

**MODERNIZATION OF THE FAMILY SUPPORT SYSTEM (FSS)
AND THE SOCIAL NEEDS OF THE ELDERLY (SNE):
THE CASE OF BOTSWANA**

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ABSTRACT

This article examines the social needs of the elderly in Botswana and how they are addressed at the different levels. It seeks to identify available national, regional and international strategies and policies promoting elderly care and efforts of incorporation in the development of the country. These policies and strategies were assessed to determine how they promote the involvement of the elderly at the community and national level. The literature shows that the numbers of the elderly in the country will increase to over 250,000 by 2011 and characterised by more women than men. This population is and will be confined to rural areas where livelihoods are predominantly subsistence agriculture and burdened with care for orphans. Besides, they are no longer considered productive citizens and their contribution to the economic development is relegated to the pit. It is quite recent that the Governments is becoming conscious of their social needs and increasingly trying to re-instill respect and care for the elderly in the society. Therefore, it is intention of this paper to assess the demographic structure of the elderly population, the impact of modernization of the family support system, and suggest how the elderly could continue to contribute meaningfully in the economic development of the nation and community.

Keywords: *Social needs, elderly, Botswana, policies*

INTRODUCTION

Modernization has brought about change in the social structures of communities, families, and the socio-economic base in Botswana. Migration of adolescents to senior secondary schools and tertiary institutions, and working age groups from rural to urban centres in search of employment has increased over the years causing imbalances in the family systems. This movement together with HIV/AIDS has transformed rural or village populations in respect of domination by the elderly (mostly women) and children. Clausen (2000) confirmed that village households have an overrepresentation of dependent members (old people, children, and the disabled). Due to a shift in developing communities from subsistence to cash economic structures, the socio-economic activities of rural communities changed from basic agriculture to heavy reliance on the market for production of goods and services.

Kollapan (2009) argues that while traditional societies supported the elders through their children and extended families, the changing societal dynamics, among

other factors, globalization, urbanization and HIV/AIDS have impacted negatively on the cohesion of the family and its ability to create a nurturing and enabling environment for older persons. Young able-bodied men and women migrate to urban, regional, and international countries looking for opportunities that are not available in their communities creating a vacuum in rural areas that cannot be filled for many years. Therefore, the elderly are left alone to juggle through with basic agriculture to produce and support with food their children who migrated to urban areas and the children left in their custody. Specht and Craig (1987) assert that as increased numbers of younger and middle-aged women enter the labour market, fewer are available to care for the frail elderly at home. The assertion is confirmed by Clausen (2000) when conducting a study at Mankodi village where they found 419 people assumed to be 60 years of age or above living by themselves. It was further established that 41 percent of households with elderly members claimed to receive no or very irregular support from their children in urban areas.

COS (2001) shows that modernization has had an impact on the socio-economic status of the elderly and has brought changes that resulted in poverty (marginalization of the subsistence agricultural sector), loss of social and economic support from economically active members of the family (negligence by children and community), and weakening of institutions that function as sources of social and economic support. Specht and Craig (1987) contends that in the United States of America poverty among the aged is most prevalent among women and blacks who live alone due to lack of income sufficient to provide adequate housing, nutrition, health care, and other necessary services. Konopo (2008) validates these claims by confirming that 47 percent of the population in Botswana live below the poverty line of a dollar per day and half of the female-headed household live on less than one dollar a day. Forde (2003) asserts that the majority of people who struggle to survive on less than US\$ 1 per day in Botswana are women and girls. Drawing from that background, it is evident that the elderly undertake unproductive agricultural activities that generate unsustainable income, leading to situations of poverty.

Nyanguru (2007) argues that older people, especially older women, in the developing world are often overrepresented in population groups living in extreme and chronic poverty. Those over 70 face greater risks than any other age group and those over 80 years, predominantly female are at even greatest risk of chronic poverty. He states that the World Bank shows that the poverty gap ratio for various household types in which the elderly are living is 6 to 12 percent higher than the national average. In addition, 11 of 15 countries studied in Africa showed that the poverty gap ratio among older people headed households is higher than the average.

The critical issue in Botswana is that the elderly persons working for government and other sectors are retired at 60 years regardless of their capability to continue serving profitably in the system. It is reported (Sucre, 2002) that countries with high per capita incomes have fewer older workers. In more developed regions of the world 21 per cent of men aged sixty years or older are economically active. In

the less developed regions fifty per cent of men are economically active. When it comes to women, ten percent of older women in more developed regions are economically active, as compared to nineteen per cent in the less developed regions. There may be reasons why such variations between developed countries and developing countries exist and these need to be explored further.

THE CASE STUDY

Botswana is a landlocked and arid country bordering South Africa, Zimbabwe, Namibia, and Zambia; it is 224,607 square miles (581,730 square kilometers) in area. Two-thirds of the country is comprised of the Kalahari Desert, which is covered with grasses and scrub but has scarce surface water. Mean annual rainfall ranges from under 10 inches (250 millimeters) per annum in the southwest to over 25 inches (635 millimeters) in the northeast. The entire country is prone to extended drought, causing significant hardship to agriculturalists, pastoralists, and hunter-gatherers. The Okavango Delta, in the north, is a large inland delta, and people there fish and farm on its flooded banks; tourists are drawn to the large numbers of wildlife that congregate in the area. The eastern third of the country, with more rainfall and fertile soil, is home to most of the population. Prior to independence, the British administered the Protectorate from Mafeking in South Africa.

Linguistic Affiliation: Bantu, Khoisan, and Indo-European languages are spoken in Botswana. English is the official language and Setswana the national language. This means that the language of government and higher education is primarily English, but that Setswana is the dominant language spoken in the country. Ninety percent of the population is said to speak Setswana. The term Setswana refers both to Tswana language and to Tswana practices/culture, and there has been increasing resistance to the dominance of Setswana as the national language by speakers of other languages in the country. Language-revival movements have also emerged. Most speakers of other languages are multilingual; some, however, have weaker competence in Setswana and have complained of disadvantages in primary schooling.

Current demographic trends concerning elderly persons: Botswana has a small but rapidly growing population which has more than doubled in size in twenty five years. According to Clausen (2000), studying older population and health systems in Botswana, the 2001 census preliminary result shows that the total enumerated country population is 1,678,891 as compared to the 1991 population, which stood at 1.3 million. This suggests an annual growth in population of 2.38 percent in 2001 compared to 3.5 percent in 1991 (CSO, 2001). The elderly constituted a total of 177,000 which is 10.5 percent of the country's total population. Females constitute 54.2 percent of those 50 years and above while 45.8 percent are males. This signifies numerical dominance of women amongst the elderly.

In addition it is projected that the population aged 50 years and above will have increased from 10.5 percent in 2001 to 12.5 percent of the total population of

the country in 2011. This translates into an increase in the population aged 50 years and above by 2 percent in 10 years (CSO, April, 1997). The aged will constitute well over 250,000 of the country's total population by the same year. There is need to urgently put in place systems that will respond adequately not only to changing health needs but also to the social needs of the elderly.

Table 1: How the elderly population is represented and structured as at 2001

Age group	Males	Females	Total
50 - 54	24, 000	26, 000	50, 000
55 - 59	18, 000	19, 000	37, 000
60 - 64	14, 000	16, 000	30, 000
65 - 69	9, 000	12, 000	21, 000
70 - 74	7, 000	10, 000	17, 000
75 - 79	5, 000	6, 000	11, 000
80 +	4, 000	7, 000	11, 000
Total	81, 000	96, 000	177, 000

Source: MOH/WHO Collaboration report (2002)

International and regional estimates suggest elderly populations will double in the years to come world wide because the younger generation would have been affected greatly by HIV/AIDS. According to Kollapan (2009) in Africa in 2000 only 5.1 of the population was 60 years old and above and the percentage is set by double in 2050. Hogg Lucchino, Wang and Janicki (2001) also hinted what has been estimated in the UN International Plan of Action that between 1975 and 2025 the world population will double with a 224 % increase in the number of people over 60 years of age. By that date, it is estimated that 72 % of those over 60 will live in developing regions. Nyanguru (2007) posited that 365 million of people over 60 live in developing countries but by 2050 the figures will be 1500 million. Therefore the demograpghy will change because: (i) they will outnumber children because of HIV/AIDS scourge, and (ii) the developing world will face the harsh reality of growing old before it is rich with potential traumatic consequences for older people, their families and societies.

PREVAILING STATE OF SOCIAL NEEDS AND CARE OF THE ELDERLY

Although Clausen (2000) classified people aged around 50 years of age and above as the elderly in their study of Mmankgodi village in Botswana, this is a contentious assertion. In both developing and developed countries people aged between 50 and 60 years may still be in their prime life and actively engaged in employment. For example, in Botswana people retire from civil and private service at the age of 60 years. It is at that stage that programmes should guide their continued active participation in the country. Due to lack of policies and programmes some prefer to spend their lives in rural areas engaged in subsistence agriculture or joining the hopeless set. Relatively few elderly people run for political office as councillors or members of parliament and / or set up businesses. This is more

common amongst those who have served as high ranking officials in civil, parastatal, and private sectors, particularly the police, military, legal practice, central and local government, and large corporations. The trend might be influenced by the desire to continue playing a meaningful role in the community and the nation rather than being relegated to the periphery.

Currently there is no policy or guideline that articulates the role of the elderly by year 2016 and how they will continue to contribute to the economic development of the nation. The Presidential Task Group (1997) acknowledged in Vision 2016 that it is important for innovative development programmes to define a significant role for the elderly population. They are considered a human resource of senior citizens who are the custodians of cultural wealth, values, wisdom, and historical knowledge. Atkinson et al (1996) states that individuals in their 60s and 70s who work under demanding schedules and make important decisions such as judges, corporate heads, and political leaders attest to the fact that cognitive abilities need not diminish with age. They argue that old age is a time of reflection, of looking back on events of a lifetime, and learning from experience.

The elderly may need care and support from young and energetic family members but the HIV and AIDS pandemic, illiteracy, and unemployment have drastically affected that scenario. In Lesotho, Nyanguru (2007) observed that the loss of people in the 20-49 year age range meant that fewer income earners are available to share the burden of household expenses, the remaining household members must spend more on medicines and other care for the infected and the elderly have to take on more of the caring for children who have lost parents. Instead of being nursed, the elderly provide care for the terminally ill members of the family themselves.

This implies that the elderly do it at the expense of their social and health needs which remain unmet. An elderly man of Ralekgetho village in Botswana interviewed by The Voice (2010) stated that he has six children, two of who are mentally challenged, one in police custody and others have moved away into their own makeshift homes. None of the children is employed and he has to fend for his grandchildren. A Botswana Ministry of Health Taskforce (2002) observed that generally in the African culture, women bear the responsibility of nursing the sick and taking care of the home. Therefore, drawing from the population table, it is the women who may be suffering from chronic non communicable conditions, taking care of the sick at home (who may be HIV and AIDS patients and in most cases younger than them). Speaking at the launch of a Population Services International (PSI) biannual report, the organisation's country representative, Toby Kasper, revealed that the Botswana AIDS Impact Survey (BAIS) III, shows that more older people are becoming infected with HIV virus than in the past where figures showed the youth as the most infected group (Keoreng, 2009).

Clausen (2000) found that increasing urbanization and emphasis on the nuclear family and individualism have made many people, and also some African governments, fear that care within families may not be the support system one would

like it to be. The social needs of the elderly remain unmet in many ways and nothing is done to address these. Some therefore resort to alcohol as a means of solace and comfort from worry, isolation, and pain. Morris (1990) states that later adulthood is inevitably stressful as the body begins to decline. An older person who is lonely may eat poorly and become malnourished while the loss of a spouse may lead to a decline in health or to increased consumption of alcohol. It is reported that 56 percent of elderly respondents in Mankodi consumed home brewed alcohol and industrial spirits which are associated with physical fights, family violence, and poverty at family level. They stated that life was worthless and hopeless, and some contemplated taking their own lives (Clausen, 2000).

Morris (1990) discusses important social needs that characterise the lives of the elderly such as sexual behaviour, social relationships, widowhood, situational stress, and coping with the prospect of death. The Setswana culture assumes that the elderly are not sexually active and cannot enjoy sex. As a result of believing the myth, the elderly tend to suppress and deny their sexual urges to avoid disapproval while some lose interest in such behaviour. In terms of social relationships among the elderly, there are two important factors: the personal characteristics of the individual and the social network and support available. The absence of social support systems can cripple the healthy lifestyles of the elderly. The prolonged absence of relatives and older children from rural areas makes the elderly not enjoy the company of children and grand children because they are overburdened as caregivers of sick children and surviving grandchildren. The presence of friends provides enjoyment and companionship characterized by openness and reciprocity. They need friends for purposeful self disclosure, self-worth, and sharing experiences of past and present times. The situation of loneliness, withdrawal, and isolation is worse for those who are widowed, particularly men. Widowhood is the most severe challenge faced during adulthood and adjusting to the loss of a spouse can take a very long time to be resolved. The presence of a friend who provides nurturance and support during the mourning process hastens recovery from loss. The elderly need to be assisted to cope with the prospect of death which may be greatly feared though inevitable. They fear the pain, indignity, loneliness, and depersonalization that they may experience during dying (Morris, 1990).

Curran and Renzitti (1996) assert that senior citizens are sometimes subjected to physical, psychological, and financial maltreatment, neglect or exploitation by care takers. The caretakers include nurses, physicians, bankers, and/or lawyers but mostly family members. The contributing factor to the abuse is stress induced by lack of support or outside assistance to the carer and the elderly. This has been the case in Botswana where some elderly persons are denied treatment at hospital because of their age and forced to stand in buses without being accorded due respect. The findings according to Kollapan (2009) show that (a) no coherent legislation and policy on the rights of older people in most African states, (b) no effective redress mechanisms in place to address the situation where the rights of older persons have

been violated; and (c) a general lack of knowledge and awareness relating to the rights of older persons and the concept of older persons as rights bearers.

INTERNATIONAL, REGIONAL AND NATIONAL STRATEGIES TO ADDRESS THE NEEDS OF THE ELDERLY

International, regional, and national bodies are working to address the needs of the elderly in various ways. It is quite recent that governments have awakened to the issue of the elderly as a forgotten segment of the population. The focus has been on gender, women and girls, and youth while the elderly were relegated to the periphery. Kollapan (2009) argues that elderly human rights violation range from age discrimination with gender dimensions, abuse and violence in both domestic and institutional settings affecting largely older women, lack of participation in matters affecting them, and failure to discharge the various social and economic rights to which they are entitled including the right to health care, work, education, social security, and adequate nutrition. Policy documents that have been developed and adopted at both the UN and African continental level to strengthen the protection of older persons include:

- (a) The 1982 Vienna International Plan of Action on Ageing
- (b) The 1991 UN Principles for Older Persons were reaffirmed in 2002 through the Madrid International Plan of Action on Ageing at the global level. The five principles are independence, participation, care, self-fulfilment, and dignity.
- (c) The African Union Policy Framework and Plan of Action on Ageing were adopted in 2007. Then the African Commission on Human and Peoples' Rights established a focal centre on the Rights of Older Persons to implement the African Charter on Human and Peoples' Rights that came into force in 1986 with specific relevance to older persons. The following are some articles that pronounce the rights and obligations to older people;
 - i. Article 18 (4) provides for specific measures of protection in keeping with their physical or moral needs of the aged
 - ii. Article 29 (i) provides that everyone has a duty to respect his parents at all times, and to maintain them in case of need.
 - iii. Article 26 (c) of the African Youth Charter states that the youth shall have the duty to have full respect for parents and elders and assist them in case of need.
 - iv. The Protocol to the African Charter on the Rights of Women in Africa in article 22(b) prohibits discrimination based on age.

It is important to recognize that these policies, African plans, and programmes are based on the five areas of concern for older persons as expressed in the 1991 United Nations Principles.

Botswana, in response, developed Vision 2016 that seeks to build a moral and tolerant nation by 2016 where no citizen is disadvantaged as a result of gender, age, religion or creed, colour, national or ethnic origin, location, language or political

opinion. The intention is to eradicate negative social attitudes towards the status and role of women, the youth, the elderly, and the disabled and that they will be protected from all forms of sexual harassment. In addition, the pillar of a united and proud nation will be achieved through responsible parenting and the institution of marriage as a social foundation for the eradication of teenage pregnancy, adultery, prostitution, street children, and the spread of HIV infection (Presidential Task Group, 1997). Strong families will be built through the commitment of family members playing their defined roles accordingly, including attending to the elderly. The dichotomy of illiteracy versus literacy has to be challenged and that includes (i) generational conflict and discourse, (ii) traditional wisdom versus educational wisdom, and (iii) bridging the gap between ages and creating a forum for dialogue to balance the perception of issues or concerns.

In a bid to realise the goals of Vision 2016, the Government of Botswana implemented safety net programmes to provide income for senior citizens (Old Age Pension, the World War II Veterans Programme, and the Destitute Persons Programme). According to Seleka et al (2007) the first and second programmes are specifically meant to benefit all persons aged 65 years and above except that the WWII veterans programme is extended to surviving spouses and their children below 21 years. The old age pension was introduced in 1996 as an entitlement for all citizens aged 65 years and above. The major objective is to provide financial security to the elderly who otherwise might be without the means of support due to disintegration of the extended family system. Currently the number of beneficiaries increased from 84, 577 in 2003 to 86, 859 in 2006. The HIES (Household and Income Survey) indicated that 95 percent of the elderly are now registered. This scheme covers every citizen 65 years and above excluding those in prison. It ensures that the elderly have an allowance even if there have no income from work related pension, or property, or children's earnings (Sucre, 2002).

The Botswana destitute person's policy defines two categories of destitute persons which includes the elderly who may meet eligibility criteria for assistance. The category (b) definition deals specifically with the elderly who are destitute because of age and limited economic activity. It defines a destitute as an individual who is incapable of engaging in unsustainable economic activity and has unreliable and limited source of income due to old age, mental or physical disability, emotional or psychological disability or is terminally ill without support. According to Seleka et al (2007) the food basket provided to the destitute elderly is sufficient to maintain his or her health but insufficient to allow them to engage in sustained manual labour. The policy also provides for shelter, medical care, transport fares, funeral expenses, and exemption from levies, taxes, school fees and water charges, and tools for rehabilitation projects for the poor elderly. In addressing problems related to the elderly, Botswana held two stakeholders' workshops, one in the north and the other in the southern part of the country in 2002. The workshops addressed the following issues:

- (i) Respect and cultural values for inclusion in school curricula;
- (ii) Raising awareness of the importance of social security schemes;
- (iii) Working with the media - to raise awareness of ageing issues and family obligations towards older people;
- (iv) Community education about the significance of making wills (Sucre, 2002)

CONCLUSION AND RECOMMENDATIONS

It is obvious that the social needs of the elderly have not characterised the agenda of Botswana governments and stakeholders until quite recently in 1994. Otherwise, they have been relegated to the periphery as second hand citizens for many years. Despite being overburdened by the care of the sick and surviving grandchildren, they are left to struggle with their age related health challenges. They are abused, neglected and exploited without a place to lodge their complaints, particularly in rural areas. Their participation in the socio-economic development of the country is limited to the church or burial societies but not governance and other important matters. Besides, in Botswana, they spend their lives nursing the terminally ill, caring for orphans, and/or drinking alcohol or idling. As far as the sexual, companionship, and intimacy needs of the elderly are concerned, they are considered invalid by the society or a taboo.

These issues are considered insignificant and unnecessary for the elderly because their age and closeness to the grave. Available government programmes focus on economic needs rather than social poverty which affect them more seriously. Social programmes should adopt a holistic focus to strengthen social relationships, reduce loneliness, bridge gaps with family members, and facilitate marital relations for the elderly if so required. There should be institutions in Botswana to coordinate the contribution of the elderly meaningfully in the socio-economic development of the communities and the nation. The strategies could include participation in community based resource management, clubs and groups for older peoples, skill transfer, community social support, home based care, visits to different communities, playing and story telling, think tanks, and identification of suitable voluntary organizations.

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