As the body and brains slow down, there might be occasional episodes of forgetfulness. This can range from serious state of not remembering anything to occasional forgetfulness. "Alzheimer's disease is a slow, progressive illness that damages nerve cells in the brain. Symptoms gradually get worse over time as more brain cells are destroyed. Though people can have Alzheimer's in their 30s, 40s, and 50s, the disease is most prevalent in people over age 65" (Alzheimer's Association, 2016:1). The effects of mental illness on individuals is misunderstood and so the International Plan of Action on Ageing of 2002 called for governments to spearhead initiatives that bring awareness on the harmful effects of untreated or uncontrolled mental illnesses. On the issues of mental illness, this is what participants shared:

> *"See there is stereotype in our communities which labels all people as crazy and senile…we are not all like that…some of us remember everything and we are in touch with reality…this is not to suggest that the problems we face cannot trigger certain things in the mind…the bottom line is that not all of us are losing our cognitive abilities" (FG4 peri urban).*

Another participant shared similar sentiments:

> *"We do not become senile because we want to but the poverty can drive anyone crazy…we do have occasional episodes where we just go to another place and daydream…sometimes you have to be called twice or more before you can re-join a conversation…that is something that can happen to anyone who is going through a stressful time and since in ageing you are surrounded by all the heartaches, disappointments and regrets, it is possible to lose your mind" (FG5 peri urban).*

Other participants also weighed in on the issues of senility and this is what was shared:

> *"Oh there are some of us who are not as lucky and they have lost their minds completely…it starts slow and it progresses fast if you are not so lucky…one of my neighbours would even wonder away from home or enter people's homes and tell them it was hers…she died painfully when she entered a homestead with vicious dogs which mauled her to death but the bottom line is that it is sad to see an elderly person lose their minds…. it is also important for government to build homes where*

we can take care of the aged who unfortunately have no one to care for them as they go through this experience" (FG8 urban).

Families and friends of older persons showing signs of mental illness need support and knowledge on how to best care for that person. As demographic changes take place in societies, confronting cultural stereotypes on mental illness will require joint efforts in terms of families and the mental health sector. "Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability among over 60s is attributed to neurological and mental disorders" (WHO, 2002:23). Therefore, knowledge about the physical and mental illnesses experienced in ageing need to be given attention at policy level. On the issue of mental illness in ageing, participants had this to say:

"Oh my I have epilepsy and when I have a seizure the children put shoes and sticks in my mouth, they say that I bite my tongue, but my neighbours say I have been bewitched and when I twitch it's a sign that this is black magic. This is troubling because I know about epilepsy and I am taking medication for it…I just need to regulate my stress levels so that I do not have any episodes. Living in constant lack is not helping with the management of my illness" (R10 rural).

Another participant shared these views:

"We are isolated when we have mental illness…people say we are mad "siyahlanya" and by that they mean all old people have mental illnesses…people fear associating with someone with mental illness…unfortunately the nature of common mental illness amongst the aged is unknown because of the general feeling that being old is synonymous with mental illness…and there is so much stigma that comes with mental illness" (FG6 rural).

Other participants made the following observations:

"After the death of my husband and children I was never the same…I was stressed and I couldn't deal with my multiple losses…after that I had to cope with raising 5 grandchildren…I look at these kids and cry because I am the only living relative they have and that troubles my mind a lot…sometimes I have an out of body

experience where I feel like I am losing my mind…I feel so much resentment that my husband left me alone and then my children decided to leave me with a bigger tasks of raising these children…when I go to the clinic they normally give me tablets that make me sleep a lot after that I feel a bit better but this grief and loneliness are messing with my mind" (R11 urban).

According to the WHO (2003:24) "multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. And multiple stressors determine the mental health of the individual as well as the care needs later in life". Unfortunately, mental illness in older people is under diagnosed due to the stigma associated with it therefore older people rarely report it to health personnel.

6.3.3.2 Health and social services

Healthy ageing is about providing the aged with an environment in which they can experience and enjoy a good quality of life. Healthy ageing policies ought to create the environments and possibilities for older people to be physically active, eat nutritious meals, be part of mainstream society, make contribution in meaningful undertakings and have income security. "Socially vulnerable groups such as economically disadvantaged groups such as older people are more susceptible to higher mortality and morbidity rates" (EuroHealthNet, 2012:i). Participants shared the following views on their susceptibility to sickness and ill health. One of the respondents shared the following sentiments:

"Being old or being 60 and above is a good thing because the lord has granted you more days on earth compared to other age-mates who were not fortunate enough to live to old age. I see ageing as another facet in life that I have to conquer before I die. I am content and am really happy to have seen my grandchildren…I am not suggesting that there are no unmet needs but I think I am just happy to have lived to see this time…I have been battling high blood pressure lately and that is not something easy for me because I have been healthy my whole life…now I need to be more careful what I eat and how my mood is" (R1 rural).

Participants gave insight on ageing and illness and said:

> *"I lived a very healthy life…I was a policeman and I was expected to be fit…I ensured that I was indeed in perfect shape and then came retirement…I became a shadow of my former self…I am losing my teeth…I can't walk without a walking stick…I gained weight and I have developed numerous illnesses that I never had before…you can ask my children…I wasn't one to visit hospital but now I am literally in hospital every month or every other week…I have to live on medication because I have high blood pressure which has tempered with my sight and heating abilities…. I am not happy that I am falling apart but I have lived to see the next generation and for that I am grateful" (R13 urban).*

According to the WHO (2002:22) active ageing should be a lifelong approach that begins when we are born until death. It is easier to live healthier so that good practices become an integral part has the individual rather than attempting to start in old age. WHO 1947 defined health as not merely "the absence of infirmity or disease', but 'a state of complete physical, mental and social well- being."

6.3.4 HIV as a determinant of active ageing

According to HelpAge International (2008:2), **"**over the past decade, the HIV and AIDS epidemic had devastating economic, social, health and psychological effects on older people especially in sub-Saharan Africa. Yet the impact of HIV and AIDS on older people remains under-reported, and has not been properly addressed." HIV and AIDS have resulted in elderly women mothering their grandchildren who are orphans due to the HIV and AIDS. The elderly are either affected or infected with the HIV virus. Participants shared their experiences on dealing with challenges caused by HIV and AIDS. One participant made the following observations:

> *"I am living with HIV and I do not have children, on top of that I am a traditional healer…the community is so mean to me…they say I acquired the HIV virus because I am a witch…they tell me that I am barren because I am a bad person…such negative talks have resulted in a lot of discrimination, exclusion and abuse from community people…the worse thing is that if I'm in trouble I know very well no one would come to assist me…this is a hard life for me…I was told that if I*

was a good traditional healer I should heal myself from the HIV virus…my life is a living hell" (R33 rural).

Another participant shared these sentiments and said:

"*I have been a healthy man all my life, you can ask my children- I have never been one to go in and out of hospital but then age happened to me and look at me now. I am frail, sickly and living with HIV virus. It is making me weak and I have also discovered that I have high blood pressure which is stress related. I have so much health issues to juggle and that is tiring. Look at me I'm unable to even walk without a cane but my own mother who is over 90 years old still walks unaided. I believe she got the best genes but unfortunately I did not" (R34 urban).*

Other participants also commented on the burden that comes with the HIV pandemic and this is what was shared:

"My daughter left for the city…she wanted to go and make a better life for herself…I never saw her for years but when she fell sick she began to visit home and I kept asking what has changed and she said it's just that she misses home…a month later she was in hospital and when she was discharged she returned home with me…I had to nurse her and later she died. When I was caring for her I refused to wear gloves because this is my baby and I didn't want her to feel like I was discriminating against her…I wanted her to feel that I loved her as my child…. after she passed I have been very unwell and have tested positive to HIV. Even though she never confessed that she had HIV I now know why she was so sick. I live with her children who are healthy" (R35 rural).

Old people are normally categorized as asexual and the health personnel do not pay much attention to the fact that HIV could also infect the elderly through unprotected intimate activities. One respondent weighed in on the perception that society has about older people when it comes to being intimate:

"Being old does not mean you stop living…my husband is still very sexually active and I told him I cannot keep up with him and I allowed him to look for someone he can get busy with" (R45 peri urban).

Another participant who said shared similar sentiments:

> *"Being 60 doesn't make you asexual…we are still human beings who have needs that have to be satisfied…we need to feel intimately in love and know that we are still loved…. after my spouse died I really felt the need to get someone else to keep me occupied…even though it is not official (ngingena ehlangeni mntanami ngitsintsitse tidvwaba) but I enjoy the attention…it's a pity that there are no programmes that are targeting this age group on how to use protection so that we do not expose ourselves to HIV...and when you get sick the last test that the health personnel do is HIV and they do it reluctantly" (R46 rural).*

Older people lack knowledge of how to treat the disease and/or protect themselves against infection especially when they care for infected relatives. It is important for the programmes in the health sector to provide educational sessions that are age appropriate for older people especially as they continue to provide care and love to HIV infected relatives (HelpAge International, 2008:3). Focusing on the other age groups in society and ignoring older people is not justified and Swaziland needs to correct this. Policies on HIV/AIDS need to focus on the entire spectrum of the population. Swaziland needs health policies, which can help overcome the social exclusion of older people in issues of HIV prevention so that equity is encouraged. Some of the most pervasive obstacles with the inclusion of older in HIV related campaigns are the misconceptions and negative attitudes about growing old. Older people are sometimes perceived as asexual and often left out from campaigns. In some cases they do not have protective gear to ensure that they do not get infected while they care for a loved one.

6.3.5 Behavioural determinants

6.3.5.1 Older people and disability

The African Charter on Human People's Rights (1981) Article 18 includes the right of older and disabled people to special measures of protection in keeping with their physical and moral needs. Health behaviours are behaviours that individuals can spontaneously undertake to prevent potential health risks-short term to long term (Zanjani, 2006:36). Participants shared the following views on behaviours that can keep them healthier for longer:

> *"Women are normally doing a lot of work in the home…we go to the market during the day and afternoon you come back and do the domestic chores…that is our way of exercising...but when you overexert yourself you develop joint pain which gets worse with age…women do a lot of active work and that makes us strong and live longer"(FG1 rural).*

Longevity means that older people can live healthier lives if the life-course approach is adopted. The Active Ageing Framework health related behaviours are basic to developing resilience because they contribute to energy, stamina, strength, resistance to disease and positive moods (WB, 2002:53). Participants shared the following sentiments on individual measures that affect their overall wellness.

> *"I began smoking when I was very young…I enjoyed it but as I am getting older I have had to stop this habit because I am unwell…I wish I had adopted other habits early on because my ailments are related to my habit of smoking"(R4 peri urban).*

Other sentiments shared were as follows:

> *"Drinking alcohol and traditional beer (umcombotsi or maganu) is something which a lot of young men begin early in life…when I started it was so that I could have fun with my friends but now I drink because there is nothing else to do to keep me occupied…you forget your troubles for a little while…but this habit is not contributing positively to my health"(R3 rural).*

The Madrid International Plan of Action on Ageing (2002) and the African Union Policy Framework and Plan of Action on Ageing (2002) recommend that states provide social

pensions for older people (Madrid Plan, 2002). Acting on ageing issues is important for Swaziland because the older generation is masking the impact of 'skipped generation'. A rights based approach to healthy living of older people in Swaziland can reduce the discrimination, ageism and violation of the rights of the ageing populations. Swaziland needs to invest in age appropriate policies, which not only encourage active ageing in old age but throughout the life course.

6.3.5.2Access to health care

Life for older people has been a continuous struggle even though the Madrid International Plan of Action on Ageing of 1991 and the Second World Assembly on Ageing 2002 urges governments to address ageing and its challenges. A number of governments in the sub Saharan region still fall short in the provision of free access to medical care services for vulnerable groups. It has been argued that prevention is better than cure; but most governments do not have sufficient money to dedicate to early detection and treatment. The cost of treating fully blown ailments proves more costly than prevention.

Participants had the following observations with regards to accessing health care:

> *"The government has made it possible for the aged to get free medical attention but transport is a deterrent to their access to clinics because some of them have to walk a long distance" (R47 urban).*

Other discussants observed that:

> *"We have free health care but unfriendly service providers and that is a total let down to the efforts of government to level the ground"(FDG 1 rural).*

The adoption of healthy lifestyles and actively participating in one's own care are crucial at all stages of the life course. "Engaging in appropriate physical activity, healthy eating, not smoking and using alcohol and medication wisely in older age can percent disease and functional decline, extend longevity and enhance ones quality of life" (WHO, 2002:12). Underweight malnutrition is a concern among older people, especially those living alone in the community and these causes multiple age related losses. Social isolation and poverty are the main contributors to the poor health outcomes for older people (ibid).

"Sometimes we go for days without food…there are some elderly people who even eat cow dung because they are hungry and no one is meeting their immediate needs. Sometimes when you get the grant you find that the debt is over and beyond what you will receive forcing you into more debt. So at other times you just drink water and go to sleep. I always feel bad for the children because they need balanced diet for proper development but what can you do when there is no food?" (FG5 peri urban).

Insufficient calcium and vitamin D is associated with loss of bone density in older people and can be a painful experience if a fracture happened. Women are at higher risks of fracturing their bones. Respondents offered this response:

"The preoccupation of older people in this country is how to put food on the table. The rest of the time you are either worried about the problems that you have to sort out. Some physical activity does happen because you have to make sure that things are done within the household…but remembering to do everything in moderation is important so that no bones are broken. Some of us are suffering from arthritis and backache and in the end we fall easily because of poor eyesight. Being old is not as comfortable because you experience so much deterioration in the normal functioning of your body" (FG4 peri urban).

Oral health such as visits to dentists to prevent gum diseases and oral cancer is something that does not happen for most aged people due to the financial burden for individuals (WHO, 2002:11). Respondents in the focus groups expressed the following sentiments with regards to oral health:

"We losing our teeth and that is part of the ageing process… At times when you have a terrible toothache you use natural herbs but the truth is that the elderly are preoccupied with other bigger problems that their own health sacrificed just to ensure that there is food for the children…we have learnt to live with the pain because the teeth just keep falling off" (FG6 rural).

The provisions of the Madrid Plan and Second World Assembly on Ageing are: "adequate food, water, clothing and health care through financial, family and community support" (Dhemba, 2015:3). Easy access to health care can enable certain illnesses to be prevented

before they begin with resulting in healthy ageing. Older people's right to health facilities, goods and services upholds the element of acceptability and age friendly environment.

6.3.6 Physical and environment as determinants of active ageing

6.3.6.1 Housing and living environment

Older people living in unsafe environments face myriad problems and are less likely to live fulfilling lives because of "isolation, depression, reduced fitness and increased mobility problems" (WHO, 2002:33). All these conditions have the ability to tamper with the individuals' self-determination, autonomy, care, worth and dignity. The International Plan of Action on Ageing of 2002 called upon governments to ensure that the environments in which older people live are safe. Respondents shared their views on the significance of good environment and its impact on the overall livelihood of older people:

> *"I can say that being old is a blessing indeed, that is why I correct those who say I am old and I tell them I have advanced in years. It's only an item like clothing that gets old. Getting to age 70 is a precious gift because it is hard to reach 60 years. The unfortunate thing is our inability to live and function independently has reduced significantly. We now need to have someone around to send to here and there...in the past it was a huge blessing to have grand children with you...sometimes you would even be a great great granny...who was cared for by the clan. When you spoke the community would listen... It was a blessing…today we are ignored, we live in isolation and life is bitter sweet compared to what it used to be…you just sit under the tree and watch life passing you by…when you are loved and appreciated you blossom but the minute safety, love and care are removed you wither and die…constant interactions make us who we are…we are wired to build and rebuild our world using words …isolation and unsafe environments stifle that creative part of elderly people" (R50 urban).*

Participants gave their views on their living conditions and environments impact on their safety and self-determination. This is what one participant shared:

> *"We live in unsafe environments and as younger people migrate to the urban areas it leaves old people with little support or no access to health and social care services" (FG7 rural).*

Another participant shared similar views and observed that:

> *"It is so unsafe to live alone or with small children because the community is aware that you have no one to protect you…some of the grandchildren break into the bedroom so that they can steal the money for the grant. We are also sexually assaulted, verbally and emotionally abused and all these things take their toll on the aged" (FG6 rural).*

Safe housing and neighbourhood are essential to the wellbeing of the young and old (WHO, 2002:21). In rural areas some older people live in dilapidated houses, which can collapse anytime. The International Plan of Action on Ageing of 2002 called on governments to provide support healthy lifestyles and supportive environments for older people. Respondents made the following observations:

> *"It is hard for some of us to walk long distances and sometimes getting water, toileting and bathing become difficult especially if you are unwell. Also some of us live with small children and we have to make sure they are fed, washed and cared for. Something that presents a lot of challenges" (R13 rural).*

Other respondents shared similar views:

> *"When my daughter died two of her children were left in my care and since I live in a one room it means that there is not sufficient space for all of us. When it rains the house becomes water logged; at night you can look at the stars. We need government to consider helping us rebuild our houses just to give us a peace of mind" (R15 urban).*

Another participant shared the following observations:

> *"I live with one of my grandchildren who is naughty. He sometimes loses his key and when that happens he breaks the door and never fixes it. In the end we sleep in a house that we cannot lock because of his carelessness. It is stressful to know that thugs can come into the house at any time" (R16 urban).*

6.3.6.2 Physical injuries and ageing

Falling amongst older people results in a lot of serious injuries and even death. Environmental hazards that increase falling include rocky areas, "poor lighting, slippery surfaces and lack of supportive handrails" (Sugiswawa et al., 1994:23). The respondents share the following views with regards to being prone to accidental falling and slipping and they said that:

> *"Falling is a natural phenomenon (wonkhe umuntfu uyawa kanjalo nebantfwana bafundza kutihambela kodwa bahamba bawa)…and children fall all the time and then come ageing…you begin to fall…as we grow older the chances of falling is even higher…after a fall or broken bones children heal quick but when you are older there is a chance that your bones will never heal completely…and the falls are so bad that you can get hurt in several places at once because of our frail and fragile bodies" (R9 urban).*

Additionally another respondent shared similar views and said that:

> *"Walking up or down the stairs and walking on uneven or slippery surfaces is a very uncomfortable thing for the aged…we have other ailments that could interfere with our walking up the stairs such as weak knees and poor eyesight…some building have very steep entrances and it is so difficult to access…and without rails it becomes an impossible mission to go in and out of such buildings also public transport is not user friendly to older people. We probably need more buses that are dedicated to the aged so that they provide the comfort we need" (R17 rural).*

Differences between the terrain of surfaces in the rural and urban areas present unsafe environments for older people. The urban houses are tiled and easy to slip on and in rural areas the ground could be uneven and full of rocks and other harmful objects, which can cause serious injuries. Some participant shared this view:

> *"…falls are not unusual for us because our bodies are no longer as strong as they used to be….when floors are slippery we can break a bone or two…sometimes having a walking aid helps us to balance….but in the end one realises that s/he is not as strong as s/he used to be and so every activity from washing, coming out of a*

shower or washing basin-some level of caution needs to be observed" (FG5 peri urban).

Similar sentiments were also echoed by another participant and shared these views:

"In rural areas the chances of falling are so high because of weakness of the knees as well as poor eyesight. Poor lighting also doesn't make thing any easy so we find ourselves tripping over things…Forgetfulness is another issues in old age make it easy to trip over dishes and buckets or pots…it is just easy to slip and fall. Sometimes you fall because you are trying to prevent a child or something from tumbling down and in the end you roll and break a bone" (R17 rural).

Inadequate social support for older people is responsible for the high death rate amongst this population. A lot of older people have fewer support structures resulting in a lot of stress (WHO, 2002:23). Respondents reported that lack of support structures deprives them of the emotional strength to face life:

"In indigenous societies the community loved us...they treated us as human beings as well...they respected us and we respected the community. There were no such many problems in the past. There were no many criminals...life was easy...life was good. You would report to the area's authorities if you have anything wrong in your life or challenge and you would get assistance. Unlike today, lots of thugs everywhere...there was nothing like that" (FG 7 rural).

Respondents shared the following views as follows:

"...when one is too old...like myself...I am an old man. I feel sad when I consider the way we live because we no longer trust one another (R46 rural).

Literature suggests that "loneliness accelerates and contributes to age-related decreases in physiological resilience, influencing health behaviours, stress exposure, psychological and physiological stress responses, and restorative processes that replenish physiological reserves and fortifies against future stress" (Palmore 1972; Lynch et al 2000). The Madrid Plan of 2002 (Article 15) recognizes the role of social support and informal care to older people in communities in addition of the care services provided by the state.

6.3.6.3 Neglect and abuse

Older people are vulnerable to crimes such as theft especially if they live alone. According to the International Network for the Prevention of Elder Abuse, elder abuse is "a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (Action on Elder Abuse, 1995). Respondents were of the view that:

> *"I have an older son but he still lives at home and asks for money for alcohol and cigarettes and if I say I don't have it he throws tantrums and when he knows I received the elderly grant he even threatens to beat me if I refuse to give him some money…so my daughter is the one who protects me from him" (R41 rural).*

Seniors are mistreated once they are targets of any form of behaviour which produces physical, psychological, sexual or financial harm, or neglect" (NSW Advisory Committee on Abuse of Older People, 1997:10; Livermore, Bunt and Biscan, 2001:42). The Universal Declaration of Human Rights of 1948 calls on governments to protect the innate rights of older people in society through policies that safeguards these rights. Participants observed that abuse from close relatives is as devastating as abuse inflicted by external forces. Participants shared the following sentiments and said:

> *"Abuse from biological children and grandchildren is very common…one member in the community was complaining that her son beats everyone in the homestead when he is drunk...this old person has suffered serious injuries especially when she refuses to give him the grant money...our grandchildren do not beat us per se but the words that come out of their mouth can pierce one's heart...the children complain bitterly when you are unable to provide for their needs…and after that they insult and degrade you" (R3 rural).*

Hogstel and Cox Curry (1999:21) argue that abuse suffered by old people can involve the "misperformance of occupational duties by carers, inappropriate or inhumane expression of the caring role". The respondents made the following observations on the maltreatment of older people:

"We have been turned back from hospital because when you are over 60 years can only be treated as an outpatient…meaning that when you need admission you must find resources to pay for that lengthy stay. So where can you go if the hospitals do not want you…it is such a misery to be old" (FG1 rural).

Another respondent who said echoed similar sentiments:

"We are also vulnerable to the abuse from our primary caregivers…daughters and daughters-in-law can be quite cruel especially when they are tired (fatigued)...when there is no one else to relieve them from all these caring duties you find that they snap easily and they can verbally assault the one they are caring for but their intention in caring not to make the person feel bad"(R8 rural).

"Problem-oriented assessments of need, that are usually employed by care services, tend to perpetuate the focus on older people's limitations rather than their personal goals for achievement" (Reed and Clarke, 1999). Respondents had the following experiences with regards to problem-focused assessments:

"There is a conception that once you get to a certain age (60 in this case) then you become less of a human in terms of your mental capacity. In fact some people including medical personnel tend to be dis-interested in your care and treatment plan…there is a misconception that all elderly people lose their minds and thereby 'authorizing' other people to make decisions on your behalf…. if we are treated as a homogenous group we are not receiving the best services…appreciation of the different circumstances between the older generation is important in ensuring that we receive the best treatment" (FG5 peri urban).

Other respondents shared similar sentiments:

"We go to hospital and we queue for long periods, when you eventually get the services you realize that it is not sufficient. Sometimes you are told that there is no medication and so you must go to a pharmacy to purchase that medication-where is the money going to come from when we are this poor" (FG7 rural).

Quality of care is intrinsically linked to good interpersonal relationships with carers, whether they are formal carers or familial care givers (Tanner, 2001:2). Older people weighed in on this issue and made the following responses:

> *"I prefer family members to care for me rather than having a stranger take that role…you see blood relatives are more likely to go an extra mile for you in ensuring that your needs are met. This has to do with the connection that you can make with your carer…in most cases caregiving and receiving have to be governed by social trust and Ubuntu" (FG4 peri urban).*

Another respondent who said gave another similar response:

> *"The nurses look at you and you can tell they do not want to deal let alone touch you because you are old…sometimes it feels as though ageing is like leprosy…the care that you receive from family member is far better than be cared for by a stranger"(R15 urban).*

Article 17 of the Second World Assembly on Ageing of 2002 suggests that governments have the responsibility to take leadership in protecting the rights of older people and be dedicated to implementing the policies that advocate for equal treatment of all citizens. The Human Rights Based Approach also encourages governments to ensure that older people receive equitable care without fear or reservation.

6.3.7 Economic determinants of active ageing

Ensuring the economic security of older persons remains a global policy priority – not only for the well being of older persons themselves, (although that is a primary objective) but also because income received by older persons benefits other generations in the family (Bruntland, 1999:8). Some respondents had this to say pertaining to the social protection provided by the state:

> *"Receiving the elderly grant has made me visible in the household and I make decisions about how that money is spent. I am no longer insignificant because the children know that I will not buy what they need if they disobey me" (R 6 urban).*

This is what other respondents shared:

"The money we are getting is not sufficient and government needs to increase it so that we can be able to make a living. Currently getting the grant quarterly means that at some point we do not know how to feed the family and that is too stressful for us" (FG7 rural).

Other participants said:

"I would love to see an old age home, because I am getting older by the day, and since I have no children, I will have no one to take care of me when the time comes for me to be taken care of"(FG5 peri urban).

6.3.7.1 Income

Studies have shown that older people with low incomes are one- third as likely to have high levels of functioning as those with high incomes (Guralnick and Kaplan, 1989). Female households are more vulnerable to risks and shocks throughout the lifecycle and therefore policies need to have a gender lens. Respondents were of the view that:

"*We are robbed of our grants. Imagine someone robbing you of your money when you have a lot of children and grandchildren to take care of, especially because of HIV and AIDS. It is devastating to be an elderly and live under these conditions. In the past an elderly person was respected and protected there were fewer cases of elderly abuse but today it's like no one cares about us" (R23 rural).*

Other respondents had this to say:

"Money presents the biggest issue, as it is what brings food to the table, and allows access to medical care. On a daily basis, we (my family and I) are subjected to hunger because most times, the little food, the grant and my pension money run out before the next pay out. The good thing is that the children hardly ever get sick; the only problem is flu in winter" (R24 peri urban).

6.3.7.2 Work in old age

With the increase in the number of older people, governments are challenged with developing strategies to keep older people in the workforce for longer and also creating synergies between formal and informal social security systems (OECD, 1988). This is how respondents responded to the social security issues because of the need to remain active and or in employment for longer:

> *"I am looking after my grandchildren and so every morning I have to go and sell some vegetables next to the school. At times I am exhausted and would love to rest but the responsibility of putting food on the table forces me out of the house. At other times I sell absolutely nothing but I have to keep working otherwise there won't be food for the children" (R 24 peri urban).*

Some respondents gave similar views:

> *"I have no money. I live on collecting bottles to sell. The fact that I barely ever have enough food makes it hard for me to take my medication. Sometimes days go by without me taking my treatment because of the lack of food" (R 28 urban).*

6.4 Notion of Care

6.4.1 Caregiving and receiving care in old age

Ageing is an unprecedented achievement of the 21st century (HelpAge International, 2008:12). Most developing countries are ill prepared to deal with the increase in the number of the aged. Social security coverage in most countries is not comprehensive and it excludes certain parts of the populations such as the old, disabled and vulnerable children. The International Plan of Action on Ageing of 2002 and the Human Rights Based Approach encourage the establishment of age-appropriate policies that will empower families in a meaningful manner so that the caring responsibilities for the vulnerable members can be achieved. Participants shared the following views about the importance of carers in old age:

> *"...there are fewer children who care for their parents…a majority of old people are lonely and desperately need to be cared for" (R34 urban).*

Another respondent echoed similar views and said that:

> *"The HIV pandemic has caused us pain by taking away the people who would be caring for us now...our loses begin when these children move to town to look for employment…often they never return to check on us until they are very sick to care for themselves…our daughters-in-law are refusing to have a lot of children and the base for carers is very small…so in the end we do not have sufficient manpower to care for the aged and small children" (FG7 rural).*

Other respondents also concurred and made the following comments:

> *"…when growing up you could see that the elderly were well cared for and you secretly wanted to get to this golden age so that the rest of the family took care of you…it was a pride to get to the old age because everyone fussed over you…but today there is no one to care for us…I lost all my children all 5 of them to the HIV pandemic and now there is no one to care for me…I do not even have grandchildren…I am a loner…I ask myself questions and answer myself in the end" (R9 urban).*

On the lack of family policies respondents had the following views:

> *"….we need a place to go to and ask for money to buy food for the people under our care…maybe the Ministry of Health is better suited for this exercise because they already provide milk and thin porridge for people in the ART treatment…sometimes people die not from the disease but from hunger…we must have a place where we can go and ask for assistance for other issues as well…see after my daughter died I didn't have anyone to talk to I was alone and the stigma associated with HIV haunted me and it still does…no one wanted to talk let alone visit me because they didn't want to get infected…so a lot of baggage we carry and deal with it on our own…we need help just for families who are going through harsh times" (FG8 urban).*

Another respondent made the following observations:

> *"The family was the first line of defence in the past and the aged were protected from any form of vulnerability but today the elderly have to fend for themselves…some of the people who are considered old (by cultural standards) are not included in the social*

security and care services (50-59). Those elderly people who are entitled to the social security system are either excluded because this is a means-tested programme as opposed to needs based or they are not even aware there is an elderly grant. Also the sporadic nature of the social assistance from the state makes it tough to see and appreciate its impact (R35 rural).

Care has made it into the political platform, which is a major shift from care as an obligation for the private sphere. According to Fraser (1989:155), since we are all recipients of care and givers of care, government has to allocate resources for the caring process so that the caregivers are not overburdened with costs that accompany the caring process. On this issue of care, respondents made the following observations:

"…caring is part of what we do as women, it is in built. Caring is also time consuming…there is no monetary value that can be placed on the caring activities. Caring is also predominantly a woman's job from time immemorial…this is one of the reasons why government needs to allocate some resources and compensate carers so that the burden of care is not too much to bear….with the HIV pandemic, elderly and young women are expected to shoulder the burden of care without any state intervention….that is a heavy load" (FG2 urban).

Another respondent echoed similar sentiments and said:

"Women are naturally wired to care, gender roles force women to act on the societally constructed roles...even if there were no gender roles women would still take up a major chunk of the caring responsibilities. Instinctively women put other people before satisfying their own needs…but there is danger that when the women needs to be cared for there is normally fewer people within the home who are willing to care for the carer. In order to make care work notable and worthy it must be compensated somehow…the rationale being to empower and appreciate the caring efforts…further if carers have a place where they too can be cared for i.e. hospitals, it can make it more easy for them to give their utmost best all the time" (FG4 peri urban).

Other respondents voiced their views as follows:

> *"Being cared for and caring about others is a human experience; but the actual caring responsibilities are done by women because they are seen as natural nurturers…such a view disadvantages women from getting paid or compensated as part of the care work…anything that is relegated to the private sphere is rarely seen as important and less as an activity that is worth compensation…caring is a full time job and doing it alone creates resentment, burnout and carer fatigue…to avoid carers from experiencing all these emotions, some interventions need to be put in place" (FG8 urban).*

From the above discussion, it is clear that in the wake of the HIV pandemic, caring needs are increasing and there is an even greater need for more carers (Williams, 2010:1). With the increase in the number of OVCs, men are needed to contribute to the upkeep of the homestead by partnering with the carers, partners and family members to contribute to daily care.

> *"…We can all contribute to the caring process…women are faced with caring for the sick without sufficient protective gear and another challenge is that some of the carers are also living with HIV and AIDS and so the caring demands put a strain on their health, and family resources" (R32 rural).*

The basic assumption for caring is reciprocity between the one being cared for and the carer. However, in most family settings the older person assumes the role of a carer to the children. The driving force behind the caring duties being "I must" (Badgett and Folber, 1999:311). Respondents mentioned that they felt obligated to care for the children as well as other members of their family who needed to be cared for.

> *"I feel I must do something to help my grandchildren…they do not have anyone but me…that I why I worry all the rime about what will happen to them when I die since both their parents are dead now….I couldn't let them live alone so I took them but it is a struggle to meet their needs daily but still I feel like I have to do something for them" (R44 urban).*

Another respondent had this to say:

"…one of my seven grandchildren is still very young and living with HIV and he needs constant care…I had to stop going to the market to sell vegetables because I do not have enough time to spread between my caring duties and making a living…as a result we are even poorer and are constantly struggling to make ends meet….I also am considering pulling out the eldest child out of school so that she can be the one who goes to the market so that we can live"(R40 rural).

From the responses, it can be argued that people with caring responsibilities are likely to have time constraints and struggle to balance the caring demands with working outside the home (Folbre et al, 2005:375). This makes care work one of the issues that need attention at policy level so that there is some form of assistance for carers so that the caring burden does not compromise the care being given to the one who needs the care. It has been argued that people who bear the largest burdens of care work tend to be "poorly organized" and weakly represented both politically as well as by labour unions; hence no-one is really defending their interests at the political level (Bubeck, 1995:8).

"...a lot of older people have been infected with HIV as they were caring for their children…the health personnel do not target this population in terms of how to protect themselves from getting the virus….for those who are informed often times they run out of protective gear and expose themselves to the virus…..most of the informal carers are not trained on how to care for the ill and they have relatively high stress levels due to the lack of support from the family and government…they are stressed and burnout because of the 24 hour caring services that they have to provide to the family members who are unwell"(R38 peri urban).

Another respondent had this to say:

"…the unfortunate thing is that you care for the children who in turn leave you and you feel like you could have done more if you had resources…but also you are saddened by the fact that young people are dying before you which means I might not have anyone to bury me in the end. I had to care for my children even though I was also in need of care…you just do the best you can but it is such a painful experience because I have no one…I am all alone" (R40 rural).

The gender division of labour is evident from the responses and women are not compensated for their work as carers. "The vast majority of political philosophers who have analysed the gender division of labour have argued that it is unjust, and generally to the disadvantage of women" (Budig et al., 2002:455). Respondents made the following observations:

> *"Men are conspicuously missing in care work and because they can always delegate it seems caring will remain a woman's problem…men seem not to be bothered by the lack of support to carers because they are never involved in the caring duties…since more women are poor and unemployed men need to be enticed to get involved in the caring zone and maybe the government would be willing to consider financial assistance to families with unwell members" (R3 rural).*

Another respondent shared similar sentiments:

> *"…when I was ill my wife was the one who was caring for me…but when she needed care too I called my in laws to come take her so that they could provide the best care for her…she was too sick and I didn't know what to do with her….we men are not socialized to care for other people instead we expect that others will care for us" (R6 peri-urban).*

The argument being made is that if care work is undervalued, then potential carers might be deterred and/or discouraged because of the financial, emotional and psychological burdens that come with the caring process. As such care should be appreciated as a central concern of human life (Tronto, 1993:180). The focus on carers' "demands represent claims for recognition of their dignity and expertise as carers; rights to financial, health care and practical support; time to care for themselves as well as others; equal opportunities; the redistribution of responsibilities from family to state, and of power and authority from professionals to carers" (Carers UK, 2008; Yeandle and Buckner 2007). The need for the recognition of the carers is very important because of their contributions to the wellbeing, life and health of people under their care.

6.4.2 Coping mechanisms employed by older people amidst of social insecurity

According to Lazrus and Folkman (1984:141) define coping "as constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." Personal coping taps on personal resources against external demands. In case the personal coping mechanisms are less capable of helping an individual deal with external factors s/he can be stressed (ibid). One of the important factors important to help older people have excellent coping mechanisms is having family and community networks as alluded to by participants:

> *"…in the past there was a very important circle of trust built around family and community networks. It was important for everyone to be part of a collective. No one could survive alone and so from birth it was instilled in people the importance of social networks. The more people in your network the better because in ageing you were guaranteed care"(R53 rural).*

Indigenous societies relied on the family and community networks to provide social security and protection of its members as explained by this participant:

> *"…communities and families alike gave authority through a system of heads of households and community of elders to maintain peace and social justice in families and community…everyone knew who was in control and they respected traditional authority… the extended family was the one which was responsible for caring for older people and ensuring that they were treated with respect and dignity…males were taught by elders taught how to hunt, farm and provide for the family while females were taught how to care for family members especially the aged, counselling the bereaved and those about to marry…they also learnt how to be midwives…"(R49 peri urban).*

To a large extent the family is still the one responsible for caring for its members, even though this safety net is not as good as it was in the past.

> *"…even people who live in urban areas once they fall sick or lose jobs they return to the extended family in the rural areas…the amazing thing about the traditional*

arrangements of social security was that even those members who are unable to work in formal employment were always cared for within the family structure…this is proving true even today…we are raising grandchildren who were born in urban areas but after the demise of the parents we are forced to adopt them" ((FDG 1 rural).

The community also tries to ensure that older people are cared for through chiefs' granary (*emasimu asendlunkhulu)* as the chief is responsible for ensuring that the most vulnerable members of the community are given food. This mechanism is not as strong as it used to be because of the disintegration of the family structure nonetheless some communities still continue with this indigenous practice. Participants shared the following sentiments with regards to how they are coping:

"Traditionally the chief had some fields that were directly set aside for the purposes of ensuring that there was food security in the community-chief granaries (emasimu endlunkhulu). Households that had vulnerable elderly people and small children were the ones who benefited from this initiative and the community would strive to maintain the dignity of those individual households...today in some communities no one really takes time to look at their neighbours because they too are poor to do anything for someone else…poverty has made all people to focus on themselves…few people share their resources because of the modern values of individualism…in some communities chiefs are still able to make sure that there is food given to vulnerable households but this help is sometimes too limited…and when there is drought in a community it means everyone is doomed because we all suffer the same fate" (R35 rural).

Another respondent echoed similar sentiments:

"We have traditionally been involved in various economic and agricultural activities so that we can cope with shocks and risks and we also sell the produce as to close the gap of not having social security. The only challenge is that when there is calamity that befalls the community, everyone is affected and no one can assist each other. But whenever there is surplus we share with those disadvantaged than us"(R45 peri urban).

Currently, there are at least 100 million of older people in the world who live on less than $1 per day (IFA Global Ageing, 2008:11). It has been argued that ISSS strives where and when formal social security systems fail to cater for everyone (Kaseke, 2002). Even though the respondents are grant recipients, they still rely on ISSS because it is not adequately meeting their daily needs. Consequently, most older people in the category of old-old (70 years and above) are often poorer compared to the 60 year cohort. Below are some of the reasons shared by respondents on the various types of ISSS, which they continue to use:

> *"We never had the opportunity to go to school and therefore remain poor…at the time our parents were interested in other things except education….back then anything to do with colonial past was frowned upon and so was the white man's education…and so there has always been a practice of helping one another during the ploughing, weeding and harvesting season (lilima)..this was as sure way to ensure that those homesteads without manpower to work the fields are able to have some food in the end…the people would literally move from one home to the next as long as the home owners were willing to give them traditional brew (umcombotsi) or (mahewu)….again such activities really fostered Ubuntu (buntfu) and social care….solidarity was at the centre of the helping process at whatever level….."(R1 rural).*

A participant also revealed that during colonial times a lot of men moved to towns leaving women to spearhead social security for their families and communities:

> *"Older females had to depend on themselves; they worked twice as hard…we worked for colonial masters in the fields and it wasn't enough to pull us out of poverty…as women were determined to work hard anywhere…in the fields we are there…if there was a community activity that demands womanpower we offered ourselves…if there was an opportunity to make some money older people worked hard so that they can get little money to buy food and candles" (R4 urban).*

Another participant narrated how they depend on food from rural areas to survive in the city:

> *"I work as a labourer and that money is not sufficient so I make sure that during ploughing season I go to the rural areas and work in the fields so that when harvest*

time comes I am able to have mealie meal and only worry about protein….it is expensive to buy food from the shops so it is better if you can get some produce from your own fields. Sometimes my neighbours ask that I sell some of the produce to them like sweet potatoes and in the end I get some money to pay for rent" (R32 rural).

The economic activities show the differences between those in the urban and rural areas in addition the coping mechanisms of the different age groups differ significantly. The 60-69 year group has better means to support their families because some are still fit to look for employment while others are recently retired.

Another respondent shared similar sentiments and said that:

"It is hard times that bring out the best in people and in our case we use a burial scheme…we make contributions which cannot be accessed unless there is a death in a member's family…we are able to bury our relatives in a dignified manner…these schemes began after witnessing the high death rates due to HIV related illnesses…we realized that we should be prepared at all times…this has become some informal support group because we all share similar circumstance: we all have lost someone to the virus and so there is genuine concern and involvement in ensuring that no one ever feels unsupported….this scheme has really dignified the death of many of our children"(R2 peri urban).

Amongst the 70s and 80s group in the study, there was a significant drop in the energy levels as well as the ability to exert themselves in demanding physical activities. Most of the 80 years and above were too frail to work and some had difficulty even walking, thus those households with the oldest old were more vulnerable to extreme poverty. These are some of older people who fail to go to the disbursement centres because they are too ill to walk or they are unaware that there is an old grant.

"In the community we are not formally employed but what we do is that we contribute some money and it rotates (lujikeleto or masigwabisane)…you can access your money whenever you need it…this money comes handy when there is a crisis…with school fees, uniforms, food as well as after a relative has passed you need a lot of money for the burial…these schemes have really brought us close as a people"(R1 rural).

From the responses from the study, older people prefer the preservation of community networks. This clearly demonstrated the importance of social networks in the lives of older persons which policy makers and programmers-as outsiders- normally ignore when dealing with ageing issues. These social networks have sustained older persons during hardships and thereby remain a significant part of being an older person. Participants shared that:

> *"Whenever catastrophe strikes as the older person in the household I am hardest hit but I also have to mask it so that I appear strong for the rest of the members…there is significant suffering that we endure…there is a lot of distress but we have to keep moving…being old is not easy…you have to shoulder all the problems and offer solutions…most of which would be easily solved if we had some place to go to and get support" (R12 urban).*

Another participant shared sentiments on the significance of having older people in the family and they have always been the glue that binds every member together. Participants shared their views on how older people were protected and perceived:

> *"In the past grey hairs were causes for celebration. An old person was respected and protected rather than being ridiculed. Older people were seen as the ones close to the ancestors (lidloti lasekhaya). Being old made you gain significant status…it meant your experiences in life were recognised…you drew from experiences as you gave counsel to the younger generations and this generational interactions were most valuable contribution an elder could give its family and community at large. Older people were believed to have access to god (Mlentengamunye- Swazi god)…and if the elderly were to die s/he would look over the family members…the significant thing was that it didn't matter whether you were female or male once you got to being elderly you earned respect and care from those around you"(FGD 7).*

Participants also mentioned that:

> "*Being old earned you property rights and inheritance. In the past a man gave a piece of land to his son so that he can start his new family. Land was a valuable to the family and it was not for sale…it was passed from one generation to the next.*

The ownership of family treasure (cattle and other livestock) was also given to the first born son to govern after the elderly give them permission or on death of elders"(R2 urban).

According to Aboderin (2005), social security systems have not been able to respond effectively to everyday needs of older people and their dependents, leaving a fractured social security structure and older persons, marginalized, while pushing them deeper into poverty. Due to less employment opportunities targeting the older population, in most cases they are left with limited resources because government programmes prefer youth over older people. The underdevelopment in rural areas compromises the well-being and dignity of the older generation forcing them into old-age poverty. Respondents in the study decried rural-urban migration as one of the contributing factors to old age poverty. Here are some of the responses from respondents:

"Rural areas are not ideal for the youth because there is nothing but working the fields…as a result most of the children prefer leaving in town…some of them return to the rural areas in a coffin…no one can really blame them since there are no economic opportunities out here"(R6 peri urban).

According to Rattray (1956:62), 'the family unit was a corporation; action and even thought were corporate affairs.' Today older people are poor and unemployed but they survive through these social networks within the family, neighbourhoods, and the broader community. As such these social networks fill the void left by formal social security mechanisms, which favour those in paid employment. In otherwords, the older population have heavy reliance on indigenous forms of social security (ISSS).

"In certain communities lending livestock (kusisa) to a poor relative is something that still take place…the poor household is given a few cows which can be used for ploughing while they also provide milk for the family"(FG 2 rural).

Another participant made the following observation:

"We are just too poor to get the opportunity to get loans in banks…we can never raise the deposits and other documentation they need to process a loan

application…we sometimes go to loan sharks (bomashonisa) to borrow money to meet our needs…but the interest from bomashonisa is too high we resorted to form cooperatives (tinhlangano) which have helped us to have some form of assistance in time of need…in our community we are able to save small amounts of money…you have to put something not less than E100 and then it is up to you how you get those savings back…some of us prefer to get money and other times you receive manpower especially during ploughing season and at times you receive support during bereavement…other times we buy food parcels and share amongst ourselves"(FDG 5 peri urban).

6.4.3 The role of non-governmental organizations (NGOs) in ageing issues

Non-governmental organizations who work closely with communities are some of the whistle blowers on the destitution experienced in the different constituencies. They have been able to champion the human rights of most people in society, however without a strong advocacy role their efforts are sometimes futile. Swaziland has had good NGOs that have been instrumental in bringing microfinance schemes into communities for women's empowerment. Unfortunately, there is not enough public advocacy on issues of ageing and there are few organizations interested in furthering the cause of the ageing population in Swaziland. With the prevalent discriminatory and abusive practices directed at the older people, NGOs in Swaziland still have opportunity to identify gaps in existing international and local frameworks on how to address these for better human rights outcomes for older persons in the country. Participants made the following observations with regards to the role of local and international NGOs:

"Umtfunti weMaswati was the first non-governmental organization to show care and concern for the plight of the aged…it was this organization that brought the limelight on the issues of the aged. This organization was able to speak about the importance of young people to care for their ageing parents….we would get clothes and sometimes food depending on what was available at the time…there was also a programme run by Mr Zwane on radio where he would speak about the blessing of caring for your ageing parent…the programme would look at the sacrifices made by the elderly in educating their children who in turn migrate to urban areas and never come back to care for them" (FG5 peri urban).

Another participant echoed similar sentiments on the important role of the NGOs in furthering issues of the aged and this is what was shared:

> *"World Vision was one of the organizations that gave us small loans (microfinance) to small businesses in the community…we would then repay the money as the business started making income and upon completion of the loan your paying record would determine whether you will be eligible for a bigger loan…a lot of women have benefitted from this informal forms of money generating projects…the good thing was that in most cases they wanted the older people and that made it possible for the aged to be part of such schemes…we came together as women to make mats and floor polish, from there we made candles and a vegetable garden…we found a market through World Vision so people come buy from us…we use things like (halibhoma) to make Vaseline…we use aloe (inhlaba) to make a syrup for a drink…and then some people collect the concentrate from us to make a aloe syrup so we are always under pressure to meet the deadlines" (FG6 rural).*

Although the Declaration of Human Rights of 1948 guides initiatives towards a better future for all human beings, it is not binding and states can decide which parts of the declaration they want to implement. As a result, there is a need to have local instruments (legislation and programmes), which explicitly deal with the issues of ageing. Other respondents shared the following view by saying:

> *"There is a Ministry of Youth and Development but in all the ministries in the country no one wants to have ageing; we are not able to find a place of belonging simply because no one is really bothered by the plight of the aged…there is not much about ageing in form of legislation…even when we want to take government to court-we cannot because there is no legal instrument that mandates government to take care of the seniors in the country…it is a sad situation which NGOs can take up and make some noise about until something happens" (FG7 rural).*

Accordingly, older persons have the right to work and participate in government, right to equal opportunities and education; right to equal protection before the law. NGOs are proactive but they have not used the older persons themselves to speak on issues that affect them:

"…in most cases the people who work for the NGOs are the ones who speak about the issues concerning the older persons…sometimes we wonder who informs their programmes because they have never called a vusela to solicit the problems, challenges and prospects of ageing from the old people. NGOs should not fall into the same trap of ignoring the people they are meant to advocate for" (FG2 urban).

Other similar sentiments were shared:

"…having someone who will tell it as it is important because we have the same rights as everyone but often these rights are taken for granted…there should be a slogan that says "nothing for the older persons without older persons….people manipulate the aged because they have money…we are supposed to be in the forefront in all issues pertaining to the ageing process" (FG3 urban).

From the discussion, it can be argued that vulnerability to shocks makes older people extremely vulnerable and unable to cater for their basic needs. These risks and shocks are economic, environmental and health related. Because of the poor state of most poor older people, when these shocks and vulnerabilities hit they are detrimental to the individuals as well as the households as a whole. Older people needs to have some form of social security that is cognizant of the household size, head of household as well as the needs of each household so that the interventions are targeted and able to respond to the immediate needs of older persons which are often food, clothing, shelter, and the need for health care.

From the responses it is evident that older people are 'cultured' and they are always suspicious of outsiders or external influences, which can threaten the solidarity in the community. One respondent alluded to the fact that government agencies should make sure that they understand local cultural norms and values as well as older people's views on development. Any initiative in fighting underdevelopment needs to harness the cultural beliefs of that community. Here is an example of the responses from participants:

"Underdevelopment will persist in communities because people in the forefront to these initiatives are not only strangers but also people who ignore or are oblivious to the culture and solidarity which governs interactions of rural dwellers…because people are afraid of ageing, the aged will continue to be the minority whose needs

can never make it as priority for government policies and programmes…as a result ageing lacks the power to combat social exclusion"(R13 urban).

From the responses it was clearly stated that patriarchy and the secondary status of women greatly impact on the issues surrounding the ageing population.

"Underdevelopment will always be a part of the ageing experience because for the most part women are the majority of the ageing population; as caregivers the aged are ignored; as a individuals they are equally ignored; as heads of households they are again treated as though it is a 'must' to offer care to their grandchildren; by virtue of being women in a male dominated society- the issues of ageing will not receive the necessary attention-women will always be secondary in a patriarchal society...it is a fact that women do most of the work- they care for the family, they bring income to feed their families, they go overboard for everyone except themselves but still these efforts are unrecognized, unpaid and will remain in the domestic (pink) sphere and they will not get the opportunity to influence the decision making process" (R14 urban).

Respondents shared similar sentiments with regard to the importance of women empowerment as a tool to fight old age poverty.

"There is a saying that they say you empower one woman you empower an entire community….when you touch women you touch a stone (watsintsa bafati utsintse imbhokodvo….this resonates well with empowerment of women…if underdevelopment is to be tackled then women should be the primary target for development…give them education, health, income and social status, voice in politics and decision making….if the empowerment happens well it means that the prospects of old-age poverty can be significantly reduced. As long as women are active participants in the decision making process, no one can better articulate their issues in their entirety and diversity….older women need a voice…older women have the rights just like other segments of the population and their rights and cannot be ignored, (R15 urban).

From the responses of participants in the study, it transpired that rural areas do not attract development due to poor infrastructure. Most of the respondents cited lack of transportation,

telecommunication and roads as some of the contributory factors to rural-urban migration, which further delays the development of these areas.

> *"We have few clinics in our community and when you are really unwell and needing an ambulance to transport you to hospital bad roads become an obstacle...our community has terrible dirt roads, people are always moving away to try life in the urban areas…I kinder did the same….I moved to a peri urban area as a result of my inability to get a good job in the rural area...when you want to keep in touch with loved one it is still you find that they either lack phones or there is poor signal for cell phones" (R16 peri urban).*

Another respondent shared these views:

> *"No one wants to hire the old timers…they want the youth…once you get to a certain age there wont be any job opportunity including sweeping…they tell you that you are not fit for the job…and you are going to fall and cause them problems…they politely tell you to go play with your grandchildren…there is no one who wants to work with the older people….there is an opportunity to reverse this trend by pumping some money in rural development so that people have an incentive to return to the rural areas" (R7 urban).*

Longevity has cast spotlight on the increasing ageing population whose basic human right ought to be protected just as the other members in society. The Vienna International Plan of Action on Ageing (1982), the UN Principles for Older Persons (1991) and the Madrid International Plan of Action on Ageing (2002) are international documents that comprehensively and specifically address the rights of older persons. Fundamentally important is that the ageing population needs an environment that ensures that they age with dignity (ibid). Rural development holds the key to lowering the unemployment rate in most communities. Cities too are no longer able to offer everyone a good job and so taking work back to the rural areas could be one way of infusing life in these areas so that job opportunities are created.

6.5 Conclusion

The persistence of ageism, old age poverty, discrimination against old people is proof that the Swaziland government has failed to incorporate older people right in its policies. Even though the country has ratified a number of Conventions, but the translation of those provisions has not transformed into reality. Older people continue to suffer in silence; they are marginalised and there are no explicit legal instruments, which protect the rights of this population. Even though old people are playing such an important role within the family, but there is insufficient assistance provided to them in order to meet their individual needs as well as those of their dependents. The OAG is in most cases the only source of income in GHH.

Older people in the study were more susceptible to poverty due to lack of secure income to support themselves as well as their dependents. From the findings grandmother headed households were more susceptible to risks ranging from economic shocks, HIV pandemic, income difficulties, ill health. All these variables make it hard for poor older people and their dependents to enjoy longevity in a healthy lifestyle.

Older people in the study acknowledged the importance of having access to good health care services in order to reduce chronic illnesses related to old age. Strong legislation against poor service delivery and ageist attitudes are needed in Swaziland in order to improve the health outcomes of older people. A life course approach to health care is imperative for the country so that people live active and healthy lives as opposed to starting later in life.

The Madrid Plan of Action on Ageing, 2002, advocates for the protection of older people from neglect, abuse and violence. Because old age is accompanied by a level of vulnerability, the State needs to protect the rights of older people by putting in place the necessary mechanisms to manage risks while preserving the dignity and worth of older people. Respondents alluded to suffering from allegations such as being labelled a witch. In such instances information on ageing is necessary to correct some of the stereotypes on being old and widowed. Positive images on ageing need to be upheld so that it combats abuse of older people.

Old age is can be challenging for older people living with disabilities. The needs of this group is unknown in most cases and that is why the government needs to do a proper

categorization of the different types of households which older people live in as well as the composition of those households. Needs assessments should also be linked to the type of social assistance given to each individual household. It can be concluded that vulnerability can breed poverty especially in old age. Ineffective measures to address old age poverty and other issues faced by the ageing population interfere with their basic human rights.

In the study it was also evident that lack of participation from older people perpetuated social exclusion and isolation. The government of Swaziland needs to seek active participation of older people in issues affecting them. Political participation of older people is one of their basic human rights and such involvement can result in age-sensitive and gender sensitive policies, which can address the challenges of ageing.

Acknowledgement of the heterogeneity of the ageing population can assist in tackling gender-based issues so that all the older people are catered for in the policy framework. In the study, older people presented as a very heterogeneous group with very diverse experiences. That is why even with regards to the old age grant, a needs assessment would be useful in identifying the needs of each household in order to have additional support for those that are not managing.

A majority of older persons have caring responsibilities but do not receive much assistance from the state. Women are disproportionately affected by the caring burden and in this study grandmother headed households were poorer and even more so when there were smaller children in the household. Issues of unpaid care work need to be factored in the policy on ageing so that the carers can receive some form of assistance from the government or non-governmental organizations.

The grant alone is not sufficient in meeting the demands of daily living for the ageing population and their dependents. Assessment of the composition of each household is essential in making sure that the programmes and policies therefore a combination of support activities is needed. Issues such as housing, farm inputs and food were highlighted as urgent if the human rights of the aged are to be protected. For those households with orphaned and vulnerable children it would be helpful to have a separate grant targeting this population so that the OAG is not the only source of livelihood for the households.

From the study it is evident that there is more social action and advocacy needed to bring the issues of ageing to the political arena. The NGOs sector and other public entities need

to be more active in fighting the chronic poverty and destitution amongst older persons. It is evident that old age grant is the main source of livelihood for a number of families, which means that the role of the state has to ensure e that these grants are significant enough to make a difference in the lives of the ageing population and their dependents. Government and the private sector can collaborate in terms of improving the delivery of the grant system. The scope and benefits of the social security system targeting older people needs to increase in order to restore the dignity, worth and self-determination of older people. It is also important for the government to spearhead development and economic activities, which will empower older people in order to reduce the poverty and lack amongst older people.

For healthier and happier older people it is important for the intergenerational interactions to be encouraged so that there is some form of social cohesion and Ubuntu which will make strong social networks for the aged. The lack of respect and recognition of older people by the younger generation needs some attention especially since population ageing will change the dynamics in the population. There is need therefore to have some form of cohesion between these two populations (young and old).

Older persons need to be involved in issues that affect their future. A dialogue between the government and the aged is needed so that all the issues faced by the aged are documented and understood. Access to banking and legal facilities is important if older people are to continue to participate in the development agenda of the country. A universal approach to the provision of the needs of older persons is required. There are a lot of people who are referred to as ‘grandmother’ but they are still not 60 years and therefore they are excluded from the benefits of the old age grant. Older people need to have opportunities for education or training in order to better compete in the market place.

CHAPTER SEVEN

IMPLEMENTATION OF SWAZILAND OLD AGE GRANT (OAG)

7.1 Introduction

Chapter Seven focuses on the implementation of the old age grant (OAG) in Swaziland. The main focus is on the challenges experienced by older people in accessing the grant. This chapter further highlights the experiences of government officials and service providers on the delivery of the grant. In this chapter the main argument is that the context, content of the policy, the nature of the policy process and implementation affects the manner in which the grant is delivered. There are numerous non-governmental organizations (NGOs) that work in Swaziland but the ones included in the study were selected on the basis of being implementing partners to government in the provision of social security services to older people directly or indirectly as discussed in Chapter Three.

The Department of Social Work (DSW) under the Deputy Prime Minister's Office was key in providing the high ranking officials who could give insight into the historical background and/or position of government on the old age grant (OAG) and also in the provision of access to street level bureaucrats as implementing officers of old age grant. Philani MaSwati and Umtfunti wemaSwati are local NGOs, which have been instrumental in highlighting crisis that accompanies the ageing process. International NGOs including PEPFAR, UNICEF, EU Technical Team of Social Protection, World Vision gave insight on their experiences in working with the government in providing social protection to its citizens.

The challenges experienced by older people in accessing the OAG were better understood using the Human Rights Based Approach. The Policy Implementation Theory was crucial in highlighting the experiences of implementing partners in order to give a balanced overview of the challenges of implementing the OAG in Swaziland. In trying to understand the experiences of older people with State social protection the following questions were asked:

- ✓ What have been the experiences of older people with State social protection interventions?
- ✓ What kinds of indigenous social security arrangements (if any), do older people have access to counter exclusion?

- ✓ In what ways does social security improve the care and welfare of older people in the context of a developing country such as Swaziland?

The HRBA provided the researcher with the insight into the different views of the recipients and implementers of the OAG against the internationally stipulated guidelines for governments to provide social security using the human rights lens. Government officials and implementing partners were asked the following questions with regards to State social security:

- ✓ What is the Swaziland's government's perception of older people? What is their rationale to offering social security to older people?
- ✓ What are the current government interventions (policies or programmes) protecting older people in Swaziland?
- ✓ What are the organizational arrangements (processes, structures, resources and systems) that are used to deliver these policies and programmes?
- ✓ What have are some of the current issues that the Swaziland government faces in implementing interventions to protect older people?

Themes used to analyse the data included amount, access, eligibility, collection of grant, poverty and social security, impact of the OAG, and use of the grant. The policy implementation theory was key in unearthing the experiences of implementing the OAG by allowing the street level bureaucrats, high ranking officials and implementing partners to give their own experiences in implementing the OAG. This was important in highlighting the implementation challenges of the old age grant (OAG) in Swaziland. Section 7.3 offers the general implementing challenges faced by African countries; and Section 7.4 provides specific implementation issues of the OAG in Swaziland. Key informants were also asked the following questions:

- ✓ What are the challenges of effective implementation of social protection programmes in Africa?
- ✓ How can different state and non-state actors collaborate to help older people overcome their daily hardships and provide for social protection measures?

7.2 State Social Security (SSS)

7.2.1 Experiences of beneficiaries and implementers on OAG

According to the United Nations Universal Declaration of Human Rights of 1948, (Article 22), "everyone has the right to social security." The State is tasked with being the provider of such security to its citizens. Social security is a human rights issue, which shapes the progression and specifies a series of methodologies that can show governments and society how to build a fairer and more equitable society (IHRN, 2005:1). However, successful implementation of the right to social security requires joint effort between the State and the community. The fact is that the 'ideal' might be difficult to attain. Providing safety nets to poor households is part of the agenda of most developing countries (Levy and Robinson, 2014:19). One participant gave the following views on their experiences in accessing the old age grant:

> "*We do not have any source of income so we depend on the grant…it seems as though a 'new list' is issued for every disbursement and the likelihood of exclusion cannot be overruled…we are told the officials update the list manually and sometimes the 'original' list goes missing resulting in the exclusion of people who had previously received the grant" (R1 rural).*

Another respondent echoed similar sentiments:

> *"It is hard to know for sure when the grant is going to come…you wait for an announcement on radio that the money will be available on a certain date…but you never hold your breathe because you might be told government has no money …no one gives adequate answers as to why we are not getting the money…and no one offers solutions on how to survive until the grant is given out …often officials are unable say exactly when the next disbursements will take place"(FDG 2 urban).*

Porteous (2004:13) describes three important variables necessary for citizens in accessing social security-geographical access, affordability and product features. The government needs to ensure that access to social services is possible for all beneficiaries. On geographical access participants shared these sentiments:

"One of the hardest things to do is walk a long distance and discover that you will not be receiving any grant…you wake up so early in the morning and sometimes don't even have food or bus fare…in winter you literally risk your life because you start walking before daybreak…and when you get to the disbursement centre you queue for half a day…after lunch government officials tell you that there is no money…that is beyond heartbreak…you wonder what you will put on the table…you dread the walk back home"(FDG 7 rural).

Another participant shared the following sentiments on geographical access:

"I live close to the disbursement site but that does not mean its easy to queue for the money…you literally wait for officials to set up and begin the process of giving out money…you are so tired and hungry….you do not even have water…some people even collapse due to hunger…the problem is that we are always susceptible to robbery since the entire country if fully aware that OAG is being paid off"(R49 peri urban).

Majority of older people are excluded from access to financial services due to lack of old-age friendly support services. And as such it is imperative that all services being provided to older people are suitable in terms of proximity and affordability (Porteou, 2004:13). The OAG is disbursed either manually or electronically. Participants who have bank accounts find it convenient to access the grant electronically but the bank charges are one of the reasons some older people prefer manual disbursement:

"When it comes to accessing the money I sometimes find that I have less because the bank has effected charges…sometimes officials forget to pay for the bank charges and automatically your grant money will be less…that is not a nice feeling" (FG2 urban).

Another participant revealed that:

"The challenge is that some of us are not literate and therefore operating an ATM is close to impossible…some of us have eye problems and we cannot see that well…some of those using ATMs are challenged by forgetting their passwords (pin code)…and they depend on the security personnel to take them through the process of withdrawing the money or go inside and queue" (R60 rural).

Another participant echoed similar sentiments:

> *"I live with my grandchildren who are in high school now…so I put my card and the pin code together in my bag so that it does not get lost… and guess what they went to the bank and withdrew all my money without my permission…and so when I eventually went to withdraw my money I discovered that I had insufficient funds…the first thought was maybe someone forgot to put money in my account and I went inside the bank to enquire and that's when I was told that I had actually withdrawn all the money…now I have a new card and I hide it all the time" (R61 peri urban).*

The State has a role to play in facilitating and ensuring that all grant beneficiaries are not deterred nor disadvantaged by structural inefficiencies in accessing State social security. It is the right of older people get quality services. Access is an elusive concept, which 'embraces not just physical access but also affordability and choice' (Porteous, 2004:13). The State can establish and strengthen its links with post offices, community groceries or supermarkets in an effort to improve the conditions under which the OAG is disbursed. Decentralised structures can lessen the strain of queuing for the money. Participants disclosed effects of overcrowding in this manner:

> *"You will never know how many old people are there until you see them coming for their grants…it is an overwhelming feeling…mayhem to be exact…there is overcrowding…there are people literally everywhere and some of us are accompanied by our grandchildren…like all other age groups there is a level of clumsiness which sometimes results in some tripping and injury…some of us have high blood pressure which gets worse when you are hungry …unfortunately there is no food for us at disbursement sites and we fall from hunger" (R1 rural).*

Another respondent made the following observations:

> *"some of us are afraid to go to the centres because of safety reasons…I was mugged some months ago…I was just about to get home and some boys rounded me up and beat me…I lost consciousness and when I woke up they had fled with my money…they were saying bring the money we know old people are monied (buyisa lemali siyati talukati tiholile)" (FGD 8 urban).*

Similar sentiments were echoed:

> *"There is nothing fascinating in seeing police presence at disbursement sites… they are armed with guns and that creates an element of fear…it feels like an unsafe open prison (ungatsi sitokele ngephandle)…it deprives us of free speech because we have to censor ourselves least they use the law against us…policemen can be intimidating (bahlala nesibhamu na zankosi..mele ungahhemi ungaze uvuke ejele)" (FDG 3 peri urban).*

The choice of the method used to receive the grant needs to be transparent and well tailored for the beneficiaries. It also has to have some flexibility in case beneficiaries want to switch from one to the other. This is how participants responded:

> *"I wish I could go back to manual disbursement because I used to get all my money to the last cent…I kept it under my bed…but banking means traveling to town and that is costly"(R34 urban).*

The government can improve service delivery by ensuring that grants disbursement dates are not tempered with in order to create some form of stability, reliability and predictability. Engaging other partners to come up with better delivery systems of the grant can improve the effectiveness and provide a more friendly and secure environment for beneficiaries.

The State can also ensure that disbursement centres are close to the geographical location of beneficiaries. Providing seating arrangements, medical services, food and sanitation can also create a more bearable environment for service recipients. Law enforcement officials could also create a less threatening environment unless there is a valid reason to carry around their guns. Extending the choice of choosing which payment method older people prefer so that their right to choice is not tempered with.

7.2.2 Experiences of street bureaucrats

On the other hand implementing partners and street level bureaucrats shared different views on the implementation of the OAG according to Article 9 of the International Covenant on Economic, Social and Cultural Rights (1966), which recognizes "the right of everyone to social security, including social insurance." As such the State is the custodian and protector of the citizens by providing adequate security. Key informants gave the following views on their experiences with implementing the OAG:

> "*It is not an easy exercise to manually give out money...there is a lot of counting and recounting…there is a lot of documentation that follows so that every cent is accounted for…we have to be in the different communities for an extended period and that compromises the other duties that we have and the other populations which we are supposed to be serving" (GO1).*

Another discussant observed that:

> *"Where there is money there is danger…I always get anxious about disbursements in case someone tries to rob us…people are impatient and with older people double that…they also want to report other personal or social issues they are dealing with and they tell you point blank that the money is not going to last them that long…I sympathise but that how far I can go" (GO 2).*

Similar sentiments were echoed by another discussant:

> *"Even though there is police presence the intimidation is still there…carrying out this exercise without their presence creates a level of vulnerability…when money is involved people become less predictable" (GO3).*

Norton, et al (2001:7) modern governments are preoccupied with providing social security against 'vulnerability, risk and deprivation, which are deemed socially acceptable with a given polity or society.' Swaziland needs to ensure that social security id embedded in the national development strategies. The following responses on the perceptions of State obligation in providing social security were as follows:

"Some of these Conventions put undue pressure on the government to provide social security and social insurance…they tend to forget that we have limited resources at our disposal…we are struggling because the economy is not growing and donors are also withdrawing their support…on the other hand poverty is deepening and more people are trapped in the cycle of poverty…the social insurance and social assistance is more appropriate in the west where most people are protected for occasional risks but in Africa poverty is entrenched and there are no prospects of employment for most people…it is hard to fulfil some of the stipulations in these conventions not because we do not want to but satisfying all these…But there are competing needs that have to be attended to" (GO1).

Social security systems in Swaziland need to reflect and strengthen some of the ISSS principles such as solidarity, Ubuntu and co-operation in families and communities especially since older people are the fabric holding families together. For the most part if policies are imposed at international level, the likelihood of bottlenecks and political resistance increases and their relevance in addressing local problems is highly compromised. Key informant shared these views on the difficulties in domesticating some of the ratified conventions:

"For poor countries like Swaziland it is almost impossible to protect all individuals hundred percent because there is not enough money lying around to spend on grants. Poverty is extremely high and so is unemployment…therefore the government needs to be very selective in which programmes it commits money on…the country must be commended though for the effort in protecting the aged through the OAG and for the government to be spearheading this initiative and funding it from the national budget…at least there is hope that once the turns a corner maybe the benefits to the elderly will also increase…in the meantime variation of benefits is needed"(GO3).

The current State social security in Swaziland is not supported by adequate research as evidenced by lack of consultation between older people and policy makers. The social safety net in Swaziland is modelled on the western experiences as opposed to being informed by local needs of vulnerable population. Here are some observations from participants:

"When programmes are backed by research findings and active participation of intended beneficiaries the likelihood of having effective programmes and policies increases significantly…people in general want to have ownership or a stake in issues that pertain to their welfare…older people in Swaziland have not had an opportunity where they make contribution on how to improve the safety net"(GO 5).

Politics matter in shaping the contents of social security systems; the elite determine which categories are 'deserving' of social assistance and they further influence the targeting and size of the safety net (Hickey, 2007:9). Over and above donor agencies and multilateral organizations are also influential in the implementation and finding of social safety net in most developing countries. Key informants observed that:

"Swaziland is to a large extent dependent on donor assistance to the point where they we have limited influence on the policies being imposed ...finding locally grown solutions to local problems is always best except that funders might not agree to fund these programmes" (GO3).

Another participant who said shared similar sentiments:

"In trying to find alternative funding for the OAG maybe the government can look into a public private partnership (PPP) otherwise it is every citizen's right to have access to some form of social security to prevent human suffering…also the suspended public assistance programme needs to resurrect with better benefits to provide better protection for older people also since HIV and children still receive relatively large support from the international agencies maybe government needs to link ageing with HIV and children's programmes in order for the aged to benefit as well…this can be done as long as there is willingness on the part of government for such initiatives…twinning of programmes they say so that an elderly person who lives with orphans is not overlooked…this can call for the government to look into needs assessments for vulnerable households" (GO3).

One of the key informants had a different view on the state driven social security:

> *"This is an insult to the dignity of the aged, security is just something that is elusive, stories of old people being abused, robed and victimized are signs that all is not well in this society. Government is not doing enough to safeguard the rights of the aged and that is a violation of the UDHR…what can you possibly buy with the ridiculous amount that they are given? How long can those supplies last these old people…we need to go back to the drawing board as a country and come up with a better way to protect older people" (GO4).*

According to Niño-Zarazúa et al. (2010:16), the influence of external actors works best where engagement with 'domestic political and policy processes enables stronger ownership of social protection programmes by national governments, public administrations and political constituencies, and where external knowledge is framed as learning, rather than policy transfer' (ibid). The Swaziland government and implementing partners need to develop hybrid programmes that speak to local needs. Only 5 to 10 percent of the population are covered by social insurance and leaving 90 percent of most poor populations without adequate coverage (Institute of Social Studies, 2008:5). The country needs to understand that the provision of social security is part of its social contract to its citizens.

7.2.1.1 Grant money

The United Nations Principles for Older Persons of 1991, offered a broad outline which allowed governments to have flexibility on how to implement policies addressing the needs of the aged, but all those efforts have not yielded any positive results for older people in most countries (Huenchuan and Rodriguez-Pinero, 2011:10). Even though these international agreements are legally binding, the domestication of the convention is subject to local expertise and context; this is problematic in that governments do not have benchmarks on which to estimate what is acceptable or not, for instance, for poverty it was assessed as $1.25 per day (E14 per day) but nothing exists on old age grants (World Bank, 2012:39). Consultative processes to inform the grants system are very hard to assess. Participant shared the following views on the amount given for OAG:

"There is always uncertainty that clouds the grant…you just never know if government will have sufficient funds for the grant…at times we go for more than 6 months without getting anything from government…on the other hand you have an elderly man who leads the government (prime minister) and he is able to reward himself with E67 000 per month. The question is how is it fair to us? Why does he get more money than we do? Why doesn't he think for his age mates to get better social security…if he is unable to consider us then no one will ever further the issues of the aged…We do not have any means for subsistence but nothing is done to ensure that we at least get the E720 monthly"(R3 rural).

Revisiting historical, social, political and institutional factors that birthed the OAG can be helpful in the establishment of an improved social safety net for the old generation Meth, 2007:33). Issues of sustainability cannot be overlooked since the OAG is funded through State budget. In many ways the social safety net has the potential to substantially reduce the gap caused by inequality and exclusion of older people in the Swazi society. Another participant shared these views:

"The idea of the OAG was ok until political figures used it to gain political mileage…instead of acknowledging us as recipients and soliciting our views on how best to implement the grant…they went and did it as they saw fit…. now whether you critic the way it is delivered or the amount given…you just wasting time because no one is really interested in what you think ….the grant is about the political figures to look good in the eyes of the world" (FG4 peri urban).

Devereux and Sabetes-Wheeler (2004) observed that social security was four-pronged approach: preventive, promotive, protective, and transformation. In as far as the OAG is concerned there are mixed emotions in terms what would be considered a fair amount to help older people get by. Different arguments on this issue suggest that consultation with older people would assist the implementers in coming up with a protective safety net which incorporates food security programme with cash based public assistance components (Kebede, 2006). Participants share the following sentiments:

"What is the correct amount that we need for the grant to be reasonable? How can the rich decide on what is good for the poor…they have not lived in our

shoes…someone in their right mind would know that E240 per month is too little to secure the livelihoods of the aged who happen to raise a lot of grandchildren…you see when you ignore the source of the suffering, you have missed the opportunity to get the correct intervention…the idea of a state security is good but not knowing *what they are securing us from is the problem" (R1 rural).*

Another participant gave a differing opinion:

"It is not the amount of money that is the missing link here, but the lack of a consultative process that would bring our views and wishes to the policymakers. They can give all the money in the world but still they will have no clue about the needs and experiences of older people" (R6 peri urban).

On the other key informants also weighed in on the issue of lack of consultation on the amount given to the aged and these are some of their responses:

"Through the OAG the government was acknowledging the plight of older people but the classification of the country as a lower middle income is working to our disadvantage because we are unable to solicit enough funds to run the operations of government…as we speak the we are at loggerheads with the IMF and other international heavy weights who want Swaziland to reduce its wage bill …that would mean sending people home…which also means those people will need a safety net from government for the rest of their lives…this means coming up with another mechanism to cover those who are not yet 60 years….that also means that the 5 to 10 people who were benefitting from the civil servant will also need a safety net…this means that there will be less people paying taxes while an increased number of people needing protection…such is bad for a struggling economy like Swaziland…and truth be told we are struggling with maintaining the current safety nets…working towards strengthening and improving the current safety net should be the preoccupation of government and its implementing partners"(GO6).

Another discussant observed that:

> *"The grant is not sufficient, it adds in humiliating the elderly, it dehumanizes them further and they remain helpless, excluded and forgotten members of society who we only see during disbursements…the country needs to start having dialogues on the upkeep of older people…they cannot remain hidden forever they need to weigh in on how their lives can be improved…their issues should not only be tackled as a once off event but they need to be part of the conversation to help improve the benefits from the OAG" (GO7).*

Prospects of improving the OAG are high, as long as the benefits are tailor-made to address the daily needs of the aged. Demographic changes and the growing visibility of the ageing population calls for governments to go back to the drawing board and find innovative ways to providing comprehensive social security and social care services for the ageing population. "The key policy issue is not only how to tackle the welfare needs of the present elderly generation, but how to help the future generation of the elderly, who are potentially more numerous, to maintain their standard of living" (Messkoub, 2008:16).

7.2.1.2 Accessibility of Old Age Grant (OAG)

Shielding people and livelihoods assists in safeguarding the needs and rights of the vulnerable and marginalized groups in society is an important feature in the 21st century. Social security is an important tool for comprehensive development, an important buffer to any financial difficulties and other insecurities (food, ill-health and loss of work) and for stimulating more complete access to basic care amenities (DFID, 2011:38). The main objective of state-run social security is of providing protection to the aged as part of their human right in order for them to be able to have the basic living standard in line with the rest of the population. On the ability to access and receive OAG, participants had differing views. One participant noted that:

> *"They wanted me to prove beyond reasonable doubt that I was indeed poor…I was not sure why they never took my word for it but I had to plead my case…after that the official told me that they will come to my home and verify the information…I felt uncertain and unsure if there was more poverty than what I was experiencing…. proving to someone that you are indeed poor is part of the*

humiliation you endure as you seek assistance from the state run social security system, it is hard being poor"(R19 peri urban).

Another respondent said:

"It is unpleasant to have to convince officials that you are old when they can actually see for themselves that you are…they say its procedure and I say it's an insult to my humanness. They ask you to produce identification cards, passport or birth certificates…most of us do not have those documents and the few that do have been able to access the grant" (R9 urban).

Participants also highlighted long distances and lengthy waiting process as hindrances to qualifying for the benefits. Participants made the following observations:

"My main issue is that I live very far from the disbursement site and so I need bus fare but often I do not have sufficient funds to travel and cover all my expenses. Sometimes you have to return to the disbursement site twice because of the long lines" (R26 urban).

Another participant shared similar sentiment and said:

"After my name was included in the list of beneficiaries it wasn't automatic to get into the register and for three successive times my name wasn't included in the list of beneficiaries…these officials do not even look at you twice, they say your name is not here step aside…they care never in a mood to explain why your name wasn't included" (R27 peri urban).

One other participant observed that:

"If the purpose of the OAG is provide protection to the elderly then it should be easy to access it because every day we have a crisis that centres on survival and we should never have to wait for months to get the money…see it's like being asked to hold your breath until three months has elapsed and then you can breathe again…impossible" (R8 rural).

Accessing the social services and social security benefits is crucial improving the lives of recipients. Complementary services in addressing the needs of the elderly are needed to better respond to the plight of the increasing number of older people in society.

Social assistance decreases poverty and hunger; and has an effect on food security if restrictions on cash transfers are removed; and it helps increase families' capacity to cope with shock and risks. Successful social assistance programmes are those that not only allocate acceptable cash, but also do so in a reliable and dependable manner (IEG, 2011). Therefore, the "level timing and predictability of income transfers are central to success in enabling beneficiaries to increase consumption in line with programme objectives and spending on other necessities" (ibid). A key informant shared the following views on social assistance:

> *"Social assistance is means tested and therefore the individuals have to meet the criteria that has been set. Sometimes you meet people who look desperate and in need of assistance but they do not qualify to receive certain services then your hands are tied. That is why when the public assistance programme was cancelled we asked how we were going to assist those who are not eligible for the OAG. But what is clear is that in any struggling economy, when the tough times hit, social security and social assistance is the first to go" (GO1).*

Another key informant said:

> *"Accurate targeting and understanding the needs of each household can make social assistance more responsive to the needs of the vulnerable households…in poor countries like Swaziland multiple of public assistance and social insurance programme are essential in order for the needy to access them to meet the diverse needs within their households…in that way it becomes diverse sources of income" (GO5).*

Other key informants shared similar views and said:

> *"Given the fact that government has limited budget and personnel, targeting can deliver larger and better transfers to selected households and individuals. Geographical targeting for instance uses the services of local structures i.e. (chiefs,*

local councils, Lihlombe Lekukhalela and rural health motivators) assist in identifying the poorest households in the community…the advantage being proximity and their knowledge of vulnerable households in the community…. such targeting is more effective in identifying the vulnerable even if they do not have the necessary paper work, the local people know which households needs intervention from the state" (R10 rural).

Another key informant echoed similar sentiments:

"Conditions and needs of households influencing the consumption and other characteristics in the families have to be taken into consideration. The gender composition within the families is essential for effective social assistance programmes to help manage risks and shocks" (GO7).

7.2.1.3 Eligibility criteria for OAG

The United Nations (2009) states that social assistance programmes are means-tested and time-bound. Most of such programmes are short lived and respond to crisis. In such cases, the poor have to meet the criterion set in order to qualify for the benefits of the programme. Failure to prove beyond reasonable doubt that one is poor means that an individual will not receive the grant. Participants shared the following sentiments on the effectiveness and eligibility criteria used to access the OAG:

" You have to be 60 years and over to qualify for the elderly grant and you also need identification documents like ID, passport or birth certificate…documents which most elderly persons do not have because we are not even sure when we were born. So if you don't have these documents it is not easy to get assistance in getting the grant" (R11 urban).

Other participants noted that:

"If the OAG is meant to assist alleviate our suffering then it is failing to even target the most vulnerable people…we are turned back and told that our names are not in the register…sometimes people who have been working before, who get pensions are also seen lining up with us who have no other source of income…so when it

comes to eligibility...If you have connections you can access the grant…and the neediest are turned back because their names are not in the registry…sad" (FG3 urban).

A key informant gave this response when asked about the eligibility criteria of the OAG:

"OAG has the potential of helping the country alleviate the poverty and reduce suffering if only the objectives and aims were clearer. You must have some identification documents in order to be qualifying for the OAG. Like the other ad hoc grants that the government implements, the overall guidelines for eligibility for this grant are unclear. The targeting criteria and how the elderly are identified are not clear…. although those whose likely age is over 60 years are identified at chiefdom level…a very subjective approach. Definition problems are compounded by a lack of an aging or elderly policy to guide on the categorization of older persons…so some people who qualify are excluded and those who are not supposed to be included are receiving the grants…issues of documentation are problematic because most of these people who need the assistance do not have them" (GO7).

The Human Rights Based Approach seeks to address past inequalities by affording development opportunities to previously marginalized and excluded groups in society. HRBA advocates for equal treatment of all people and particular attention to the restoration of the dignity and worth of these individuals, thereby making way for social integration; and on that basis, the construction of a "society for all" (UN, 1995b). However, eligibility criteria sometimes acts as an obstacle and barrier to the vulnerable accessing and qualifying for services that they desperately need.

7.2.1.4 Collection of old age grant

The grant is administered manually and electronically. For those individuals who have active bank accounts, their grant is wired through the banks. The majority of social workers and welfare officers under the DPMO administer the OAG manual disbursements. Manual distribution requires most DSW staff to go to the regions to disburse the grants over a one-month period of time. These are some of views of older people about their experiences on OAG disbursements:

"You leave home at 5 am walk long to the nearest post office or police station, when you get there you are so tired and hungry you just pass out…at midday that is when the government officials tell you to line up…by then you are so weak you can't even get up…sometime good Samaritans assist you and you take the money and walk back home...if you are lucky you get there with some food but at other times you are robbed and get home empty handed" (R13 urban).

One of the key informants shared these sentiments:

"The Social Welfare Officers are so understaffed that they are unable to do needs assessments in the communities to determine the level of vulnerabilities within the homes. This critical activity has been delegated to the community structures (chief's council) that visit the vulnerable in their homes and register them for the OAG. These individuals are then expected to go to the Regional offices to complete the registration process-they have to bring along the identification documents. Upon completion of registration they are now eligible for the OAG but might not appear in the list for some time until all the lists have been manually reconciled…which results in some people being omitted due to human error and those that are too frail or vulnerable to attend the cash disbursements that can be up to 20km away are given three days "grace" before the payment is returned effectively to the Treasury. There have been some anomalies and ghost recipients where some allowances are paid out to certain family members without producing the eligible person's ID. Verification controls are very low and the majority of failed beneficiaries are likely to be those most in need. To mitigate this situation, the Department has recently signed a memorandum of understanding with the Post Office after establishing that it was the most efficient way of paying out the grants to the beneficiaries" (GO5).

Policies and programmes ought to be directed by the guidelines and standards, which promote the attainment of human rights (ECLA, 2011:10). Similarly, gender perceptive policies ought to meticulously classify and tackle the specified needs of female, as well as males (ibid). Empowering women and girls through gender equality are central themes of fundamental human rights and a basic pre-condition for equality and sustainable social and economic development (Eide, 2006:251).

7.2.1.5 Poverty and social security

Social security is a social mechanism that challenges "oppressive socio-economic relationships so that economic redistribution takes into consideration an increased sense of security for all people" (Shepherd et al, 2004:195). Arguably, social security is seen as an effective tool that provides springboards out of poverty, want and squalor.

> *"Security is something that must always surround you…if OAG is a form of security it means we should be able to access it whenever and however we want… if top officials cannot go anywhere without their security guards why are the elderly expected to be without security for a few months…what is protecting us whiles the security is unavailable?" (R14 urban).*

Another participant had this observation:

> *"We have been stripped of what was left of our dignity and self-worth because of the poverty. The elderly grant has worsened our plight because we have to wait for it…it's like being thirsty and when you finally reach a waterhole you find the water bitter and salty…waiting for three to four months to get the grant is torture…. you could die whilst waiting for it…it is dehumanizing to say the least" (R17 rural).*

Other respondents also echoed similar views:

> "*Money is not everything in this case…if there were other provisions made for us that would be better. For instance, during the waiting period government could give some hand-outs or something to keep us going…at this rate we are perishing and this is a slow poison death and it hurts…we go for days without food and then we are told to gather at the different disbursement areas…while we are waiting someone comes and informs the crowds that government is sorry there will be no disbursement exercise due to limited resources…at that point you just want to die because you do not even have the bus fare and you are sick from worry for the next meal" (FG6 rural).*

An informant gave an opinion about the impact social security on poverty:

> *"If poverty is to be dealt with head on the bottom up approach is needed where the recipients of social services are given a platform to inform policies and programmes…as long as the elderly are seen as passive participants in development process there won't be any changes…elderly people o are masking the impact and severity of the HIV pandemic in families and communities yet government has not seen it fit to consult them about the issues that trouble them…these people have ideas and suggestions that they assist government in coming up with plan to mitigate the effect of poverty and suffering in their lives…government needs to protect all citizens by ensuring that their needs are met and also their basic human rights are not tempered with" (GO 7).*

The HRBA calls for the State to develop catalysts, which can help channel, the needs of the aged within the general framework of government activity (Huenchuan, 2009). This dimension calls for specific and concrete measures applied through multi sectorial initiatives or programmes directing at old people. The target is improved service and targeting so that no one falls into the cracks (ECLAC, 2006:409).

7.2.1.6 Impact of the Old Age Grant (OAG)

Dhemba (2013) noted that social assistance programmes are unreliable because the payments cannot be guaranteed on a monthly basis. In fact, when there is financial difficulties social assistance and social insurance programmes are directly affected. Accordingly, Dhemba observed that monthly grants are not adequate because they are always below the poverty datum line, and do not keep up with inflation and standard of living. In terms of the impact of the OAG as a form of social assistance, participants shared the following responses:

> *"It is very hard to wait for the social assistance (OAG) because of the daily needs that we have. Sometimes you are just not sure if the government will raise sufficient funds for the grant…the uncertainty around the grant makes one not to rely too much on it…the R720 quarterly is very small especially because some of our families are quite large and that means we can have food for a few days after which we go back to starvation" (R11 urban).*

Another participant said:

> *"Before the OAG there was nothing, we were just here and no one cared whether we had eaten or not…now we look forward to something…two minutes of holding money can alter a helpless demeanour to a hopeful one…for two minutes you have plans and you know you can execute them partially because you have money…it is not much but when the money is about to come the children behave. They become more cooperative because they know that granny will not buy something nice for someone who is disobedient…in those few days I am the head of household, I determine how and where the resources will be used. It is empowering in a way. If the money was substantial imagine the impact it would have in families" (R17 rural).*

Key informants shared the views of participants. One key informant also observed that:

> *"Giving out small but reliable income flows can also help poor households to diversify their livelihoods away from farming, and to improve their long-term income generating potential by funding the costs of job seeking, or by allowing them to avoid losing their assets through distress sales or an inability to repay emergency loans in times of economic crisis…maybe when it is ploughing season the government and its partners can pool resources and assist the aged with farm inputs, fertilizer, maize and bean seeds to enable beneficiaries of social welfare assistance to have dignity in their communities and also so that they can have food security…also to instil the culture of working…for those households with young people who can work for food, this is an option that is available to ensure that empowerment flows through food security initiatives" (GO8).*

The other informant was of the view that:

> "*The government needs to restore the public assistance programme, which was suspended sometime ago due to budgetary and economic difficulties It is important to have these safety nets so that people are assisted from their vulnerabilities. The programmes are able to address negative effects of poverty through in kind and cash grants. Such programmes help restore the worth and dignity of individuals who find themselves in difficult situations not out of their own doing but due to*

uncontrolled environmental issues they are faced with" (GO9).

Manchu (2002:92) argues, "Income-based welfare programmes have historically been used to define and marginalize the poor outside a common citizenship. Providing individual and community assets to the poor will assist them to accumulate resources, get a lift out of poverty, and promote citizenship more than income maintenance". Social security as one of the many mechanisms for poverty alleviation and poverty prevention needs to be implemented together with other income transfers to address the root causes of poverty.

7.2.1.7 How older people use the grant

Social welfare systems are often critiqued a not being able to lift people out of poverty because of the small amount that is given to beneficiaries. There are also success stories, which emerge from the experiences with the cash grants.

(a) **Frequent meals and food security:** According to Devereux (2004:13) several studies on social grants report positive outcomes to recipients (older people) and their dependents. One participant explained the major impact as being her ability to provide food and nutritious meals for her family because of the old age grant and her sentiments were as follows:

"We are able to buy food and eat right for a few days after receiving the grant…it is noteworthy…but the grant could have even more impact if there were needs assessments done for each household"(R20 urban).

Another participant echoed similar views:

"It is not much but it is better than nothing…. I am able to buy food and preserve it by sun-drying it…we are no longer eating cow-dung…instead we have at least one good meal a day and on for the other meals the kids go to the neighbourhood care point" (R40 rural).

(b) **Sending children to school:** Opportunities to send the girl children to school increase when the rights-based approach to programming is used. Free education policies as well as cash grants create unlimited possibilities for previously excluded and marginalized groups in society. Through the OAG, most children who would have otherwise been

disadvantaged are now attending school. Some of the responses from participants include:

> *"I am happy that we have free education at primary school level and so I am able to help the one grandchild at secondary with buying some books as well buying uniforms. I struggle with paying his school fees but the burden is better compared to paying for all 5 grandchildren…I am hoping that when he finishes he is the one who will put his siblings through high school…the grant is not much but I can see how it has really helped me in caring for my double orphaned grand children… were it not for the grant I'm sure my grandchild would not be doing his form 3" (R23 rural).*

In a similar vein another respondent said:

> *"There is a bright future ahead as long as our grandchildren embrace education…that is what I wish for my grandchildren…I want them to finish school in that way I will know that I have done my job right…. if they are enlighten and empowered they can overcome any challenges…I am secretly praying that the government extends the free education to high school so that my shortfalls in money don't cost them their education. The grant is helpful in making the children get what they need at school but more resources will be needed when they get to high school level" (R30 urban).*

(c) **Access to Nutrition and Health Care:** Grants (as a form of income security) enable recipients and their families to access health care services. Participants made the following observation in relation to the ability to access health care services as follows:

> "*As a woman I now visit the clinic when there is a sick child and because the elderly have free access to health care I also take advantage of these services. It is nice to have a say on what we use the money on…it is frustrating that the money finishes before we can satisfy all the needs of family members. For the first time in my life I have the financial muscle and people within the family actually listen to what I say…the power of money…imagine if we were getting the grant every month" (R18 rural).*

Another participant noted that:

> *"I have been able to support the family through selling vegetables and second hand clothing…if the vegetables are not bought we eat them and so often we have nutritious meals…the grant gave me the head start for the business and luckily people respond well to me and they buy my wares…I am able to give the children money for bus fare and sometimes if they have needs at school I am able to come through for them" (R24 peri urban).*

(d) **Economic and financial impacts of the OAG:** The OAG has enabled certain individuals to start small income generating activities, which empower previously marginalized groups in society (Naves et al, 2009). These were some of the responses shared by some participants:

> *"As much as I hate waiting for the money that comes quarterly but I have learnt how to plan for the money. When you are poor you have plenty of time to strategize and build castles in the air…so for me the grant has enabled me to put aside some money to pay in the rotation scheme (luholiswano) and I try hard not to borrow so that at the end of the year the returns are big…it is hard but in December when we get the supplies I know I won't have to worry about starch but protein only…I have learnt to do big things with the limited resources at my disposal" (FG8 urban).*

Another participant who said that echoed similar views:

> *"As a woman it is very liberating to know that I have money that I get from the state…my money…it is liberating…within the family I have bargaining powers because I am now an official breadwinner because my husband is dead" (FG6 rural).*

One other participant also noted:

> *"I am able to buy a few supplies for the children when I get the grant…it is not much but when it comes I get a peace of mind and I am able to pay my debts" (R24 peri urban).*

The OAG is a tool that can be used in the fight against poverty and it can be able to act as a springboard out of poverty and reduce risks and other shocks as long as needs and situational assessments are conducted to inform the implementation of programmes and policies (Devereux, 2010:11).

7.3 Challenges of Policy Implementation

Since at the beginning of the policy process, it remains unknown "who gets what, when and how" or even how the policy process will unfold (Lasswell, 1958:66). The key informants reported that this was the case when they engage in the implementation process of the old age grant. Key informants shared some views on the challenges of policy implementation in Swaziland and this is what they shared:

> *" ...when it comes to policy design, formulation and implementation there are aspects that need to be strengthened in order to develop good policies because of the numerous issues that present challenges for any policy in Swaziland. Often there are too many gaps that exist between policy design and formulation implementation because we are sidelined when some of these processes begin and we brought in half way through. It is such discrepancies, which influence the outcome of the policy process and have a bearing on whether policies are implemented in a satisfactory manner or not and in the end we have to take the blame for the failure of these policies" (GO1).*

7.3.1 Context

The policy process takes place in a multi-actor context and satisfying the needs and expectations of all stakeholders is a complex process. The context of the policy is important in many respects because it speaks to the political, social and economic climate within which the policy is conceived and conceptualized. It also speaks of the different interest from stakeholders and future beneficiaries-all of which impact on the outcome of the policy. The implementing bodies and organizations involved in the process also impact on the way in which the situation or problem is conceptualized. Key informants shared their views on the 'context' as follows:

> *"Ideally we are when a policy is being designed different stakeholders and beneficiaries are supposed to be part of the process but the way things are done here*

you find that politicians take pride in having the 'glory' unto themselves. They always want to do things from a political framework where they just order the juniors to implement their policies but the problem is that as street level bureaucrats we are indirectly linked to whatever policies as both implementers and recipients and so the politicians need to be able to sell their ideas to us first so that we can better articulate the policy provisions. The civil society needs an awakening too so that they understand the roles they can play in this process" (GO2).

A policy is thus often linked to someone's understandings of the problematic condition. Pressman and Wildavsky (1973: xv), argue that implementation is "a seamless web...a process of interaction between the setting of goals and actions geared to achieving them." Under context there are several implementation problems that arise:

(i) **Localizing and Domesticating International Policies-** most social security programmes in the African context transplanted Eurocentric policies and 'domesticated' them without much modification (Nhende, 2015:9). On the importance of localising and domesticating international policies, key informants shared the following views:

" ...one of the issues for Swaziland is how to localise the international conventions and treaties which it is signatory to. For instance, the way social assistance and social insurance provisions stand both of them are Eurocentric in nature and really don't speak to the issues of the poor people in Swaziland and because we are implementing something that was successful elsewhere we are struggling to understand why it is not yielding similar result in the context of an underdeveloped country like ours. We need to modify these programmes in order to be suitable in Swaziland where the majority of the population is in paid employment and only supplement their incomes with public and social assistance programmes" (GO3).

In addition, insurances are a characteristic feature of the work environment, something that is not relevant to the African context. A limited amount, approximately five to ten percent of the African poor are covered by formal social security and that leaves ninety percent uninsured and vulnerable to shocks and risks (Kaseke, 2001:89). Africa needs to contextualize its programmes; it is crucial to develop a hybrid that speaks to the African context.

(ii) **Unrealistic policies-** in the context of want, squalor, illness, and poverty, this means that African countries have many challenges and governments still have to been seen to be formulating policies that will lessen the suffering of the poor and vulnerable populations. On the unrealistic policies, the key informants shared the following sentiments:

> *"As much as the old age grant is in place and is something that most countries in the region are doing, there is a feeling that it is a bit unrealistic to give the elderly E240 when the cost of living is very high. So some of the policies we are implementing are irrelevant and inefficiently meeting the needs of the intended beneficiaries...not having mechanisms in place to review these policy in particular makes it even more awkward to implement...the grandmothers cry when you give them the money and they ask what can I buy because I have so many grandchildren…in the end this is not addressing the daily needs of the beneficiaries" (GO4).*

In addition, after independence most African countries, Swaziland inclusive, adopted certain ambitious policies, which have not yielded effective results. The choice of policies for African countries is very important so that the limited resources are used in a manner that brings relief to suffering.

7.3.2 Content

Pressman and Wildavsky (1973: xv) observed that implementation is "a seamless web... a process of interaction between the setting of goals and actions geared to achieving them." This means that as the policy is being designed, the resources (financial, personnel and otherwise) need to also feature in the content. On the content of policies, this is what stakeholders shared:

> *"…In Swaziland there are competing needs and a very limited tax base to fulfil all of these needs. Therefore, a thorough and rigorous process of understanding the costs associated with the proposed policy is important. A constant review and update on variables that can influence the implementation cost need to be discussed from inception to the end of the policy phase…engaging the private sector can also assist in finding better ways to deliver services in a cost effective manner" (GO5).*

The content of any policy is bound to present some challenges that for the implementers due to a number of reasons:

(i) **Lack of people driven process:** African policy makers often use a top-down approach when implementing policies (Wittrock, 1986: 44-60). In most cases the street level bureaucrats are expected to implement policies and make critical decisions along the way because politicians neglect the implementation process. On the lack of people to drive the policy process, these are the views shared by key informants:

> *"Politicians like to issue directives and in most cases they do not even consult to see if their dream can be a reality. The top-down approach is favoured because of the availability of resources, expertise, and commitment but there is limited input of potential beneficiaries of the policy. Because the policy makers are not so in touch with the realities on the ground, some of their proposed policies fail because stakeholder's involvement and buy-in is missing. In the end some of our politicians favour those policies that can help them gain political mileage. In the end people do not accept these policies because they are normally not responsive to the critical issues on the ground" (GO5).*

(ii) **Ambiguous policies:** some policies are ambiguous and subject to multiple interpretations. Such policies are not only difficult to comprehend but their implementation results in too many grey areas. These policies also result in different street level bureaucrats interpretations and varying methods of implementation. (Scharpf, 1978:i). On ambiguous policies, this is what key informants shared:

> *"The old age grant for instance is one example of ambiguous policy because there are too many things left unattended; for instance since there is no policy driving this grant there is no knowing whose doing what and why. In cases where government defaults there is nothing that the citizens can use to hold government accountable for ensuring that the grant is disbursed timely and consistently" (GO6).*

7.3.3 Commitment

A lot of policies are nicely designed but poorly executed due to weak political backing. African policy makers invest a lot of their energy in the design and formulation phases after that they leave street level bureaucrats to make all the critical decisions (Edstrom, 1997:3). Key informants shared these views on commitment:

> *"The most frustrating thing about the implementation of any policy in the DPMO is that politicians want policies implemented according to their own discretion and when you try to make them understand that there are pitfalls in the path chosen, they choose to use their authority to force you to carry on the instruction anyhow. Since political backing is essential in ensuring that the resources for implementation are available, the logical thing to do is to oblige. You normally carry on with the implementation but with so much resentment. It is important for us to implement some of these crazy policies because if we refuse then the next time we desperately need the backing of the politician we might not get the endorsement and so in order to make sure we also get our way we implement things as they are" (GO7).*

The street level bureaucrats also need a certain level of commitment to the implementing tasks at hand. This includes being focused and dedicated to the implementation of the full project cycle process (ibid).

(i) **Lack of adequate time and sufficient resources-** regime and government changes interfere with continuity and support of policies. Most policies are affected by the lack of political commitment and availability of political leadership (Edstrom, 1997:3). Key informants shared these sentiments about the impact of lack of time and resources during the implementation process:

> *"When the king made a pronouncement on the need to consider reviewing the elderly grant I wish he had also mentioned how much they should be given…you see since we are low ranking officials and are not part of the policy design and formulation, the problem is that someone will just thumb suck and give a figure which we as a department think is unreasonable. The main challenge is that politicians are mostly interested in the bigger stories that will make headlines- the elderly grant is reviewed- and such headlines earn them fame and some get political mileage especially before elections…. after that they lose interest in*

following up a policy and they really do not care how much the elderly get because the amount does not affect them and they rarely see the desperation in the eyes of the aged when they come for disbursements" (GO7).

7.3.4 Capacity

Capacity refers to tangible and intangible requirements of the policy process. For bureaucrats to deliver sound policies they need to have sufficient understanding and support of the policy process. The management, enthusiasm, commitment and motivation to see the process through are part of the intangible elements required. On the other hand issues of the political, economic, social and cultural environment determine the success of the policy process (Grindle, 1980).

(i) **Lack of critical skills:** extensive capacity building is required in the public sector for effective delivery of services. Most African countries suffer from shortages of critical skills. In some cases, certain public officials need retraining in critical areas such as "economic development, public sector management and management programmes in order to be able to understand the process." (Edstrom, 1997:4). Key informants shared the following views on shortage of critical skills in government:

"...there are a lot of gaps that exist in most of the government offices in terms of critical skills and training. Strengthening the understanding of the legal jargon that accompanies the legislative frameworks for the implementation process is very crucial...in fact on the job training is essential so that personnel can articulate what is in a policy and be able to forecast the results of that proposed policy. Skills training and capacity building is essential in the process to meet the demands of the policy administration and this is one area that the government has not taken advantage of in terms of asking for assistance from partners to train the current and new employees"(GO1).

(ii) **Lack of infrastructure and amenities for implementation:** in most African settings there are shortages in office spaces, and computers, fax, equipment and transport are scarce. Although street level bureaucrats are expected to deliver good policies, the environment is not conducive for good delivery of services (Edstrom, 1997:5). Key informants shared the following sentiments on the impact of shortage of infrastructure and other implementation tools:

"In some offices there are no computers, so we rely on using notebooks in order to keep track of the work…that is why some of the aged are missing in the lists of recipients because our personnel has either forgotten or misplaced some of the information and even updating the information is done haphazardly…and in case someone is transferred from one department to the next, they leave nothing for the next incumbent to learn from" (GO8).

(iii) **Lack of leadership:** some programmes suffer from leadership deficiencies and consistency from management in ensuring that implementation is successful and done within acceptable time frames (Khosa, 2003:4). This is what key informants said about the importance of leadership:

"…there are positions which have not be filled and this creates problems when it comes to sharing the responsibilities. You find that someone is responsible for a lot of projects and in the end mistakes happen and inefficiency creeps in…leadership is essential in the implementation of good policies"(GO9).

(iv) **Lack of monitoring and evaluation:** most programmes are implemented without evidence from the field. In addition, lessons from failure of other policies rarely feature when new policies are being formulated. A lack of synergy results in poor implementation of new policies (Edstrom, 1997:5). The key informants shared these views on the importance of monitoring and evaluation:

"This is a very weak aspect of most government operations whereas this is also a very neglected part in all government departments…we need to learn from other programmes to avoid pitfalls and save on costs" (GO 1).

v) Corruption: most street level bureaucrats have no supervision and therefore have freewill and implement policies at their own discretion. Such loopholes provide opportunities for corrupt practices (Khosa, 2003:4). On the impact of corruption, this is what key informants said:

"Some government officials are corrupt and they misrepresent themselves; sometimes they want to be bribed in order for them to provide certain services for people…" (GO2).

7.3.5 Clients and Coalitions

There are different interest groups, which take interest in different policies and they make claims on behalf of the vulnerable populations-these are powerful groups who can halt the implementation of certain policies which they do not agree with. Elmore (1979: 610) argues "implementation is affected, in some critical sense, by the formation of local coalitions of individuals affected by the policy as one of the "most robust" findings of implementation research". Proper alignment with coalitions that can influence and/or support the policy is important. Maintaining the momentum and interest to the end is difficult to sustain.

(i) **Lack of co-operation:** most policies are hampered by the lack of cooperation between the different stakeholders. If the support of the stakeholders is sustained, it results in policies, which are easily accepted because the beneficiaries know what benefits are there and how they are going to access them. On the importance of co-operation, key informants reported that:

> *"There is a lot of in fighting between policy makers which disrupts the schedule of the implementation process. Further, any disagreements amongst the street level bureaucrats and amongst departments create even more instabilities which result to further delays in the implementation of policies...sometimes even the partners do not want to follow the government procedures because they are coming with the resources and in the end cooperation is compromised…there is a need to reconcile the demands from donors as well as the respect for the processes of government because both parties need to work together in order to benefit the poor" (GO5).*

(ii) **Lack of co-ordination**-linkages between the different departments is essential in the implementation of policies. Different departments favour working in silos but there is a greater chance to achieve more if resources are pooled together. There is sharing of expertise and knowledge, which yields better results. On lack of coordination key informants shared these views:

> *"…when the elephants fight the grass always suffers and when there are fewer resource departments need to learn to co-operate; the donors as well need to be able to avoid duplication of efforts due to refusal to co-ordinate activities*

amongst themselves and other stakeholders…Swaziland needs to maximise the resources given in order to come up with responsive policies for the poor"(GO6).

7.4 Challenges of delivering and implementing the Old Age Grant (OAG) in Swaziland

7.4.1 Lack of stakeholders' involvement in policy implementation

Implementation takes different shapes and forms in different cultures and institutional settings (Hill and Hupe, 2002:1). Government ought to position social grants as a strategic support mechanism of a larger social protection policy and attempt to graduate from a 'hand to mouth' and reactive approach to proactive poverty to proactive prevention and alleviation to an approach that is communally and economically empowering. This approach should facilitate the creation of sensitive governance infrastructure between governments and other stakeholders to create an active civil society (Kuye, 2004:463). The participants and key informants shared the following views on the implementation of OAG. One participant shared this view:

> *"I look at it this way…as citizens we are tenants and the government is a landlord...he allocates which rooms are to be occupied and by whom styles of leadership adopted by landlords differ significantly: some are rude and in your face…some are never there and never bother you ...you have to fix everything by yourself and never get reimbursed and there are those who just stand at the window and stare at your every move…they never say a word but you might find that they have changed the key and furniture in your allocated house…the OAG is more like that the last example…you do not have details of why and how it came about and to serve what purpose…you are only told it is for the old people join the line and that is what we did…there hasn't been an opportunity where we were called to give our opinions about the grant since 2005"* (FG 4).

Another participant shared the following observations:

> *"I do not know much about implementation except that we were told that there was a grant for the elderly and we were happy to know that their majesties were concerned about the welfare of older people…. and then the selfish officials took all the money that the king had allocated to us and they squandered it now they*

give us E720 quarterly…. I am sure the king had given us more money but these people made sure we get too little and we are afraid to even complain lest they remove you from the list of beneficiaries. Look closely and tell me if it is ok to feed myself and 12 grandchildren with E720 that comes after many months" (R33 rural).

Other participants echoed those similar sentiments:

"Swaziland has Sibaya (consultative process) they could have called us to make our submissions on what we think would be a good grant for the elderly…you see money is not the only problem faced by the aged and we would have maybe suggested that one month we are given food parcels and on another the money…during ploughing season we get farm inputs so that the needs of the households are addressed at the different phases…. I think members of parliament should have spoken up about the grant because it is just unclear why government would decide not to ask us to suggest a figure that can help us get the most basic items like maize, beans, sugar and bread. Instead they looked at themselves and decided that the poor will accept anything and that is exactly where we are and how they want to keep things…. they know that when we are hungry we won't have the stamina to challenge their decisions…so that when they give us anything we will just appreciate what's in front of us an return to our corners and lick our wounds…" (FG6 rural).

Public and stakeholder participation or 'buy-in' is essential in order for policies to be successful. Their active participation and inputs are significant in being able to feel part of the process and also so that they are supportive of the policy. Public involvement is essential as it acts as a watchdog and lessens the chances of irregularities and corruption during the implementation phase (Dror, 1989:97). Public officials often see public involvement as a cost, but in the end the policy or programme is more responsive to real needs in real time. Modifications are also possible when the potential beneficiaries have already stated the actual issues that need to be addressed.

7.4.2 Lack of administrative capability

The proficiency and expertise of those involved in the implementation process determines how the initial proposal or design of a policy will be interpreted and/or implemented (Rahmat, 2015:308). Administrative capacity is therefore a core concept in implementation because of its ability to build the capacity of street level bureaucrats in administering their duties in an effective and efficient manner (Randin, 2003:8). There are not sufficient incentives for street bureaucrats to carry out policies efficiently (Dollery and Wallis, 1997:360). Planners need to consider numerous options when designing the OAG and adopt the most suitable, which benefits a wider population (Bloom and McKinnon, 2013:1). Participants shared their concerns over the aspirations of government to provide social security for older people and expressed concern that the instruments being used increased the mismatch between the two. One participant said that:

> *"I believe that the king was genuinely concerned about the general upkeep and welfare of older people in Swaziland but when it came to the interpretation of his vision or 'aspirations' politicians and officials alike lost focus…the king wanted to provide a system of care for the aged which would reduce old age poverty…also the king never stipulated an amount that would adequately help the elderly to meet their needs…maybe he should have told them how much…he only said old people need to be cushioned since they are raising OVCs…there was no stipulated figure to start with, neither was there a programme focusing strictly on the aged and that's where the confusion began even now there is no agreement on an amount that would be reasonable enough to help old people live their lives with dignity" (R35 rural).*

According to Bloom and McKinnon (2013:2), design and implementation improvements in public systems are crucial in providing old age pensions. Due to the increasing number of older people in Swaziland, there is an urgent need to improve the administrative capacity for optimum coverage of older people. With regard to the mismatch between aspiration and implementation, another participants said that:

> *"I think the most difficult part of being a civil servant is carrying out other people's dreams and aspirations in which case the most successful in pleasing his boss stands a chance of promotion…when you look at the old age grant I think the policy makers should have looked at best practices in the region and compared the*

figures in order to come up with a good 'comfortable' or better compromise to give to the aged as a grant…now that never happened and you can see the discomfort and disbelief in the eyes of the social welfare officers when they give out the money….it is as if they are guilty of giving the aged such a small amount knowing it won't take them that far" (FG8 urban).

Although all countries have some form of institutional provision of social security coverage, such provision is, in practice, often insufficient (Bloom and McKinnon, 2013:1). The current social safety net for older people in Swaziland is insufficient in satisfying constitutional imperatives of protecting the dignity of older people due to its inability to provide comprehensive coverage. Participants emphasized that Swaziland needs a system, which is able to cover risks and the capacity to offer adequate benefits to the older people in a suitable manner. Government spending priorities and weak administrative capacity can compromise even a well-designed system. Key informants explained this as follows:

"…I think government rushed into this thing when they we not ready (wakhakhamela)…there were no preparations done for this exercise and it shows in how they have handled it since 2005 after the king made the pronouncement. Ideally…after the pronouncement government should have engaged in consultative exercises to solicit the views of old people (bovusela)…they should have put their planners, implementers and the policy makers together to interpret what had been said and speed up processes but not skip them…the implementation of the OAG leaves a lot to be desired…though it shows the good intentions by the government but causes even more harm by failing to live up to its promises…there was great excitement when old people were told there was an OAG but that joy quickly turned into tears as the elderly are sometimes turned away due to lack financial resources…when that happens it indirectly looks as though as officials we had prior knowledge on why government is failing to pay the grant…or that we have used the money for our personal gain…whenever there are issues pertaining the disbursement of the grant we need to inform the elderly in advance to reduce confusion…in this country we need to have a system which pays them monthly so that they are able to provide for their daily needs as well as for their families" (GO 1).

Social security has a powerful impact at all levels of society. Such success is likely if the necessary reforms are presented for 'public debate in a timely manner and in a clear and understandable manner' (Ghellab, Varela and Woodall, 2011:55). As a result 'countries rely on political will and leadership to widen or deepen old-age pension programmes' (ibid). Even where there are limited resources intended beneficiaries want to be informed about the decisions that will impact their lives. Another participant echoed these sentiments:

> *"Officials should always know that when it comes to issues of old people give them all the money that they need to make problems related to ageing better…the king never specified the amount 'suitable' for the elderly…he gave them an opportunity to make a positive impact…he gave them a blank cheque and what did they do? …the officials failed to put a reasonable amount to be given to old people…the king never stated the amount and there they were thinking that he sent them to give us E100 per month…which was E300 quarterly and now it is E240 per month and E720 quarterly…the implementers missed an opportunity to influence the wellbeing of older people in a significant way…the lesson here is never leave ambiguous provisions in a policy because it will have different interpretations to different people (R37 urban).*

In order to have effective policy implementation, it is key to ensure that the instruction is clear and how the policy function needs to be stated explicitly. Ambiguity can result in lot of in fighting as all implementers think their interpretations of the provisions are the suitable ones. Having stakeholder participation is one of the many ways to indirectly deal with ambiguity. In the national sphere, different stakeholders should be involved in order to reduce political pressures on the government (Calista, 1994: 120).

Groups and individuals who have an interest in the implementation of a policy as well as those individuals who are potential beneficiaries of that policy or programme are the stakeholders. "Successful policy processes require democratic public participation; where policy makers and the public continually engage in dialogue, examine the consequences for fundamental values, as well as sharing burdens and benefits" (Umar and Kuye, 2006:815).

7.4.3 Inadequate resources and training

As the "front-liners" of the implementation process, street level bureaucrats implement the action part of the policy process; they bring it to life by interpreting the decisions and ideas of the policy makers. People often deal with decisions made by street level bureaucrats and thus their level and quality of training matters. It is important for them to have the capacity to take crucial decisions that will have positive impact on the programme being implemented (Lipsky, 1980:10). Due to the fact that service delivery hinges on the involvement of street level bureaucrats, their experiences are also important in order to get a general feel of the issues, pressures and challenges that they might be dealing with as they disburse the OAG. Views of key informants on this were as follows:

> *"Some policies are great in paper but when implementation phase comes they fail dismally…government's desires to see them coming into life drives the design and formulation processes…but when it's time to commit financial resources then the enthusiasm disappears or at times they want to cut corners and we end up with partially implemented policies" (GO3).*

A key informant observed that:

> *"There is no manual on good implementation…there are too many variables to consider and also the political nature of some of the policies makes this exercise very complicated…in the end you do what you think is right and hope it work out well and there is always the gap between conceptualization to formulation and then implementation…these stages require different expertise and resources…often not all stages' resource demands are explicitly stated at formulation…at times new costs arise during the implementation and there is no way of getting them resulting in the failure of the implementation process" (GO1).*

However, the "iterative nature of policymaking reflects the fact that success is not always achieved and seldom at the first attempt" (Casey, 2009:104). There are always challenges in coming up with a strengthened old age pension that is able to provide adequate economic and support for older people. Another key informant echoed these sentiments and shared that:

"There are ever growing demands on us because politicians have a time clock that makes them want to accomplish things within a very short space of time…sometimes these policy decisions come from a very uninformed and selfish place…now that it is at your table you have to action it and try to marry those interests with the actual needs on the ground…in our line of work there are sometimes conflicting expectations, some are ambiguous while others need more specialized training…I can safely say no amount of training is sufficient to prepare us for such a task…if a policy is implemented successfully the politicians take the glory but when it fails we take the blame…normally we are expected to be miracle workers but without the necessary resources" (GO2).

Implementation involves reconciling policy aspirations and the actual implementation. Implementation is further complicated by conflicting perspectives on what must be done and how to do it; while at the same time making sense of ambitious and abstract objectives, which are subject to multiple interpretations (Crook and Ayee, 2006:51). For effectiveness in their implementation roles, street level bureaucrats and junior level officials need proper training in order to be able to understand the policy process as well as to make good and effective policy choices.

7.4.4 Personnel shortages

Commitment to provide good services is the priority of street level bureaucrats but often they are few in number and their responsibilities keep increasing with negative impact in service delivery (Lipsky, 1980:20). Key informants shared the following views on personnel shortages and said:

"There is a lot of manual work involved in the disbursement process…you have to have the list and reconcile it with new list that tend to emerge just before the activity takes place, and you do not even have the chance to verify the new information…in the process some people are left out because of human error or because it's a repetition of beneficiaries…there is no way of verifying if the individuals are alive and if they meet the eligibility criteria…it is a frustrating process to put the money into envelopes, get change and ensure that all things tally…lack of a national registry makes it even harder to know how many elderly people are still in the system and how many are deceased" (GO9).

Another key informant said:

"The part of my work that I totally dislike is grant disbursement…we are the bad guys so to speak we take the bullet for government because we represent the government…there are so many variables that we do not control but still since we are bureaucrats we have to be the ones who deal with the problems.... working with limited resources is a very strenuous thing…we are short staffed…we need to have volunteers to assist in the disbursement process…we depend on the police to transport the money and keep us safe…we have to follow so many channels before the treasury/central bank releases the money….at times we relocate to the different regions so that we can be able to work for extended periods and that on its own takes a toll on us…it is such a cumbersome, tedious and anxiety provoking exercise…you deal with poverty and some of the elderly are not in the list and you have to be the one telling them that there is no money for them…sometimes I feel like I'm cursed because I have seen so many tears from the aged and that haunts me"(GO 10).

Yet another key informant who noted that shared these views:

"I remember one sad case where an elderly collapsed while queuing for the money…he might have been too tired and hungry and we didn't even have food to spare with these people…it is sad…and draining…we are very few and all of us leave the offices to try and finish this exercise but still it takes a couple of weeks the process in all four regions…while we are disbursing any other issues that need our attention are shelved and that is also a big strain because of delayed intervention and/or help"(GO11).

Another key informant shared that:

"When you know that you are fighting for social justice and you see such injustices on the aged you can't help but feel helpless but I try to speak to the elderly as I am processing their grants…I try to make them feel like people not objects…they say that they are hungry and I tell them that we will continue to ask government to make provisions for them i.e. while they wait we can give them food or something…it is the most tiresome and draining part of being a public servant"(GO 12).

One key informant said:

> *"As an NGO we support government initiatives whenever she asks for it. With this grant there has not been much input because of the way it came into being. It was a decree and never followed the natural process of policy design and formulation. Nothing was known about the route Swaziland could take and honestly much as the elderly grant was needed but more consultations should have been done prior to its implementation" (GO1).*

Unforeseen operational barriers arising from implementing a policy may also pose challenges that have to be overcome before the policy can produce the intended improvements in access and quality to service delivery (Cross, Hardee and Jewell, 2001:17).

7.4.5 Feedback on progress and results

By receiving feedback and using information on how policy implementation progresses, policymakers and implementers will be in a better position to assess interim achievements, "make necessary course corrections", and consider these as part of a larger effort (Bhuyan, et al., 2010). Key participants shared the following views about the feedback on progress and constructive and positive lessons from other places. One key informant said:

> *"There are too many programmes on the elderly that have been successful like South Africa, Malawi and other countries which could have been used to as models so that the country comes up with a hybrid that suits the country but government did not utilize much technical support. To this end the OAG has been in existence since 2005 but there is no legislative backing for it. The OAG is just too political and whenever it is spoken about it touches on high ranking politicians who use it at their own discretion*" (GO2).

Another key informant shared similar sentiments:

> *"Implementing the OAG is like a roller coaster ride…you are excited that there is something that the government is doing to preserve the rights and dignity of the aged in the country but when you look at how it is implemented then you realize that this programme needs an overhaul…starting with the E240 per month and E720 quarterly*

you realize that realistically if a household has 12 members who need to survive on the E720 which comes quarterly then the grant is not helping people to meet basic needs neither is it going to be effective in helping people break out of the poverty cycle" (GO3).

Old age pensions make a significant contribution to poverty alleviation and ensuring that members of society have a guaranteed income. The design and implementation model of old age pensions often reflects the level of development in any specific country as well as the depth of poverty being experienced in that country. The manner and or approach adopted by nation states define issues surrounding older people will reflect in the expenditure of the government: whether ageing issues make it to the developmental agenda of the country.

7.4.6 Lack of legislative framework

Limited or weak legislative frameworks hinder the potential for improved coverage (ILO, 2010:2). Legislative reform can progressively remove what may often be unnecessary and somewhat artificial blockages to coverage extension, including for the self-employed and micro- enterprise employees Bloom and McKinnon, 2013:5). Leaving legislation open to later interpretation can also have costs: it can lead to substantial lost time and energy as implementers argue about how ambiguous objectives and organizational mandates should be interpreted, especially when multiple steps and implementing bodies are involved (Milbrey, 1985:9).

A key informant reflected on the implementation issues of the OAG and said:

"The government intent to have a grant for the elderly was a brave move given "the limited tax base that the government has. It is where it was located and housed that presents a lot of challenges. Currently the DPMO houses the DSW, which in turn is responsible for the implementation of the OAG. The first issues are that there is no legislation establishing the DPMO such that its intent and jurisdiction are made up as they go along. Also the DPMO is very political and makes all issues to be politicized unnecessary. Third problem is that the OAG is housed in an office, which doesn't have a legal framework for its operation, and neither does the OAG. No Bill or Legislative framework exists that state the aims, objectives and intent of the grant…such a grey

area is subject to a lot of misinterpretations and conflicting views on how best to implement it... unfortunately the lack of legislation means there are no guarantees that enforce claims and hold government accountable for delivery of the grant. That is why when budget issues arise government cuts the grant first because no one can take her to court for bridging the law. Further it is impossible to tell legislators to advocate for increases in the grant to keep up with inflation and standard of living" (GO4).

According to Devereux (2004:13), social security programmes spearheaded by the government (using the top-down approach), stand a better chance to succeed due to the political and budgetary backing. Even during changes in government, such programmes with political backing are most likely to survive. The introduction of the OAG as a decree leaves the discretion to government on what priorities and preferences they want to attend to with regards to the benefits of this grant.

The introduction of the OAG in Swaziland has been seen as a tool for citizen mobilization, as opposed to being a social contract between the state and citizens, instead when payments were delayed due to cash flow problems Parliament was halted until the issue was resolved (Ellis, et al., 2009).

7.4.7 Organizational co-ordination issues

There are different bureaucratic organizations within the government and other levels of government involved in the implementation process, each with its own interests, ambitions and traditions that can hamper the implementation process and shape its outcomes (Bardach, 1998:185). In reflection on co-operation between stakeholders these were some of the views shared by key informants:

"Everyone is working in silos…instead of working together and ensure that the beneficiaries get better services, most stakeholders and implementing partners are fighting to outdo each other…we have seen project which are similar in nature being spearheaded by two organizations…it sometimes feels like there is competition amongst our partners…a lot of resources are wasted in the process of rivalry and competition and the poor feel the pinch" (GO4).

Another key informant was of the view that:

> *"Co-ordination and co-operation among implementing partners is lacking…we also have at least 5 ministries and departments working in the social welfare arena but there is no sharing of experience…no one wants to work closely with each other and that is unfortunate because combined efforts and expertise could yield positive results for the beneficiaries as well as government" (GO5).*

The lack of proper communication channels and working relationships between multiple implementing groups may lead to interruptions and deferrals in programme delivery, administrative "run-arounds" or rigidity and poor service delivery and over expenditures (Milbrey, 1985:97).

7.4.8 Timeline issues

Timeline issues are closely related to resource and organizational capacity issues (Weaver, 1986). Successful implementation takes into account the amount of time, which it takes to implement a programme. These were some of the observations shared by key respondents:

> *"Sometimes the budget for a programme is not available but when the policy makers want to see that programme they keep making demands…everything is urgent…at times they can cancel funding for a useful programme in order to fund their policy or programme which might not even yield good result for the beneficiaries" (GO 8).*

One important role for Implementation Analysis is to help policymakers develop realistic timelines to guide implementation of policy reforms (Bardach, 1983: 1). ILO's 1944 Declaration of Philadelphia affirms, "poverty anywhere constitutes a danger to prosperity everywhere."

7.4.9 Political interference issues

It is therefore very common for implementers to strike compromises with groups in order to make the task of implementation easier (Bardacchh, 1983:1). Implementation issues may arise not just within or among implementing agencies, but also from the "political masters" of those agencies-political executives and legislators (Hollard, 2010:1664).

> *"Since politics matter in the implementation process it is not unusual for powerful groups affected by policy can condition the character of implementation by supporting or opposing that particular policy…in some case the we make compromises so that all people are not entirely unhappy about a certain programme or policy" (GO7).*

Hickey (2007:8) emphasizes that social security initiatives are closely linked to political reasons and contracts between states and citizens. Public support for a policy can also affect implementation. Many policies experience a drop in backing after the policy has been approved, providing increased opportunities for implementers to deviate from the initial intent (McNay, 2008:271). Occasionally policy implementers can use assessments to defend persistent programming amidst opposition and calls for policy changes (Howlett and Ramesh, 1995: 156). Similar to other developing countries, Swaziland has excellent policies on paper but most of them fail at implementation. According to Gumede (2009:9), political will, long-term vision and determination of the politicians are significant in developing good and strong policies and programmes. Administrative, technical and political capacities are essential ingredients in producing efficient, well co-ordinated programmes. Well-trained personnel are an added advantage especially during the implementation process.

7.5 Conclusion

The ageing process presents challenges and opportunities for small economies such as Swaziland; the country will continue to see a steady growth in the number of older people. Unfortunately, most people age before getting rich and this exposes them to income poverty and/or old age poverty. Social security can be a tool to spring older people out of the poverty cycle. Research findings from the study revealed that more older women are experiencing old age poverty than men because women outlive their male counterparts by a couple of years. As a result, the design and implementation of the OAG needs to reflect the gender dynamics of the ageing population in Swaziland. Old age grant needs improvements in order to fill the vacant in old age poverty reduction strategies (which are still none existent in Swaziland).

The design of the OAG is significant but its success is dependent on the weight put by policymakers in ensuring that the objectives of the grant come to pass. OAG design should also look into issues of administration: who will deal with an ACT and legislation that legitimises the grant; how will it be implemented-what kinds of skills are needed to implement it satisfactorily. Issues of eligibility criteria; overall coverage; collection and recording of the views of intended beneficiaries; payment and calculation of benefits were neglected when the OAG was implemented. Offices to handle complaints and grievance also needed to be put in place so that beneficiaries' rights are protected at all times. From the responses from the study, there were steps that were not met before the OAG was implemented. If a review of the programme is done these need to be addressed.

Swaziland uses two payment options for grant beneficiaries-cash and bank transfers. A majority of older people in the study use cash payments, which they receive in different disbursement centres. Electronic options are done through banks and the money is deposited directly into the account of the beneficiary. Both payment options have some challenges ranging from overcrowding and dealing with insensitive officials who lack respect for older people as well as bank charges for those older people using the electronic system. It can be concluded that the conditions under which the grant disbursements is done needs to be evaluated. The government of Swaziland can consider having cards, which beneficiaries can use at post offices and supermarkets to purchase food or withdraw cash. Properly defining the target population is also important and striving for universal coverage is something that Swaziland needs to consider given the effects of 'skipped generation' on older people and their dependents.

Infrastructure needs an upgrade in order to meet the demands of grant disbursements. Obtaining and maintaining accurate data for each beneficiary of the grant is important in estimating how many beneficiaries are in the system and which can be removed due to unfortunate events like death. It also serves to give the country an accurate picture for future projections as far as the ageing population is concerned.

Swaziland government needs to commit itself to finding local solutions to local needs. It needs to come to a place where it reviews past experiences in an effort to learn what worked then, and what lessons can be borrowed today in coming up with an improved safety net for securing the welfare of the older generation in Swaziland. The short, medium and long term goals or vision for the OAG need to be articulated so that its impact can be measured. The participation of older people and other stakeholders need to be one of the pillars and priority areas for an effective OAG. Gaining the participation of intended beneficiaries indirectly legitimises that particular policy or programme. At the same time it fosters accountability to the public at every stage of the policy process.

Clearly articulating the objectives of the OAG have to be realistic and relevant to the context of Swaziland. A bottom up approach is needed so that the overall aim of the grant speaks to the relevant issues facing the ageing population in Swaziland. The capacity of the government to successfully undertake such an exercise is also an important step for policy makers. The economy of Swaziland is not growing fast enough to be able to sustain the increasing demand on the OAG without public private partnership. The changing circumstances of the economy and the inflation rates also need to be taken into consideration and constantly reviewed. The private sector could channel its social responsibility contribution towards the OAG to achieve some form of financial stability.

For any policy or programme to succeed political will and commitment is essential as well financial commitment. Government needs to always oversee the implementation of programmes and not leave bureaucrats to run with this process 'unmonitored.' Periodic consultations about the needs of each household is crucial as the actual sum that each household needs might differ depending on the circumstances they are faced with at any point in time.

CHAPTER EIGHT

CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

Human societies have sought to protect their members from social and economic insecurities. All known societies sought to cushion their members in meeting the most basic needs during insecurities and tragedies. The social security systems utilised in most indigenous strong communal bonds, cultural norms and values governed societies. The main aim of the ISSS was offering protection to members during time of crisis based on customary reciprocity. In contemporary Swaziland, individuals suffering the greatest insecurities such as older people are excluded from formal social security mechanisms. Young (1995:185) argued that 'in a society where some groups are privileged while others are oppressed, insisting that persons should leave behind their particular affiliations and experiences to adopt a general point of view serves only to reinforce privilege; for the perspective and interests of the privileged will tend to dominate…marginalizing or silencing those of other groups' (Young 1995: 185).

Currently, older people constitute 5 percent of the 1.2 million people in Swaziland. Legislation, policies and programmes addressing and mainstreaming ageing issues are extremely weak and at times unavailable in Swaziland. There is an urgent need to include ageing issues into the development agenda and poverty reduction strategies of the country. Older people need recognition and respect of their rights, responsibilities and obligations as citizens just like other groups in society. Strong legislation is needed to address ageism, discrimination and social exclusion or isolation. Any ageist attitudes need to be dealt with by presenting ageing in a positive light to ensure that people embrace positive attitudes towards older people.

Even though ageing is an individual experience yet it is located in an economic, social and political context. Issues of ageing require strong political will, economic commitments as well as well informed policies and programmes. Such policies and programmes need the input and ownership of the intended population (old people). The ageing process comes with significant physiological changes and as this process unfolds, different individuals experience it differently. Acknowledging individual experiences and narratives of the

ageing population can assist policy makers and society at large to understand and appreciate the ageing process so that appropriate policies and programmes are put in place. Engaging and addressing specific ageing issues that impact the daily living of older people is the first step in appreciating the circumstances that shape the experiences of older people. Older people need to be protected from unjust treatment and any other forms of abuse, discrimination and ageism. Service providers are guilty of giving preferential treatment to other age groups and treating older people as though they are low priority. Stereotypes on ageing perpetuate these negative views of ageing. Addressing this gap needs issues of ageing to take centre stage so that service providers are trained and sensitized on best practices of working with older people without infringing on their fundamental rights.

Numerous factor including migration, education, globalization, environmental changes, unemployment and poverty have put tremendous pressure on indigenous social security systems and they have compromises the solidarity networks, which have for the longest period safeguarded the dignity and worth of older people in Swaziland. Even with so much pressure, older people in the study still rely on ISSS to cushion them during risks and shocks. Older women in the study were greatly impacted by the weakening family structure because of the burden of care that they continue to undertake without much assistance from other members of the family or the State. In 2005 the OAG was implemented but since it is a means tested programme, a significant number of older people are excluded from accessing this grant. Some older people are unable to meet the eligibility criteria for the OAG (they do not have identification cards, passports and birth certificates) and the grant has failed to achieve universal coverage.

A significant number of older people in the study were heads of households (GHH) and had responsibilities of raising grandchildren without much assistance from the state. Some older people in the study participated in communities as volunteers *(Lihlombe Lekukhalela)* and community rural motivators (*bagcugcuteli*). From the study findings, social exclusion of older people and the lack of participation resulted in weak social networks and less involvement in community activities and/or politics. Lack of consultation with older persons was another challenge cited by participants and as such policy makers need to make deliberate attempts to engage older people in issues affecting their livelihoods. Furthermore, policy makers need to creatively include the views of older

people in coming up with activities that encourage active ageing and overall wellness of this population in communities.

Older people in the study are grandparents raising OVCs and there are the 'new mothers' who have masked the impact of the HIV epidemic. Older people are assuming caring duties in the midst of insecurity and no recognition of the role they are playing as the glue for the family structure. Older people in the study highlighted grief, loss and bereavement issues that they had not been dealt with. In the process some of the individuals suffer health related illness resulting from the unresolved grief, loss and bereavement issues.

With all the issues that arise with population worldwide there is a call for nation states to implement sound policy in a systematic manner. Where there is no systematic methodology on implementation, there is likely to be high risks of implementation failure. In order for the government of Swaziland to respond to these and other challenges of ageing there is a need for need for early, informed and systematic consideration of implementation. It can be argued that senior leadership in government need to be aware of the intricacies of the policy process especially implementation.

Key building blocks for successful implementation were highlighted-planning, governance, engaging stakeholders, managing risks, resources and monitoring, review and evaluation. All these stages require an active involvement of senior leadership because all good policies need commitment and support from politicians. Of importance is not to treat implementation as a once-off event but to consider implementation at all stages of the policy process. Strong leadership support of any policy is not enough especially when the buy-in from intended beneficiaries and stakeholders are left in the dark, as such an inclusive approach is more desirable. Early engagement is key to the design of a policy or programme that can be supported by those its intended for.

It has also been argued that street level bureaucrats are more effective when they are also part of the entire process so that they are well versed on possible risks and or possibilities during the implementation phase. Therefore, clear capabilities and sufficient capacity are key in successfully implementing policy initiatives. Most of the key experts pointed to the need to capacitate street bureaucrats so that they are armed with the right tools during the policy design and implementation processes. Furthermore, experienced bureaucrats are

critical in bring past experiences so that certain risks are avoided during the implementation process.

Co-ordination and co-operation amongst stakeholders is important because of the shared responsibility it brings to the table. Clearly defined objectives and intended outcomes are crucial in stating who is responsible for what and how they can work collaboratively in ensuring that the policy initiative is a success. For the government of Swaziland creating and nurturing sound relationships and the ability to engage effectively with other stakeholders or implementing partners, centres on personal leadership of government officials and politicians. Swaziland is currently partnering with a lot of international organizations in the implementation of social protection, it would be prudent to engage implementing partners right at the beginning of the policy process to reduce any risks.

It is evident from the discussions with key informants that having skilled personnel planning and leading the implementation process is one of many ingredients of successful policy initiative. Regular meetings, updates and consultations throughout the process are also important in ensuring that everyone involved is on the same page. Here communication is key; there has to be clear channels of communication put in place because the policy process involves various entities. Together with communication, clear leadership roles can boost the confidence of implementing partners and other stakeholders of the possibility of ending with a well designed and implemented initiative or programme.

From the discussions it was evident that implementation does not take place in a vacuum but there is a lot of influences especially from politicians. In otherwords, politics matter in the implementation of policies and political buy-in is essential throughout the policy cycle. Issues around quality assurance centre on the overall commitment of the senior leadership as they have the mandate to put checks and balances to ensure that the output is desirable and ensure that there is accountability throughout the process. The political environment is critical in the design, planning, resource allocation, engagement of intended beneficiaries and implementation of the initiative-the political climate dictates which policies are favoured by those in leadership. Often the voices of the poor are hardly represented in policy discussions, which results in missed opportunities presented in the form of failed policy initiatives, as beneficiaries do not feel ownership of the initiative or programme. As a critical ingredient to the implementation process, political leadership and visibility is key

because senior government officials can model good behaviour and visibility of the executive is important in keeping up the momentum.

Discussants from the study alluded to poor communication and/or engagement between government departments and implementing entities; this results in resource mismanagement, silos and limited skills transfer or sharing. Often implementing partners are able to bring relevant people with the experience and training in the different fields but government official seldom take advantage of the possibility of learning on the job and shadowing someone with experience in that particular field. Poor project management of most policy initiatives results in high implementation costs and unnecessary risks which could be averted when the 'right' skilled personnel compose those involved in the design, planning and leadership of the initiative.

When there is sufficient capacity and capability among street bureaucrats there are potential implementation benefits as different implementation methods can be tried and tested through pilot before full rollout of the initiative. Risk analysis and management has to be considered throughout the process of the policy cycle. Both internal and external risks have to be identified, assessed and informed decisions have to be based on those assessments. Understanding and appreciating possible barriers for a proposed policy is important as well as the views of intended beneficiaries can inform of possible resistance, challenges and overall practicality of the proposed programme.

Timeframes also impact on the financial support for implementing the programme; not allocating sufficient time to policy initiatives result in some stages being ignored or overlook in order to achieve timelines for the overambitious policies that government undertakes. The OAG for instance, is one example of an overambitious policy, which could have benefited from engagement of beneficiaries, risk assessment, resources and capable street level bureaucrats. Having said that lack of legislative framework and time pressures left too little time for the government of Swaziland to address factors for success. For instance, with sufficient time given to the OAG there could have been other options on the type of programme that Swazi older people need. This would have enabled all involved to influence the process and also issues of funding the grant as well as constraints would have been deliberated upon.

To improve the current status and delivery mechanisms of the OAG, government needs to tap into the technical know-how of its implementing partners to capacitate the street-level bureaucrats, furthermore, there is need for review and monitoring the OAG to ensure that practical problems do not continue to interfere and/or impede the potential of this initiative to work as an effective poverty alleviation tool. To amend for the rushed implementation of the OAG in Swaziland, government needs to adopt a disciplined approach to implementing the grant. A disciplined approach can assist in ensuring that government has a commitment to providing the grant in a timely fashion. Also the sources for sustaining the grant need an honest approach and realistic opinions about the feasibility of an effective, efficient and well co-ordinated social security system for the ageing population.

From the discussants point of view, the implementation of the OAG was rushed due to policy decisions and the overly optimistic view about the practicality of the proposed grant revealed the lack of forecasting and weak leadership on the part of the executive and other top-level bureaucrats. The rushed implementation of the OAG 'skipped' or 'ignored' a number of critical stages, which were going to inform implementers of the possible abilities as well as risks for implementing this policy as a country. For a country like Swaziland this is an example of a top-down approach, which ignored the active engagement of intended beneficiaries. As a result there has been reduced transparency and accountability for the challenges experienced by older people as they try to access the grant.

Moving forward the government needs to go back to the drawing board and get accurate projection on the expenditure and uptake of the OAG because of the increasing expectations and/or demand for the grant. The uncertainties surrounding grant disbursements are somehow an indirect result of the information gaps about the needs of older people in Swaziland as well as how well this grant could be rolled out to be more universal especially since some of the beneficiaries are unable to tap into the grant due to failure to meet the eligibility criteria. Consequently, awareness of uncertainties and assumptions as well as the sensitivity to change-increases the likelihood to reduce risks and their consequences on vulnerable populations such as older people in this case.

8.2 Summary of key conclusions from the study

a) Active ageing and lived experiences of older people

From the study it emerged that older people are the most vital resource in most households and they support their families with the old age grant. The some of older people are dependent on others for their upkeep but a majority of older people in this study are actively working to provide for their grandchildren. Some are selling fruits and vegetables to make ends meet. As much as they are seen as dependent using the forecasting population needs, but the poverty forces older people to find alternative ways to make ends meet. Except for a few older people in the study, the majority of them were fully able and independent. From the study it was evident that the number of older people in Swaziland is still relatively low and it is thus an opportune time for Swaziland to start forecasting and understanding the needs of older people.

It is recommended from the study that Swaziland have active ageing policies and/or programmes which will enable older people to find employment even in the informal sector; and for those who are 60 and over and able or willing to continue working-they should be allowed to do so. Being active can help prevent the onset of some of the onset of some ailments associated with the ageing process. The study further recommends that healthy living be mainstreamed in all programmes so that it does not begin in old age.

HIV was seen as a factor affecting older people directly and indirectly. The study recommends that age appropriate strategies and campaigns be used to raise consciousness on the impact of HIV across the lifespan. In health policies targeting older people, it is recommended that service providers be trained to work effectively and efficiently with older people.

b) Active ageing and human rights

From the study it emerged that there is a need for the HRBA to inform the formation of active ageing policies and programmes in Swaziland. The importance of non-discriminatory attitudes towards older people needs to be the basis of these policies to facilitate equitable access to critical goods and services. It also levels the ground between older people and other groups in society. What can be also concluded is that older people have to be participants in the formation of these critical programmes, which affect their

livelihoods (WHO, 2002:22). According to the WHO (20002:9) “active ageing principles recognise older people’s human rights and the Unites Nations of independence, participation, dignity, care and self fulfilment.” Human rights approaches also enable the progressive realisation and appreciation of older people as part of the entire population.

The active ageing framework encourages accessible and appropriate health care provision for older people so that they can live good and healthy lives. The study recommends that the government implement policies of ageing, as Swaziland is a signatory to a number of international conventions on the rights of older people. The government needs legislation and policies to eliminate discriminatory behaviours and attitudes towards older persons by ensuring that they are actively involved in programmes that impact them and their quality of life. Further, the government can spearhead developmental initiatives that give older people the upper hand so that other generations realise that ageing is not something to be afraid of.

c) Determinants of ageing

- **Social determinants**

Gender and culture cut across all the determinants of active ageing. The prevailing issues that are imposed by certain cultural beliefs and gender roles affect older persons. Culture surrounds us all and shapes how we perceive ageing and it also influences how the genders have to behave. For instance, women are culturally expected to nurture and a majority of older people reported feeling obligated to care for their grandchildren even though they also need to be taken care of. In terms of culture, the prevailing perceptions are that older people are less productive and dependent, but the reality is that they are actually working to provide for their families. The objectification, externalization and internalised views on ageing perpetrate ageism and loss of respect for older people in society (Hareven 2005:119). The study recommends that the media begin to show positive images of ageing since this is an inevitable consequence of longevity. There is also the need to acknowledge the differing experiences of older people; older people are different and so are their experiences and outlook on life. Intergenerational engagements are necessary in passing knowledge from one generation to the next.

Since the social world is constructed through language, the interaction between older people and other populations should be encouraged for knowledge sharing. This study also

recommends that the government support older people so that their status can be restored in society. Since culture also influences health-seeking behaviours, it is important for the government of Swaziland to challenge the traditions and cultural values that prevent women from seeking medical assistance throughout the lifecycle. The study further recommends that preventive rather than curative services are used in targeting wellness throughout the lifespan for all people so that individuals are healthier when they reach old age (WHO, 2002:10).

- **Health determinants**

It can be concluded that health promotion enables people to control and improve their health. Disease prevention needs to be encouraged so that individuals get to ageing in a healthier state. The encouragement of people to eat healthy and avoid harmful behaviour should be encouraged throughout the lifecycle. This is an approach that the study recommends for Swaziland. The African Charter on Human and People's Rights (1981), (Article 18) make special provisions for governments to include older persons in social protection in an effort to keep the mentally, morally and physically healthy for the longest period. The Madrid International Plan of Action on Ageing (2002) and the African Union Policy Framework and Plan of (2002) makes strong advocacy for meeting the needs of older people through the provision of social pensions. The study recommends that government begin to come up with mechanisms, which can be utilised in providing social security coverage to older people in Swaziland.

- **HIV as a determinant**

Caregiving issues also emerged as an important activity that older people are engaged in. The increase in prevalence of HIV/AIDS has affected older people in many ways. The study revealed that there is no age appropriate material on HIV that can be used to educate older people on how to care for people living with HIV. It was noted by participants that personnel in the health facilities seldom provided educational materials to the aged about the HIV pandemic and how they ought to protect themselves. In addition, older people were perceived as asexual, which results in fear to report sexually transmitted illness because of how they might be perceived.

From the study it emerged that there are older people who are living with HIV and they experience discrimination and isolation. A recommendation from the study is that

government needs to strengthen home-based care so that those older people who prefer familial care can receive it whenever needed. The study further recommends that those older people caring for their children or grandchildren with HIV should be given the necessary training on how to care for them without putting themselves in harms way.

Another recommendation is the need for age appropriate campaigns on HIV and other chronic illnesses which older carers are most likely to deal with. Older people as carers are not trained on how to care for chronically ill patients and so they need training and financial support in order to effectively perform this caring role. The study recommends specific policies which take into consideration the fact that women outlive their male counterparts and policies need to reflect the gender dynamics of ageing.

With the weakening family structure, older people are left with no one to care for them raising the issue of caring for the carers. The Madrid International Plan of Action on Ageing (2002), makes provisions for governments to acknowledge that older people often prefer ageing their communities and being cared for by relatives. Older women in the study were disproportionately burdened with the caring for the younger generation with no support from the state. The recommendation from the study is that there should be programmes that are run by communities to ensure that those who need assistance can receive it without traveling long distances. The study further recommends the removal of cultural and structural obstacles that prevent older people from accessing grant due to their inability to produce IDs to prove their age and eligibility.

- **Personal determinants**

From the study it emerged that ageing is an individual experience, which is experienced differently by different individuals. Some of the older people are healthy and do not have health issues but some are sickly and need specialised assistance with their daily lives. This study recommends that older people have specialised programmes that are directly address their needs. Having an active ageing framework that encourages older people to remain active throughout the lifecycle is very crucial in order to address their needs and prevent certain illnesses from occurring. The study further recommends that there be a proactive approach to health provision throughout the lifecycle so that more people enter the ageing period as healthy and as active as possible. The study further recommends that active ageing be not used as a discriminatory factor in dealing with older people; some older

people are unable to do most things for themselves and so proposed policies have to take that into consideration.

- **Physical environment**

Older people in the study were in desperate need for good and supportive environments. Some individuals suffer from loneliness, isolation and neglect because there is no one who is available to look after them. Some of the respondents were in need of good housing, sanitation and water because they have difficulty walking long distances. Older people need safe environments in order to prevent injuries such as falling. Older people need age friendly environments and they need to live in safe environments where they are not afraid of being mugged, beaten or sexually abused. A lot of older persons in the study admitted to feeling anxious and depressed because they do not know how to make ends meet; secondly there is fear that if they die no one will care for their vulnerable grandchildren. Some older persons reported neglecting their own health in order for the grandchildren to receive medical attention or health care. The study also recommends that the country consider strengthening community based care so that volunteers (who the government can compensate) care for older people in their homes. Older people are more receptive of assistance when they are in the comfort of their homes and so community care might be an option that Swaziland can explore.

- **Economic determinants**

The study concludes that older people in Swaziland need a reliable source of income. The unpredictability that surrounds the disbursement of the OAG worsens the poverty situation in GHH. Discussants from the study highlighted that they spend most of their time worrying about the next meal and how to meet their responsibilities as heads of households. Some older people reported that sometimes they sleep on empty stomachs and the starvation impacts their health and that of their dependents. Older people need social security and/or protection as the family structure disintegrates due to migration, urbanization, migration and HIV/AIDS. The old age grant is a major source income for some grandmother-headed households and this study recommends that the amount given to older people be reviewed so that it is able to assist them to provide the basic needs for their families. The study recommends that a consultative process be initiated so that real life issues of older people inform all programmes and policies. The study also recommends the

grant as one of the tools that the government can use to fight poverty and break the intergenerational cycle of poverty.

It is also recommends that some form of needs assessment be included in the social assistance programmes so that the different needs of each family can be met. It is also recommended that since some of older people still can work, government initiate programmes that encourage older people to work so that they are not entirely dependent on the grant. The study also recommends more educational opportunities for older people so that those who can start small businesses can be assisted. With this recommendation, the study also suggests that the government establishes a scheme, which can lend money to older people because banks refuse to loan them money because they are old and unemployed.

8.2.1 Notion of care

Care is another preoccupation of older people. They have masked the damage that has been wrought done by the HIV pandemic in Swaziland where there is a skip generation due to HIV-related deaths. Older people in the study are burdened with the care of their children some of who have died from HIV related illness. Some of older persons have also acquired HIV while caring for their grandchildren due to lack of protective gear. The study concludes that caring is very costly and that the carers need assistance in terms of purchasing medication and also providing food for the people under their care. The study also concludes that carers should not be ignored; informal carers need to be recognised and supported. Care fatigue and burnout were highlighted as obstacles to the caring process.

1) **Caregiving and receiving care in old age**

   The discussants in the study revealed that older people are playing vital roles in the caring of their children who are ill as well as caring for grandchildren. The study findings highlighted the lack of recognition of the active role of older people in their families. Older people are treated as an invisible population and rarely consulted on issues affecting their livelihood. It was evident from the findings that older people who enter old age poor are most likely to be chronically poor since they can no longer work and at times they lack family support.

Some the challenges highlighted by older people included insufficient funds to buy food, pay for school fees top up and at times the children steal the grant money from the grandmothers. Some discussants voiced their fear that their grandchildren might resort to violence and delinquency since their grandmothers were incapable of meeting all their needs. Discussants further highlighted their fears of dying and leaving the grandchildren without anyone to care for them (especially double orphans). A recommendation is made that government should provide employment opportunities for the youth, especially in the rural areas so that they are preoccupied with positive activities that help empower them whilst generating an income to help their families. Also government and its implementing partners can look into establishing community centres, which can assist in hosting OVCs especially when they are without carers. The study also recommends informal adoptions within the extended family so that OVC do not lose their roots.

2) The role of NGOs in ageing issues

EU, PERPFAR, UNICEF, Umtfunti weMaswati, Philani Maswati, World Vision can all play an important advocacy role in influencing public policy to help break the cycle of abuses and human rights violations of older persons, especially women, who find themselves in conflict situations. The EU technical team can help develop a framework for social protection, which targets older people. These non-governmental organisations are well placed to create awareness of the problem and encourage governments to address the violation of older people's rights. These organisations are well place to be the voice of the poor at policy level. They are well place to bring out issues from grassroots level to the policy arena where issues of older people are still not considered a priority in Swaziland. It is also recommended that NGOs take a more proactive role in furthering the course on behalf of older people in society.

8.3 Implementation

a) Experiences of beneficiaries

The study can conclude that the grant beneficiaries in Swaziland are dissatisfied with the manner in which the grant is currently being administered. The grant is haphazardly and inconsistently distributed which makes it hard for older people to depend on it. Older people in the study complained about the long distances, which they have to

travel in order to access the grant. Some of the respondents reported that some people do not know about the grant and others are not able to access it because they lack the necessary documentation such as identification cards or passports. The study recommends that the means-tested programme should not be a hindrance to needy older people if they do not having all the required documentation. The study recommends a comprehensive and integrated approach to social security delivery; so that all services for older people are found in one place. A national dialogue for ageing is needed in Swaziland so that the needs assessment of older people is conducted.

b. Experiences of implementers

The conclusion that can be drawn from the experiences of the implementers is that there are substantive gaps in service delivery and how the grant is being administered. The study recommends that politicians, bureaucrats and implementing partners create a platform for communication so that some of the technical gaps can be effectively addressed through understudying and training of specific personnel.

8.3.1 Challenges of implementation

a) Challenges of delivering the old age grant

One of the main challenges in the delivery of the old age grant is identified as that of inconsistency of delivery; from the study it can be concluded that the grant is disbursed if there are resources in government coffers. The disbursement is labour intensive requiring social workers and social welfare officers to travel to the different regions and neglect other duties in the process. The study recommends that Swaziland study the systems of other countries in the region that have managed to find efficient ways to implement the grant without overexerting the welfare staff.

b) Lack of stakeholders' involvement in policy implementation

The study revealed that there is limited public participation and commitment to the implementation process; politicians are interested in the macro issues such as developing legislation but they totally neglect the important aspect of actually bringing the dream into reality. Policies are likely to fail without effective stakeholder participation. A suggestion is made in the study that beneficiaries be included to enable their contribution as to the most effective ways in which policies could be implemented

to add meaningful impact to their quality of life. An example of this would be consultation with older people about the specifics and reviews of the old age grant system.

A recommendation from the study is that as much as the policy implementation is of crucial importance, isolation of the intended beneficiaries from the process could result in failed implementation because of limited support for the programme. Involvement of different stakeholders is seen as crucial in ensuring that all sides of the problem are interrogated as well as the possible alternative solutions in addressing the issues.

As the policy cycle unfolds, the bureaucrats and political figures need to ensure that all affected parties are well informed about the motivation for eligibility criteria. In addition, definition of the problem is more beneficial if it emanates from a bottom up approach because content, context and stakeholder participation matters. One of the important aspects of good policies is for the public to know the provisions and benefits of the policy being implemented. A recommendation from the study is that inclusiveness is preferred as it ensures that people are aware of the provisions of a programme intended for them and also removes any ambiguities. Public awareness according to the study brings a lot of hype and enthusiasm and it stays current because the government, non-governmental organizations and other stakeholders support the policy.

c) Lack of administrative capacity

The issue of insufficient training for the implementers is something that was also highlighted. The bureaucrats are left to make critical decisions based on how they interpret the directives from the policy makers, and this results in a number of failed policies in developing nations such as Swaziland. A recommendation is made that training and close monitoring of policy implementers during all the stages of the policy process is essential. In poorer nations, most policies are partially implemented because of lack of qualified, skilled or competent bureaucrats and monetary issues.

Implementation requires that sufficient and appropriate resources be available to manage the demands of the implementation process. The study confirmed that co-operation amongst all implementing partners is key to the success of the project at hand. Unrealistic targets are sometimes the obstacles in implementing policies; limited

research and definition of the social problem being addressed can also expose those weaknesses during the implementation process. A recommendation from the study is that policy makers need to ensure adequate planning so that projections on resources can be known in advance prior to commitment to the project.

d) Inadequate resources and training

One of the notable weaknesses in the implementation of DSW programmes is the limited number of qualified technical and support staff to fulfil the mandate of the Department. This has resulted in an increased number of backlog cases due to the absence of social welfare staff at workstations especially during the period when old age grants are being disbursed, as most of the social workers are usually out disbursing grants in the communities. There are also weak follow-up mechanisms especially in cases where clients move from one area to the other. The study recommends that more people be hired to undertake this process or government should outsource functions for better results.

This has resulted in cases being unresolved, especially those related to child maintenance. This also means that since the old age grant disbursement process takes at least one month to complete, one-month quarterly means social workers are not in their workstations as they move around the four regions until this exercise is complete. This result in skilled manpower exerting themselves in activities that makes no use of their skills training. There is thus a need to review the impact, which the grant disbursement has on the overall delivery of human services to the population. The study recommends that government ensure that the Department of Social Welfare is capacitated by social workers that understand issues faced by the populations they serve. It is important that additional social workers be available at all times so that other populations are not underserved during this period.

e) Personnel challenges

Lack of committed personnel at all levels and non-compliance to policy procedures also obstructs the implementation process. Many policies never live up to their potential because of these gaps. The recommendation is made that policy makers and implementers should share skills and resources. Further commitment and diligence in service delivery is needed to improve and for better results. According to Dror (1995:5),

successful completion of a policy hinges on a well-made or planned policy. The study recommends that the policy statement needs to be very concise and clear for effective implementation. Clearly articulated aims, goals and objectives are necessary and in addition the input of stakeholders can help sharpen this process.

f) Feedback on progress and results

The study revealed that there is limited public participation and commitment to the implementation process; politicians are interested in the macro issues such as developing legislation but they totally neglect the important aspect of actually bringing the dream into reality. Policies are likely to fail without effective stakeholder participation. A suggestion is made in the study that beneficiaries be included to enable their contribution as to the most effective ways in which policies could be implemented to add meaningful impact to their quality of life. An example of this would be consultation with older people about the specifics and reviews of the old age grant system. A recommendation from the study is that much as the policy implementation is of crucial importance, isolation of the intended beneficiaries from the process could result in failed implementation because of limited support for the programme. Involvement of different stakeholders is seen as crucial in ensuring that all sides of the problem are interrogated as well as the possible alternative solutions in addressing the issues. The study also recommends the use of monitoring and evaluation for better lessons on other implemented programmes and to avoid unnecessary pitfalls.

g) Lack of legislative framework

Another finding was that there is a lack of legal framework would facilitate enforceability; a rights based focus is the provision of basic services of care. There is essentially no proper legal framework to enforce the implementation of social protection schemes in Swaziland; they are provided through policy guidelines. A legislative and regulatory policy framework should provide direction to actors involved in the development and implementation of social protection policies and programmes. The study recommends that the EU technical team provide assistance to the DPMO to develop legislation or an Act of Parliament for the establishment of the operation of the OAG.

Swaziland's Constitution of 2005, which is the supreme legislative framework, makes explicit provision for the welfare and maintenance of older people and protection of the family and the significant role, which it plays in society. Despite this supportive legal framework, social security and welfare sector programmes have over the years been implemented with no coherent and harmonized policy framework. Currently, there is no Act of Parliament, Bill or legislative framework that directly establishes the old age grant since 2005. This has mostly resulted in uncoordinated and fragmented development efforts aimed at addressing the plight of the poor. A recommendation from the study is that the special provision in law form needs to be put in place stating what benefits are there for older people and how they can redeem them.

h) Organizational co-ordination issues

Implementation of programmes in Swaziland has consistently been conducted in silos, without a centralized data capture system to record beneficiaries of the many programmes. This situation has a danger of exposing the sector to wide abuse arising from information irregularity among intended beneficiaries. The study recommends that the country have opportunity to implement more integrated, rationalized and comprehensive programmes that would increase the effectiveness of social security. It also recommends that Swaziland create an overarching social security framework, which will enable key interventions to be developed and implemented in ways that allow for operational synergies and complementarities processes.

One of the identified implicit assumptions that challenge the rigorous implementation of non-contributory social protection programmes in Swaziland is the belief that poor and vulnerable people are passive recipients of cash or non-cash transfers, without a sense of agency, which has resulted in their non-inclusion in social protection programme development and implementation. The recommendation is to have a legislative and regulatory base for contributory schemes that enforces the publishing of accounts and annual reports with data on contributing and beneficiary members, contributions, investments and benefits disbursed.

i) Timeline issues

Officials cited a number of timeline issues and this study recommends an active participation of stakeholders and civil society in order to keep the bureaucrats in check so that timelines are adhered to. This can reduce costs in the implementation of policies.

j) Political interference issues

It is evident from the study that various political circumstances have impact on policy implementation. A change in government may lead to changes in the way in which policies are implemented without the change in the policy itself. Many conservative governments, for example, have been known to tighten the availability of social security programmes established by labour or socialists governments without necessarily changing the policy itself (Howlett and Ramesh, 1995: 155). Leadership is essential for effective policy implementation (Bryson and Crosby 2005:36). High-level actors and influential leaders can communicate about the policy's rationale and mechanisms, and also make sure that the implementation process receives the necessary political support to ensure its success (Bhuyan, 2005:27). A well-defined problem at the inception of the policy process is most likely to result in a policy that is responsive to the needs of the people (Thomas and Grindle, 1990:1164).

k) Leadership for policy implementation

It is evident from the study that various political circumstances have impact on policy implementation. A change in government may lead to changes in the way in which policies are implemented, without the change in the policy itself. Many conservative governments, for example, have been known to tighten the availability of social security programmes established by labour or socialists governments without necessarily changing the policy itself (Howlett and Ramesh, 1995: 155). Leadership is essential for effective policy implementation (Bryson and Crosby, 2005:36).

High-level actors and influential leaders can communicate about the policy's rationale and mechanisms, and also make sure that the implementation process receives the necessary political support to ensure its success (Bhuyan, 2005:27). A well-defined problem at the inception of the policy process is most likely to result in a policy that is responsive to the needs of the people (Thomas and Grindle, 1990:1164). However, the

individuals or groups that led policy formulation might not follow up its implementation, or different groups might be responsible for carrying out policy directives (Nakamura and Smallwood, 1980:58).

The recommendation is that policy makers need to actively engage in the implementation process just as much as they engage in the design and formulation stages. Leaving the junior officials to work on issues at their discretion presents challenges for everyone involved because the policy implemented might not resemble what the politicians sought out to achieve. Another recommendation is that as much as a top down approach has its advantages but a variety of approaches need to be used for different policies and programmes.

i) Possible Synergies between the State Social Security and Indigenous Social Security Systems

Swaziland as a kingdom has dual centres of power where the king rules with the queen mother. Indigenous Swazi society has always put the best interest of older people ahead of anything. The portfolio of the queen mother includes ensuring that the welfare of the nation is in-check. With the HIV pandemic and an increase in the number of children left in the care of older people, the queen mother through Philani MaSwati gave food parcels and blankets to older people informally in the different regions of the country. The initiatives were aimed at awakening consciousness around the issues of older people. Until 2005 this traditional arm of government was one of the few, which were advocating for better care of older people in Swaziland.

In 2005 the king made a pronouncement, which compelled government to 'supplement' and in the process attempting to formalise the welfare of the ageing population. That is how the OAG came about. Even though the OAG is in place, the activities of Philani MaSwati whose patron is the queen mother continue to give out food and other goods needed by older people. What has happened in the process is that the private sector has joined Philani MaSwati in providing some of the items that are given out to the vulnerable older people. This is one example of the possible synergies between state social system and indigenous social security.

It is worth noting that Umtfunti weMaswati Charity Organization is another NGO closely working on issues of older people. This organization has effectively advocated

for the issues of ageing using a religious lens. It works closely with churches in furthering the issues of older people. The organization also gives food parcels to older people and they have been vocal on the need to increase the OAG to better respond to the needs of older people in Swaziland. Umtfunti weMaswati initiatives encourage faith-based organizations and churches to actively advocate for issues of older people in Swaziland. The Roman Catholic for instance has been a leader in offering older people food, clothes and shelter where possible. All these initiatives can be strengthened to make sure that there is a good safety net for older people in Swaziland. This serves as another example of indigenous social security mechanism supplementing formal social security systems in Swaziland.

8.4 Recommendation of Future Research

i. A definition of social security that fits Swaziland

Kaseke (1997:45) observed that social security in most developing countries falls short of the stipulations by the International Labour Organizations. According to the ILO, it is possible for the state to satisfy the conditions for its contract with the people by ensuring that social security provisions are universal and adequately covering the most basic needs of all people. It has been argued that at independence most African countries adopted the social security frameworks inherited from colonialists which is part of the reason why social security is not meeting the needs of the most vulnerable populations.

Swaziland (like other countries) has enshrined social security into the Constitution of the country signifying the importance it attaches to the provision of social security for all citizens. State social security systems alone are inadequate to meet the needs of the poor. Swaziland needs to find a balance between a purely Eurocentric social security framework and one that incorporates the way of life for Swazi people. Kasente, Asingwire, Banugire and Kyomuhedo (2002:180), observed that it is possible to improve the current offering of social security systems through engaging the different stakeholders and service providers in order to make the necessary adjustments for better programmes and benefits.

For the issues of ageing to make in the policy arena there is need to properly define what is entailed by social security in Swaziland. The country needs to look at a model that will be responsive to the local issues as opposed to adopting the western version of social security.

In order for the issues of older people to be furthered, there is a need for comprehensive studies to see how the determinants of active ageing can be mainstreamed into the policies for older people. There is a lot that needs to be done in understanding older people and the issues that impact on their livelihoods. Active ageing (as one of the frameworks that provides a detailed view on how to keep older people healthy and happy for longer) provides a starting point for successive studies to look at how Swaziland could mainstream active ageing.

ii. Gender sensitive ageing policies

In the case of Swaziland where females are a majority when it comes to poverty, gender is an important factor that needs to be taken into consideration in the issues of older people and development. Issues of extreme poverty need to be included in the development agenda for the country because of the intergenerational nature of poverty with female-headed households in Swaziland. Since global ageing is feminized, the issues of poverty amongst women need resolution.

iii. Human rights framework to ageing issues

It is also crucial to understand the policy-making machinery where Swaziland in order to implement sound policies. In all these discussions, Swaziland needs to also consider issues of human rights and how the country intends to safeguard the rights of older people as provided in the treaties and conventions, which the country has ratified. In other words, studies on how Swaziland can domesticate international treaties would provide some insights into the difficulties faced by the government in this particular area.

Overall understanding of the obstacles in terms of developing legislation also needs investigation. The OAG was introduced in 2005 and in 2017 there is still no legislative framework, which legitimizes the provision of this grant. The question is why is it taking such a long time to come up with this legislative piece? Is it lack of capacity, lack of political drive or lack of resources?

In national population surveys, the aged need to feature and issues of widowhood and disabilities need to be identified in order for better policies, which are responsive to the needs of this population. With demographic shifts where the aged will be more prominent in society, Swaziland can begin to look into the population and understand some of its

characteristics. The aged have been the constant factor in the lives of orphaned and vulnerable children, issues compounding this type of household need to be known for better policy and programme planning.

8.5 Possible related topics that can be pursued from this study:

(i) The role of civic and NGOs in the formulation and implementation of social service programmes.

(ii) The role of street bureaucrats and junior level bureaucrats in the implementation of good social policies.

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APPENDIX 1

INTERVIEW GUIDE FOR OLDER PEOPLE

Introduction

Good morning. I am Lungile Mabundza-Dlamini. I am a PhD student in the School of Social Sciences at the University of KwaZulu Natal, Pietermaritzburg campus. The title of my research is Social Security and Older People in Swaziland.

Purpose of Interview

The aim of the study is to understand the lived experiences of older people and how they are covered by social security in Swaziland. I am interested in interviewing you to know about your experiences and observations on the subject matter.

If it's okay with you, I will be tape recording our conversation. The purpose of this is so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. I will be compiling a report, which will contain all comments without any reference to individuals. If you agree to this interview and tape recording please sign the consent form.

INTERVIEW BEGINS

Thematic Area 1: General experience of the older people

1. Could you tell me about your experiences of being an older person in Swaziland?
2. In your view is there a significant difference between the way older people were perceived and or treated in the past compared to today?

Thematic Area 2: Challenges

3. What are the challenges you are facing as older people in Swaziland?
4. How are older people taken care of in Swaziland?
5. What are types of concerns do you have pertaining the welfare of older people?

Thematic Area 3: Coping Strategies

6. Can you elaborate on the strategies you are employing to cope with these challenges?

Thematic 4: Support Systems

7. What is your source of support?
8. Who is caring for your needs-socially, emotionally, spiritually and otherwise?

CONCLUSION

How did you feel during the conversation?

What did you expect before we started?

Thank you for sharing your thoughts and experiences with me.

APPENDIX 2

QUESTIONNAIRE FOR GOVERNMENT OFFICIALS/NGOs

INTRODUCTION
Good morning. I am Lungile Mabundza-Dlamini. I am a PhD student in the School of Social Sciences at the University of KwaZulu Natal, Pietermaritzburg campus. The title of my research is Social Security and Older People a in Swaziland.

PURPOSE OF INTERVIEW
The study aims to understand the experiences of older people in Swaziland. The focus is on understanding the prospects and challenges of the OAG implementation process in Swaziland. I am interested in interviewing you to know about your experiences and observations on the subject matter.

No.	*Categories and filters*		
Q01	Which organization/department do you work for?		
Q02	How long have you been working in that department/organization		
Q03	What is the role played by your organization with regards social security in Swaziland		
Q04	In your view what are some of the issues that hinder/promote social welfare of the elderly population in Swaziland		
Q05	What needs to happen to improve service delivery towards the elderly		
Q06	Are you aware of any legislation that governs the activities of your organization and social security?		
Q07	Is the current E240 given to the elderly enough to cater for their needs? Looking at the rural urban divide, which elderly people are more vulnerable and why?		

Q08	What kind of assistance is needed to improve the quality of life for these older people?		
Q09	What do you think should selection criteria for elderly to receive social security		
Q10	NGOs have are better implementers compared to government. How can your organization contribute on improving service delivery to families and other vulnerable populations		
Q11	What formal and non-formal social security schemes exist in the context of Swaziland; What supporting inputs are needed to sustain the livelihood of the most vulnerable groups (i.e elderly)		
Q12	In your view what has been the impact of 'politicizing' the social protection issues around the elderly?		
Q13	Who should be in the forefront in the advocacy for the needs of the elderly		
Q14	In your view how can programs targeting the elderly be improved?		
Q15	What has been your experience working with government departments on provision of social security programmes? Is there room for improvement?		
Q16	Is there anything else you would like to add with regards to the overall welfare policies / lack of in the country.		

Thank you so much for participating in this study.

APPENDIX 3

INTERVIEW GUIDE FOR FOCUS GROUPS

Introduction

Good morning. I am Lungile Mabundza-Dlamini. I am a PhD student in the School of Social Sciences at the University of KwaZulu Natal, Pietermaritzburg campus. The title of my research is Social Security and Older People in Swaziland.

Purpose of Interview

The aim of the study is to understand the lived experiences of older people and how they are covered by social security in Swaziland. I am interested in interviewing you to know about your experiences and observations on the subject matter.

If it's okay with you, I will be tape recording our conversation. The purpose of this is so that I can get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. I will be compiling a report, which will contain all comments without any reference to individuals. If you agree to this interview and tape recording please sign the consent form.

INTERVIEW GUIDE

1. What are the issues confronting older people in Swaziland?
2. What coping mechanisms are older people using to address problems associated with poor social security?
3. How do older people take care of their needs?
4. What have been the experiences of older people with State social protection interventions?
5. What kinds of activities do older people engage in to support themselves?
6. What kind of indigenous social security arrangements (if any), do older people have access to counter exclusion?
7. What needs to happen in order to improve OAG and other systems to better respond to the needs of older people?