

Contextualizing the Perspective of the Elderly and Age Care Institution in Botswana

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ABSTRACT

The dynamics in the structure and functions of family along with the ongoing changes in social values have put a serious dent on the space the elderly had been enjoying, bringing age care institutions to the focus of discourse on ageing. The aim of this study is to examine the views of the elderly in Botswana with regard to age care institutions and to assess the current government interventions meant for the elderly care. This study adopts a cross-sectional qualitative research approach. The data are collected through in-depth face to face interviews. A sample of 30 elderly participants is drawn using purposive sampling technique, and data are analysed qualitatively. The findings confirm that despite challenges encountered by the elderly due to the new developments such as urbanization in Tswana traditional societies, they still find it culturally insensitive to be taken to an age care institution as a way of addressing their needs. The study reveals that it will take some time for the elderly population to adjust to the idea of age care institution. Consequently, the government should reserve funds mainly to be used for research on issues of the elderly to find out their needs and how to address them in a culturally sensitive manner. Also, to combat neglect of elderly by their family members a policy for the elderly should be introduced that will aim at enabling elderly people to live independently with high quality of life through provision of relevant social services.

Keywords: *Age care institution, elderly needs, social work, Botswana.*

INTRODUCTION

Ageing is a multi-dimensional process involving physical, psychological and social changes (Dhembha, 2013). According to Togba (2015) the world over is experiencing an increase in the number of the elderly who need care. While longevity should be celebrated as one of humanity's achievements, it is paradoxical

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that ageing is a major risk factor as the elderly in many African countries inclusive of Botswana are experiencing the syndromes of poverty, ill-health, neglect, abandonment and abuse (Chilisa and Preece, 2005; Modondo, 2014). Therefore, is it reasonable to suggest that elderly are prone to infections, injuries, degenerative disorders, psychological problems, risk of disability consequently resulting in death. Moreover, the changes ongoing within and outside the family have driven the elderly from own homes to age care institutions, a situation they probably would not have dreamt of (Vanitha, 2014). It is of paramount importance to note that for the purpose of this study, the words old care home, age care institutions, elderly facilities will be used interchangeably.

With the growing numbers of the elderly, there is an associated growth in problems affecting the elderly population. In essence, some of these problems include decreased level of activity, economic hardship, changing social care, losing family ties, susceptibility to health problems (Milne and Denning, 2011). This calls on governments to develop and implement policies and programmes that will suitably address the needs of the elderly as they are among the vulnerable population. Government measures are expected to uplift the lives of the elderly people as aging or old age tends to diminish both social and individual powers the elderly have due to restricted social functioning. It therefore, becomes inevitable to look into the problems of the elderly in Botswana, and to examine their view of old age homes.

The growing number of the elderly people is increasing all over the world, and some countries have developed some care measures to address the situation while others are lagging behind. Gist (2011) has revealed that in United States of America between one and two million of the elderly have been injured, oppressed by people they rely on. This implies that the nature of family structure has changed. The reliability of adult children for the aging member has decreased due to smaller families, increased work force participation hence leaving the elderly with no care nor support (Ross, 2013). A study done in Nigeria by Eker (2007) reveals that family members neglect their aging members, by way of not helping them with their daily activities. It was reported that elderly people experience loneliness in the presence of their family members as they lack social interaction with other family members.

Botswana, just like other developing countries, has experienced modernization and urbanization and this has caused a change in the family system structure. The old traditional extended family is hardly identifiable as now people stay as single parented households, especially in cities and towns. The elderly are left in the villages alone to fend for themselves (Gadifele, 2012). It is indisputable that some factors such as industrialization urbanization, migration, HIV and AIDS pandemic have impacted negatively on the unity of the family hence affecting the protection of the elderly people (Suzman and Beard, 2011; Mubila, 2012). Changes in the family structures, migration to towns and older

children with low income have left elderly people on their own mostly in rural areas. This makes them susceptible to hunger, poverty and attacks, with some failing even to perform daily activities. Further, the expansion of the destitute program reflects the collapse of the informal systems of social support and increasing poverty (Mondodo, 2014). All these forces have made the elderly, particularly the frail and chronically ill who depend on family care very vulnerable. Thus, there is growing concern regarding the care of the elderly by families.

In trying to address the needs of the elderly, the Government of Botswana has initiated responses and developed strategies such as old age pension and destitute programme to address such needs. However, prior to the introduction of the old age pension scheme, the largest group of the recipients of the destitute programme were the elderly (Seleka, 2007). Therefore, the purpose of the study is to investigate the possible alternatives such as age care institutions in addressing the elderly needs. Even though there is no documented literature on perspectives of the elderly on age care institutions, little has been documented on the topic of the needs of the elderly in Botswana. It is against this background that this study aims to determine the necessity and feasibility of establishing age care institutions in Botswana and to examine the views of the elderly towards current government care interventions for the elderly.

METHOD

The research used descriptive research design. Participants were women and men from 65 years and over from Shoshong village, Botswana. Only 30 participants were interviewed. There were more female participants (22/30) as compared to their male (8/30) counterparts. This might give credence to the fact that women are more at the receiving end with regard to the care of the elderly. The study adopted qualitative method, which was suitable as it emphasized naturalism which involves observing ordinary events in their natural settings. As such, participants were visited at their homes during data collection period. In-depth face-to-face interview was used to obtain information from participants. The study used non probability sampling (purposive) to get data from the participants. This sampling technique was chosen on the ground that, the study was focused on a certain group of individuals being the elderly aged between 65 years and above. Therefore, we used the technique to select eligible participants who responded to the interview questions and met the characteristics of the nature of the study. In addition, the technique was less time consuming since the participants were selected through the help of the village development committee chairperson who had knowledge on where the elderly resides in their village. Since the study adopted quantitative approach the researchers used Statistical Package of Social Science (SPSS) for analysis. Data were quantified for analysis through the use of descriptive statistics such as frequency count and simple

percentage. Furthermore, the researcher identified underlying meaning for open ended questions and summarised the data coming up with major themes. After presenting the results, the study evaluated and interpreted the implications of the findings and to examine the views of the elderly in Botswana as regards the age care institutions and to assess the current government interventions meant for the elderly care.

It was upon us to protect the participants, as such; they were assured that information obtained from them will be kept confidential. Further, no participant was deliberately misled in order to get certain information. They were not forced neither manipulated to take part in the study. As a result, they participated in the study voluntarily and freely. Furthermore, the names of the participants were not disclosed at any time to ensure that their anonymity is protected and to eliminate harm. Permission was sought and obtained from the University of Botswana Institutional Review Board (UB IRB) for ethical clearance. The findings of this study cannot be generalised to the larger population of all the elderly in Botswana on the grounds that, the sample size was small and unique to the people who participated. Moreover, the study was cross sectional, location specific and done on a smaller scale hence limiting external validity of the findings.

RESULTS AND DISCUSSION

Elderly care giving at home setting

Participants have shown different conflicting views in relation to their welfare in an age care institution. Some of the participants were happy with the care they receive currently in their own homes while others were not. The participants who were happy embraced and appreciated the support rendered by their family members. On the other hand, those who were not happy indicated that despite their children's involvement in their welfare, they were not satisfied as they felt were not given enough care. There were other instances where some participants were leaving alone in their homes and had no one to care for them.

From the findings, a majority of participants (17/30) indicated being helped mostly with daily activities such as cooking, cleaning and making laundry. The data also indicates that (8/30) participants are supported financially by their family members. Although there is prove that participants are supported with different means by their family members, this was not extended to some participants. Few (5/30) revealed that they had no one to look after them. Furthermore, a majority of family members involved in their welfare are their children as compared to other members of an extended family. Participants had expressed unhappiness towards the care they receive from their own homes. As such, some participants (11/30) reported not being satisfied with the care provided at the home setting. Different views were conveyed as some of the participants indicated economic

challenges as one of the contributory factor leading to hardships in their care. They have emphasized lack of stable income as a challenge because they are unable to get basic needs to care for their dependents as well. However, still on home care discussion, a majority of participants (19/30) have shown satisfaction on the care they receive at their homes.

Participant's source of income

The results of the study indicate that participants had multiple source of income. However, due to their age, all participants receive their income from government through old age pension. Other means of income come from family members. Some of the participants (14/30) generate profit from farming as they sell their crops and cattle, followed by small scale business comprising selling handy crafted chairs and selling alcoholic beverage. In addition, only a few (7/30) of the participants revealed not to have any means of support apart from old age pension while (9/30) did not indicate their extra source of income.

Care improvement

Although (12/30) of the participants have reported to have adjusted to the conditions of their homes; a majority (18/30) of them specified that some conditions could be improved. Some of the participants (11/30) indicated that government can provide them with food and clothes while others needed radios for entertainment (3/30); and some (7/30) wanted to be enrolled in government programmes that eradicate poverty. Other participants (4/30) believed that better care can be fulfilled if their children could find jobs since they will be able to meet their needs.

Perceptions of elderly people towards age care institution

When asked about their views regarding age care institutions, participants hold different opinions on old age facilities. Half of the participants (15/30) declared that they had never heard of age care institutions. However, those who have heard about age care institutions compared them with orphanage homes (5/30) while few (3/30) felt age care institutions are like hospitals. As such, a majority of the participants rejected the idea while only a few considered age care institutions as an alternative that can address their needs. However, it does not seem unreasonable to suggest that, the participants rejected age care institutions because they did not have an idea about it. As a result, few of the participants who responded warmly towards the facility had a common agreement as they perceive age care facility as a better care alternative and were willing to utilize them should they be availed in Botswana.

Exclusion and separation from family members

Most of the study participants rejected the idea of care homes stating various reasons. Some of them viewed age care institution as an initiative that can bring separation between them and their family members. The participants articulated that they cannot bear the idea of living in a place where their relatives are excluded especially their grandchildren. Summing up this concern, one participant who clapped her hands and left gaping in astonishment even covered her mouth before voicing this comment:

“Ah! Leaving my family! I think the difference with what you are talking about is that it excludes my grandchildren and my family members. I cannot leave my family! My children will bury me.”

This was not only perception pinpointed as the only problem. Similarly they also perceived old age care facilities as a system that will disrupt their daily routine. The participants listed various duties that they are engaging in especially those that are agriculturally based. As such, they perceive age care facilities as an initiative that will deprive them their independence as well as restricting them from carrying out their social activities in the community.

Lack of understanding on age care institutions

It was observed that most of the participants did not have information let alone knowledge on age care institutions. This factor might have affected participants' responses as it was difficult to contemplate on the idea. Nonetheless, few were able to draw their own depictions as they compared descriptions of age care facility with different institutions with similar features such as orphanage care centers, prison and hospital. Henceforth, they were able to relate the idea in voicing out their views. In accord, participants listed their fears; they stated livestock and possessions theft when left unattended. Some of them feared that they will fail to be adherent to their medications as some were on anti-retroviral therapy.

Factors affecting the elderly' willingness to utilize age care institutions

Participants cited additional barriers such as the approval of the significant others involved in their care. They pointed out that the involvement of their relatives will determine if they should move out to age care institutions or not. Furthermore, they noted that some relatives have promised to care for them while some expected them to stay at home since they are the oldest member of the family and that they rely on them for wisdom during decision making processes. To emphasize the above point, one participant said:

"I have not heard about age care institutions. I think that decision

will depend on my sister and my nieces and nephews, because they look after me. I doubt they can give the go ahead to stay in those places. I am the oldest here which makes me the head of the family, I should be involved in every decision making process. My family members will not be please by my decision."

As such, participants requested that instead of provision of services at age care facilities, the same services can be rendered to them at their own homes. They continued to suggest that they can be built houses instead of going to age care facilities. One of the female participants although she dismissed age care facility said that, only if it was a day care facility it could be useful to her, as a way of interacting with her elderly counterparts only for a day not staying there for a long period.

Table 1: Government programmes for elderly care

<i>Programmes</i>	<i>Aware</i>	<i>Utilizing</i>
Old age	30	30
Destitute Program	15	2
ISPAAD	18	8
Backyard programme	30	3
Presidential housing	3	0
Community Based Care	1	0
<i>Ipelegeng</i>	30	1

Source: Research Data (2015)

Participants were aware of the government role in their general welfare. They listed programmes availed to them by the government though they were not utilizing the programmes. The above table reflects that all of the participants were aware of old age pension as they were all enrolled. Other programmes they mentioned to be aware of include destitute programme, ISPAAD, backyard programme and *Ipelegeng*. Despite awareness of the programmes, they were underutilized as shown in the table. The least known and not used programmes as reflected on the table were community based care and Presidential housing.

Satisfaction of government care programmes

Few participants indicated that they were satisfied with the care they obtain from the government. They appreciated the help as they believed that if it was not for the government intervention, they could be expected to fend for themselves without employment. Although participants appreciated old age pension they still considered the help not enough to sustain them. Some of the participants have observed that basic needs are expensive, as a result, requested an increase in old age pension. A majority of participants (27/30) appealed that the government should increase their monthly old age pension in order for them to afford basic

needs and other necessities. Those participants who agreed for the increment stated that the amount should be increased from P300.00 (\$37.5) to P1000.00 (\$125).

Perception of the respondents towards health

When participants were asked about their health, they listed different health problems they are encountering. These included partial blindness (5/30); hearing impairment (3/30); high blood (9/30) and diabetes (6/30). Only (7/10) of the participants declared that they do not have any health problems. The more stated health concern that affected most of the participants was somatic disorders as most of them complained of painful joints and pains in their body. However, participants asserted that with the help of medication they can feel restored although the recovery fails to last for long. This was elaborated by one of them stating that:

"I am not fit, I feel weak sometimes as body pains troubles me. I only feel relieved after taking pain killers, although it is helpful, it does not last".

It is worthy to note that most of the participants have asserted that they trust God with their lives as they believe He is their healer. Some of the participants stated that they believe in their ancestors for healing hence they perform certain rituals to cast out spirit of illness. For those who did not believe neither in ancestors nor in God explained that they take good care of themselves and go to the clinic or hospital for medical help.

Participants were asked about their psychological health to identify if they are experiencing problems that affect their psychological well-being. A majority of them (20/30) indicated that they are not experiencing any psychological problems. While few participants indicated that they are prone to loneliness (5/30); forgetfulness (3/30) and some of them (2/30) dwell more on analyzing their physical health resulting in distress.

Socio-demographic

There is an interesting aspect that can be deduced from the study findings as it has been observed that more female participants took part as compared to their male counterparts. This might give credence to the idea that women have a prolonged life expectancy than men. Another observation identified was that most care-givers were women. Traditionally in Botswana, women are known to perform household chores (for instance, cooking, washing, etc) which they still do even up to date (see for example, Thebe and Denbow, 2006; Seleka, 2007; Makhale, 2007; Modondo, 2014). The findings also revealed that all of the participants are old age beneficiaries as such they are susceptible to poverty.

Nabalamba and Chikoko (2011) in their study identify the same factor as they explain that an increase in poverty programme reflects the deficiency of the family care towards their ageing members.

The perception of the elderly towards age care institution

Findings from the study indicate that the participants are unwilling to move from their homes. Some of the factors that were noted were the attachment participants had on their homes hence making it difficult to leave a familiar place. Moreover, findings are consistent with works of some scholars, such as Nicholls (2006), Yen-Jen (2007), Doyle (2007) and Chow (2007) as majority of the elderly who have knowledge and have stayed in age care facilities have rejected and condemned them as they viewed it neglectful. Conversely, although this is slightly different with the participants under study, reason being that old age facilities are not well known in Botswana. As such participant's perceptions suggested that the findings correlate well with the literature review on elderly care as most of them have rejected old age facilities despite their projected benefits.

Traditionally, Tswana culture has for so long embrace family as a primary social support system to their elderly family members. Nonetheless, this is no longer applicable as societies around Botswana have encountered changes which were also evident in the village under study. This transition makes it difficult for the elderly to rely on their family members to meet their needs as family members migrate to other places for survival. Along the same line, this finding concur with Mubila (2012) as he indicates that urbanization and globalization brought changes in the Tswana society, hence, negatively affecting the care of the elderly by their families. In addition, Seleka (2007) also depicts that the expansion of the destitute program in Botswana was evidence that mirrors the disintegration of the informal systems of social support and increasing poverty. Although different factors were identified, this relate well with the findings as it revealed that the participants are not satisfied with the care they receive as it fails to provide for their basic needs as they would have wanted.

This study argues that, though our tradition have experienced new developments, this have affected the care of the elderly negatively. However, despite the above negative impacts, some elderly still do not welcome age care institutions as an alternative care measures, they view it as a deprivation of their independence. In his research, Chui (2007) reveals that the elderly perceive old age facilities as loss of independence and dignity. In the same way, most of the current study participants have rejected the idea of old age care institution with only a few welcoming the idea. In addition, Chui (2007) reports that the elderly people who were aware of age care facilities and have experienced their living conditions show a decline in moving to them despite the decrease of availability of family care.

It is worth noting that, there is no well informed background knowledge between elderly perceptions of age care institution and experience in Botswana because there are no such facilities. The participant's knowledge on age facilities was based on what they have heard from the media and the association with other care centers. As such, participants related the description of care with deficiency of freedom and a spirit of independence in age care institutions. They feared and expressed that establishment of age care will bring separation between them and their family members. Interestingly participants who welcome the idea identified benefits of age care institutions hence requested that they should be built not far from their villages so as to see their relatives easily.

Theoretical Framework

According to Fay and Owen (2012) theory of reasoned action and planned behaviour posits that behaviour is determined by the person's intention to perform the behaviour; in turn a function of the attitude towards the behaviour is the subjective norm. The behaviour can be herald using the participants' intentions (Fay and Owen, 2012). Therefore participants had to be ready and willing to utilize care homes and this will be determined by their attitude towards age care institutions, subjective norm and their perceived behavioural control. As such, some of the participants are willing to utilize age care institutions if they were to be established. These intentions are influenced by the participants living conditions, some have indicated to be poor and have been neglected by their children. Additionally, they have perceived care homes as a place where their needs will be met and a better quality care rendered to them as well as having a sense of belonging amongst other elderly people. Therefore, the study participants have developed a greater perceived behavioural control as their higher intentions to utilize age care institutions. Likewise, some of the participants held negative perceptions towards age facilities such as separation between them and their relatives, deprivation of their independence. This also predicts that if age care institutions were to be established in Botswana, they will be unutilized. Another component that was used to predict participants' intentions and willingness to utilize age care facilities was their subjective norms. As a result, some of the participants who rejected age care institutions indicated that their family members would not give them the go ahead to be under such facilities.

CONCLUSION AND RECOMMENDATIONS

It is the position of this work that, ageing is everybody's problem as everyone is bound to age, hence, it is normal and natural. This study argues that very few people reach old age completely free of diseases. Thus senior citizens across the globe are not getting the proper health care they need because governments and

the society are not aware of their problems. The situation becomes more difficult when one is left alone without any form of support. Indeed, the loneliness and neglect associated with old age is an issue of concern as it has been depicted by this present study. Having said that, loneliness is the outcome of breakup of the tradition of joint family system, growing urbanization and fast moving modern life have contributed to the problem as well. Worse still, the erosion of moral values has also aggravated the situation. As recommendations for addressing the plight of the elderly, the government must give priority to their concerns.

Furthermore, exclusive medical care programmes for the elderly should be implemented. Trained and motivated health care professionals should be employed specifically to address the needs of the elderly. More research on the elderly care should be conducted and findings should be published for public utilization. The government should reserve funds mainly to be used for research on issues of the elderly to find out their needs and how to address them in a culturally sensitive manner. To combat neglect of elderly by their family members a policy for the elderly should be introduced that will aim at enabling elderly people to live independently with high quality of life through provision of relevant social services.

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