

Conflict, disaster, migration and older persons in Mozambique

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Abstract

This paper reports on a study carried out in the Tete province of Changara district in Mozambique to identify the living conditions and needs of older persons in this rural area. The paper examines the social and economic effects of disasters, wars and forced migration on families and the situations of older persons. It concludes that services for the older population should include support for the family, followed by community-based programmes.

In August 1998 a study was carried out in three communities in Tete province, central Mozambique to determine the effects of disasters, wars and forced migration on older persons. The inhabitants of these communities have suffered directly or indirectly from three wars as well as droughts and floods.

The position of older persons in traditional African society

Africa has an enormous diversity of cultures, environments, religions and economic situations, all of which impact the ageing process. Colonial occupation, and the introduction of a market economy and new forms of communication have altered and weakened traditional social security systems, not only for older persons but also communities (Moore, 1978). New forms of political and social control have aggravated the situation still further, undermining the previously dominant position of older persons and leading to their loss of authority, political power and economic security (Snyder, 1981).

However, notwithstanding this trend, there is evidence that older persons continue to hold traditional positions through new opportunities afforded them to assert their presence in society through roles as "elders with wisdom" gained of experience (Rwezama, 1989). For example, when families are involved in the informal sector, children are often left in the charge of grandparents. The AIDS epidemic, which in some African countries has decimated entire communities, has left older persons with the important role of supporting the generations of children and young people. To be equipped for such a task, they must seek new economic opportunities.

As a consequence of globalization and a market economy, a current trend in some African societies is that of family nucleation (Feliciano, 1998). Even in nuclear families the role of an older person continues to be that of counsellor and judge, and he/she occupies a privileged position in society (Tout, 1989). In a recent local newspaper interview (*Noticias*,

1998), a woman who claims to be 110 years old and lives in Maputo City stated:

The treatment my family has given me forms part of my good memories. I have none of the complaints that are common at this age, which often spring from the authority that older persons exercise over the young. I feel quite alright, I like my children, and all my grandchildren and great-grandchildren, and they ask my advice.

Social and economic consequences of disasters, wars and forced migration

The most striking social and economic consequences of migration for older persons, following disasters and wars, in the study communities are examined briefly. Forced migration causes two types of situation: displaced people and refugees.

Displaced people

In situations of armed conflict, members of populations at risk either move to safer areas inside the country or become refugees in neighbouring countries. In the first case, emergency support, whether from government or NGOs, is limited, which means that displaced people must largely support themselves through their own efforts. The older persons whom we interviewed, who were displaced and lived in other provinces during the conflicts and other disasters, said that during this period they

- risked their lives, travelling periodically to their fields to rescue their harvest;
- worked in the informal sector to earn income, selling charcoal, firewood and vegetables from their own produce; took care of the children; and
- produced handicrafts, weaving mats and baskets and making clay pots and wood utensils.

Where displaced older persons and their families had taken refuge with relatives in other areas, they were often asked to leave and to go back to their own homes or to displaced people's centres.

Refugees

Those who took refuge in neighbouring countries tended to leave Mozambique in a state of confusion, either during an enemy attack or as a preventive measure. They always went on foot, travelling long distances with or without their personal goods. Though the refugees sometimes sought out rela-

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tives in these countries, they more typically only received support from institutions created for the purpose and remained in refugee camps. Older persons received various types of support, ranging from food aid to clothes and domestic utensils. This support was necessary at the time, but it had a negative effect of creating a dependency on emergency aid, as may be seen from two older persons' comments:

As older persons, we were well treated there; they gave us food, clothes, medicines ... and everything, and nowadays when I am back home here, when I go to sleep without having eaten, I can only recall that time in Zimbabwe ... (Pacamate, Wiriyamu village)

Everything I have is from when I was a refugee in Zimbabwe. They were mainly things for the elderly, we didn't buy anything, not even these clothes. We were being well treated. They sometimes killed a cow and distributed meat to all the elderly. We ate well there, more than the people who had to work in order to get their wages or produce. (Domingos Bacalhane, same village)

Thus, while the older refugees and displaced people had suffered the trauma of losing their relatives, and had experienced difficulties in adapting to new situations and problems of physical or psychological debility, their situation was been further aggravated by the "dependency syndrome" created in the refugee camps, which has lasted up to the present.

The households

In any society the family is a basic unit which establishes the ethical and cultural values, behavioural attitudes and models which influence individual conduct. In Africa, the cohesion of the family has been challenged by economic deterioration which continues to impoverish it; unemployment, internal displacement and migration to urban areas have altered family systems. As a consequence, older members of families have suffered from a lack of social support, which support traditionally existed (ECA/OUA, 1996). Paragraph 62 of the African Platform for Action even states that older women, widows, displaced people, refugees and heads of household are excluded from full membership of society.

The study in Tete province showed that households had been strongly influenced by vicissitudes throughout the social and political history of their communities. Today, the households are predominantly made up of children and older persons, and a few young people who have never lived elsewhere. The disintegration of family households in Mozambique is not new. During the colonial period the active population, particularly the men, habitually left to do forced labour on public works or settlers' plantations (tea and cotton) – and often they did not return. Given the violent nature of the recruitment and the conditions of the often unpaid work, many men preferred to anticipate their departures by emigrating to neighbouring countries such as Zambia, South Africa, Malawi and the former Rhodesia. Even today many Mozambicans still have family and ethnic links in neighbouring countries. This form of emigration came to play an important role during Mozambique's later periods of crisis, since relatives who were already settled in neighbouring countries gave shelter to family members and even their neighbours who took refuge in these countries.

The war was the indirect cause of all the cases of widowhood identified in the study: deaths of spouses from illness, lack of access to health services or even to traditional healers, long marches while in flight, being forced by the enemy to carry heavy loads, physical aggression and other forms of violence while in captivity.

In the study very few older persons were found to live alone, while those who did, tended to live in homes close to their children. However, advantages of this geographical proximity tended not to be reflected in the material and social relations of the older persons with their kin. In reality, they lived in "isolation" and undertook survival activities.

The polygamous family is predominant in the communities, both for economic benefits (wives as a labour force) and prestige (mainly for the women). An older wife in a polygamous family can benefit from care given by the other wives. An older woman pointed out: "As we are married, people respect us, even the young; if we didn't have a family we would be like dogs without a master."

Migrations and the war intensified the practice of polygamy, due to the worsening living standards of monogamous families and the situation of young people who were forced to flee their homes.

I spent the war alone in Chimoio [a city 300 kms away from the community under study], working for a farmer. I married there, and with the end of the war I came to visit my parents and was extremely surprised to be presented with a fiancée. According to our tradition one cannot refuse, because of other possible consequences – my parents' expenses, discontented spirits – which would naturally have implications for me ... (A young man interviewed in the village)

Other cases of polygamy found in the study stemmed from "alliances" made in the refugee or displaced people's camps, when an individual thought that a partner had died during the hurried flight from the war. Peace enabled families to meet up once again and to reconstitute themselves, which ended in a situation of "forced" polygamy and returning to the first wife, while maintaining marriages entered during the war.

Female heads of family

In Africa, female-headed households comprise a third of all households, and in some southern African countries the figure can rise to over 60%, when considering both *de jure* and *de facto* cases (SARDC, 1998). The historic cause is economic, and studies show that these households are poorer and more lacking in means for survival, above all due to women's lack of access to agricultural resources, including fertile land, credit and technology, than male-headed households. As a result, dependent family members, mainly children and older persons, have serious nutritional problems (MPF, 1997).

Victims of violence

Older widows, though more independent than widowers, are also more vulnerable and prone to becoming victims of violence; their lack of status, lack of personal security, memory loss, neglect by their children, and the impossibility of defending themselves mean that older women are more often victims of indifference, physical assault and sexual abuse than older men.

In the study, three main groups of older persons were found: those who stayed in the area throughout the wars and disasters, those who took refuge in neighbouring countries and those who became internally displaced. The first group suffered various forms of violence. People decided to stay where they were when their state of health was poor, aggravated by the war. However, it was virtually impossible for them to lead a decent life where they remained. It was unthinkable that they should go to the fields because of war-related danger and it became difficult for them to stay in their homes during attacks. When surprised by the enemy,

they were forced to carry their food, cattle and other goods to their kidnappers' military bases. They were obliged to live off wild plants which they had never used before. The serious and prolonged privations (inadequate food and nutrition) which they underwent explain the physical debility and poor state of health of the survivors. This period caused the health status of many older persons to deteriorate, and indeed many died.

I was alone because I had divorced my husband some months previously. I didn't notice when people abandoned the village, and when the enemy entered and began to burn the houses I fled to the bush. When everything calmed down on the second day I returned to the village and saw that I was alone. Other older people who also couldn't run were alone like me. From that time onwards, our life was just one of hiding, watching from a distance our granaries being burned and robbed under our very eyes, being forced to carry sacks of goods to the enemy bases. If we are alive today, it is thanks to God who protected us ... (An older woman who stayed in her village throughout the war)

Another witness to the violence suffered by older persons during war is Fanzane Fulira, 90 years of age, of Wiryamu village, who was abandoned by his family during an attack (when the family took refuge in a neighbouring country) and saw the death of his wife.

This war ended while I was here. I had my wife, who was blind, and I already had a problem of pains in my feet that I still have to this day. We didn't manage to run away when the attack came, we stayed here. We suffered too much from the enemy attacks, because we had to remain in permanent hiding. It would have been preferable to die, to be able to rest from all this violence.

Witchcraft accusations

Poverty and illiteracy contribute to superstition and false accusations against older men and women who are held responsible for a family's ills. In many ethnic groups in southern African countries, older women are more often suspected of witchcraft than older men. Anecdotal evidence suggests that violence is usually involved. In Tanzania, statistics show that 60% of the 3 693 people killed on suspicion of witchcraft in 1994 were older women (SARDC, 1998). Firmina Taero, interviewed in the study, is accused of being a witch:

I don't know how many grandchildren I have, because my son doesn't tell me when they are born, nor even show me the child. I have asked them many times to give a grandson who could take care of me, but they refuse saying I am a witch. I don't know who started this story, my son or my daughter-in-law. You know that in a large family there are always some born crazy; perhaps he is crazy to be saying these things. I've already asked for a meeting to resolve the problem, and they refuse.

Poverty

In developing countries most people live in the rural areas, where poverty is most acute. In Mozambique, 85% of the population is rural-based. Rural people suffered most from the effects of migration.

The structural adjustment programmes (SAPs), supported by the World Bank and the International Monetary Fund in particular, tend to cut government expenditure on the social sectors, devolving responsibility to civil society organizations and even communities themselves. With the dramatic increases in the costs of the health care which are taking place

in the majority of developing countries, the most marginalized groups in the family, children and older persons, are the most affected.

The needs of older persons

The huge socio-cultural and economic transformations resulting from forced migrations in Mozambique have been accompanied by other changes, both good and bad, which have altered perceptions about what quality of life and good health should be. The older persons whom we interviewed were unable to express their needs and preferences, and simply remitted to government decisions on the provision of health and welfare services. Why does this happen? Older persons who suffered the effects of forced migrations come to have a very limited view of life, with little hope, when the external conditions are no better than those during captivity and the family has been shattered by the war. On the other hand the dependency syndrome, after long years in captivity, hampers autonomous decision taking. Many have a fatalistic view of old age, when the past, present and future are simply lived in the present. As Antonio Gorate of Dinheiro village said:

What else do I think about my life in the future? I don't think anything, because I am old and I can't die thinking about things that I could have done before. Now it's just a question of living, because it's other people's time ...

The precarious state of health of older persons also seems to influence their limited ambitions. Seventy per cent of the interviewees had health problems which reduced their mobility: rheumatism, difficulty in walking, hearing impairment, arthritis, osteoporosis, etc.

It is suggested that the following needs of this population should be addressed:

- **Socio-economic security.** Refugees should be assisted to return to the land of their birth, for both social and spiritual reasons. "This is my home." "My goods are there." "My ancestors are buried there." Other testimonies confirm the older refugees' need to be reunited with their family and to re-establish family bonds.

In Zimbabwe we were living in a war situation, guests in the land of those who owned it. It was impossible to have a big field; even those who managed to get one couldn't bear to spend their lives being pointed out as the strangers who asked to borrow land ... Here nobody can say those things, we are at ease ...

I came back because I was called by the spirits. I had to return to my own land, which I inherited from my parents. My father was always the traditional chief in this area, and the spirits called me. Now I must organize ceremonies to worship the ancestors, in order to satisfy the spirits so that we will have good harvests.

Other statements confirmed that in many cases older refugees had returned to Mozambique alone, leaving young family members behind in search of better opportunities.

- **Housing.** Rebuilding houses and opening fields must be preceded by preparing the land and removing anti-personnel mines. In the study communities it was found that some older returnees had contracted people to rehabilitate the houses and fields which they had abandoned during the war, while others had taken shelter in abandoned houses or on the verandas of relatives' homes.

- **Livelihood.** Family agriculture was the returnees' main activity and gave them food security. Access to and control of land, and security of tenure are therefore fundamental needs of returnees. Most older persons whom we interviewed practised skills which they had learned in exile, such as carpentry, pottery, making domestic utensils and metalworking.
- **Psychosocial well-being.** These needs included physical security, the re-establishment of social networks, and the need to be valued as human beings and as sources of wisdom and experience.
- **Health care.** Needs relating to health included access to health services and resources, and to traditional medicine.
- **Gender specific needs.** Old age affects the health and life situations of older women and older men differently. A majority of older women are likely to be widowed (an older man may marry a young girl, while an older woman may be forbidden to contemplate remarriage). The majority of forced migrants are women and children; families that remain behind are in practice headed by women. Women have no legal status. In refugee camps older women are rarely integrated into residents' committees. Older women are victimized more often than older men, most flagrantly in the case of witchcraft accusations. Older women are forbidden to think about sexuality, but an older man's "fancies" are understood. Older women take care of grandchildren, act as traditional midwives and as a "god-mother" in traditional rites, such as for purification. However, the condition of poverty affects older men and women equally.

What should be done

Paragraph 110 of the African Platform for Action covers the following areas of support for older persons:

The development of programmes that take into account vulnerability and the highly limited capacity to work; encouragement of informal support systems and other incentives for taking care of the most aged; creation of institutional policies and mechanisms designed to encourage improved performance by the existing services for caring for older and disabled people.

This "guideline" gives an image of old age as a problem and characterizes an older person's state as nothing but miserable, when the reality may often be different.

Experience in working with various social groups (children, disabled, young people) has shown that activities with the greatest positive impact and which are the most sustainable, are those that are developed from concept to implementation with community participation. Examples of such activities were evident in the communities which we studied. These communities are being supported by HelpAge International, which organization has responded to older persons' needs (mostly widows) by facilitating the formation of local groups, including older persons, to identify needs and to implement collective solutions. Programmes under way include the following:

- A mill was installed to serve the community, managed by the community (including older persons). Part of the income from the mill reverts to a social fund for older persons in need. The poorest older persons are not charged to use the mill.
- Income-generating activities are supported through credit loans schemes. Interest earned on the loans is paid into a

welfare fund for older persons. Young people pay a higher rate of interest than older persons (25% and 10%, respectively).

- Inter-generational programmes are promoted, e.g. older persons are linked up with schoolchildren to plant fruit trees at schools.
- Houses are built or repaired for older persons who live alone and are in need of support.
- Small livestock (goats, ducks) are distributed among older persons.
- Eye health-care services are made available to older persons.

Box 1

Chiyubunuzyo: a Zimbabwean community experience

Chiyubunuzyo (lit. Revelation) is an innovative programme to build the capacity of communities to uproot poverty. The programme was designed by the Africa Community Publishing and Development Trust. The community is situated in the Simchembu and Nenyunga wards in Gokwe North area of Zimbabwe, and is populated mainly by Tonga people who were displaced 40 years ago from the Zambezi River area to make way for the building of Lake Kariba.

The area is among the most poverty-stricken areas in Zimbabwe. The Chiyubunuzyo programme involves liberating the minds and spirits of Chiyubunuzyo participants through

- *Community-based research and writing and the stimulation of all forms of creativity*
- *Building a strong, self-managed organization based on participatory methods*
- *Promoting economic and social development by setting up a wide range of facilities and services*

Although the main participants are young people organized in 12 units covering 12 villages, 60 grandmothers and a few grandfathers have been drawn into the programme. The grandmothers were selected on the basis of those worst affected by poverty but who were creative.

Older women and men have been integrated in all aspects of Chiyubunuzyo's Three-Year Development Plan, which evolved from village research. For example, a grandmother will be affiliated to one of the 60 pre-schools which are being set up to help educate and entertain young children with traditional games, storytelling, riddles, etc. Grandmothers work with young people in documenting traditional stories, which will be published. The grandmothers have already carried out a survey on the main plants used for survival, and they will be grouped with young people in plant-based enterprises.

Giving older people a central role in poverty reduction and development is very important, because the research shows that they, along with young children, are the social group worst affected by poverty. They also have a great deal of traditional wisdom and creative energy, which give dynamism to a programme.

These older persons who were previously despairing and waiting to die, are now hopeful. "We are going to live longer because we now have so much to live for," they say.

Source: Personal communication, Kathy-Bond Stewart, Zimbabwe, 1998.

Notwithstanding the dependency syndrome referred to earlier, "need is the mother of invention." In the study a variety of ways were noted in which older persons carry out subsistence activities, from farming and selling natural medicines, to functioning as traditional midwives, and so on.

A recent innovative experience of a rural community in Zimbabwe deserves a detailed look (see Box 1). Such positive experiments should be disseminated in the media and in schools, to give children from primary-school level onwards an image of older persons as "sources of resources."

Conclusions

The image constructed of older persons involved in forced migrations as special sufferers has a certain basis: physical debility, a labour force no longer able to work, often difficulty in returning home, a tendency to blame the young for everything that is new, and the consequent disintegration of traditional support systems for older persons.

Despite our description of some situations that show the dependence of older persons, we must do them justice and regard them as sources of resources, wisdom and experience: as active beings, capable of responding creatively to new situations.

Recent experiences show that it is possible to construct a positive image of ageing in Mozambique and to transform attitudes of dependency, restoring to older persons the true value and honour which they deserve in a dignified society.

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References

- African Economic Commission (AEC)/African Unit Organization (AVO). 1996. *African Platform for Action*. Feliciano, J.F. 1998. *Antropologia economica dos Thonga do sul de Mozambique*. (Economic anthropology from "Thongas" in the south of Mozambique.) Maputo: Arquivo Historico de Mocambique.
- Moore, S.F. 1978. Old-age in a life-term arena: some chagga of Kilimanjaro in 1974. In: Simic, A. (Ed.) *Life careers - aging, cultural variations on growing old*. New York: Sage.
- MPF (Ministerio do Plano e Financas). 1997. *A pobreza na zona rural*. (Poverty in the rural areas.) Maputo.
- Rwezama, B.A. 1989. Changing community obligations to the elderly in contemporary Africa. *Journal of Social Development in Africa*, 4(1): 5-24.
- Southern African Research Development Centre. 1998. *Beyond inequalities*. Dar-es-Salaam: SARDC.
- Snyder, F.B. 1981. *Capitalism and legal change*. New York: Academic Press.
- Tout, K. 1989. *Ageing in developing countries*. Oxford: Oxford University Press.

