Empowering elderly children to become social elders

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Abstract

Older citizens of Botswana are experiencing a devaluation of their personal worth, both in the family and in society. Within a setting of generalized poverty, the elderly have a unique age-induced form of destitution – the gerontic deprivation trap. Powerlessness, isolation, vulnerability and physical weakness interlock with culture change to displace old people from society. A self-help programme to empower older persons was developed, based on tradition, culture, and the needs of improved nutrition, health care and income. Although the needs of men and women varied, the outcome of empowerment to lessen gerontic deprivation was equal. Status and worth within the household and community increased as older persons became contributing members of society.

Older citizens of Botswana, like other older Africans, seek acceptance, security and recognition of their worth by others. This task is frequently difficult, as the older citizens have less formal education, limited employment opportunities and increased demands on meagre, if any, income than the remainder of the adult population. Older individuals turn to traditional family and social resources to maintain their position within the household and the community. In Botswana, social change, especially the out-migration of working-age adults and a growing emphasis on materialism, has jeopardized the social status of the elderly (Bruun, 1994; Guillette, 1994a).

The gerontic deprivation trap

The demographic composition of many rural villages in Botswana includes large numbers of children and women who are economically dependent on remittances from absentee males. About ninety per cent of rural Tswana live in some degree of poverty (Hitchcock, 1989; Guillette, 1992). Poverty in any social group is difficult to overcome. A lack of economic assets interlocks with powerlessness, isolation, vulnerability and physical weakness to form a "poverty trap" (Chambers, 1983: 111-114). Within a setting of generalized poverty, there is an additional destitution accompanying old age. I call this unique age-induced poverty the "gerontic deprivation trap." Older persons' control over their autonomy and status as elders has diminished because of their lack of economic resources and various social changes resulting from modernization. Any small loss in health, family availability or economic savings is a further threat to this control. Compounding the gerontic deprivation trap is cultural change. The timing of elderhood has been advanced to encompass the older working adult. With retirement (mandatory at age 60 for some Botswana employees) the newly retired suddenly lose elderhood status. No longer can elderly individuals rely on traditional standards of respect and deference as a reflection of wisdom and life experience. The outcome is that many older persons, especially men without employment and women with limited resources, are regarded as "children." These elderly children are perceived as unable to make valid contributions to family and society. The resulting disenfranchisement from the social groups results in a loss of personhood (Guillette, 1994a).

As in other African countries, the Botswana government recognizes the widespread poverty among its older citizens and the decreases in the provision of care to older relatives by adult children. Interventions are targeted at specific categories of older persons. Those persons falling below the poverty line and without working children are eligible for destitute funding. A nursing home in a large city provides care for older individuals without family. Retirement programmes, usually for the working male, are gaining in popularity. While these programmes are a step forward in meeting the needs of particular groups of older people, they fail to address the generic and common needs of the elderly. The real issue with the elderly is not one of economic subsistence but one resulting from the gerontic deprivation trap. Powerless, isolated and vulnerable older people have become displaced in place. Although the village paths and structures are well known, the elders are displaced within the society (Guillette, 1994b). An older man is the head of a household in name only. Older women no longer delegate duties but are assigned tasks by younger household members. The promotion of Western-style old-age programmes in which the government provides assistance to older citizens, transfers responsibility away from the family and promotes further breakdown of the remaining concepts of filial piety.

The elderly of Ramotswa

Research, spanning 1988 to 1993, was conducted in the Botswana village of Ramotswa, a village established almost a hundred years ago. Older residents (60 years and older) represent 13,2 % of the village population. This is a high proportion of older persons, in contrast to a figure of 5 % of older persons for the national population. The traditional custom of returning home for one's final days is probably a reason for this cluster of old people in the village. Older females outnumbered older males by 5.3 to 2.2. The women ranged in age from 60 to 101 years, while the majority of the

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men were in their seventies and eighties. The absence of young-old men in the village reflects a desire of men to remain employed for as long as possible (the men would have been working elsewhere) and in so doing, to avoid the stigma associated with old age. Older individuals were present in 52 % of the households and 32 % of the households had two or more old people in them. Fifteen per cent of the older villagers shared their compound with young grandchildren, without other adults present. The remaining older individuals lived alone or with older kin. Men were just as apt to live alone as were women (Guillette, 1992).

Most older persons claimed that their family provided economic support. When the question was altered so as to ask: "When was the last time you had money in your pocket?" the majority gave answers ranging from a month to a year. The cost of food was a major concern for them, with one meal a day being the norm for about a quarter of the older people and their families and another 50 % having two meals a day. Their inability to contribute to food purchases was another major concern for the old people. Some wanted to earn spending money but lacked the simple equipment needed to do so. Men wanted such things as an axe to chop firewood to sell or tools to carry out repairs to fences for others. Although the women knew how to sew and knit, they lacked sewing machines or yarn for knitting.

Overall health problems reflected general complaints relating to ageing: aches and pains, decreased energy, and fading eye sight. In general, treatment of any disease was delayed, or lacking, for varied reasons. The distance of the health clinic was beyond the walking capability of some – mainly women. Both older men and women felt that health-care providers did not like old people and did not understand their needs. Common diseases were respiratory infections, arthritis and hypertension. Blood pressures over 140/90 were found in 39 % of the old people and each knew of his/her hypertension. Only one person was complying with medically-prescribed treatment (Guillette, 1992).

All of the older villagers were proud of their advancing years but all felt that any elderhood privileges and rights were lacking. This was true within the home and in the community. A lack of employment for men and any decrease in activity for women quickly marked them as a child, dependent on others for fulfilment of their physical needs and mental direction. The majority of the older people were mentally and physically competent, in contrast to the social perceptions of old age being akin to childhood. The debasement of older people was frequently demonstrated during interviews, with adult children calling their parent "a child," or telling them that they were useless and valueless. On the village streets, women were often ridiculed, and told to go home and sit like a child, or they were told that they were useless and that it was time for them to die. Older men were shunned or laughed at when talking with younger men. The old people were shamed by these social and family comments. A sense of shame prevented them from sharing with others the experience of social rejection and a lack of access to needed services.

The use of visual aids during interviewing, including having the old people create an ideal compound with the use of felt board, vividly demonstrated that the major needs of this age group were (1) to be valued by others, and (2) to have opportunities to validate their worth (Guillette, 1994a). Maintaining tradition remained important to them, with the older people wanting to serve as figures of authority, givers of knowledge and gifts, and promoters of the customary tribal law which directs everyday behaviour. At the same time, the elders felt powerless to meet any of these goals.

When asked directly what old people need, the standard reply was that they should be given money and clothing. An analysis of their needs however strongly suggests that older persons need to be the givers, not the receivers. Gifts of any kind would only strengthen social perceptions of old-age dependency. In turn, perceptions about old-age helplessness and powerlessness would be emphasized and make the older individuals more isolated and vulnerable to others so that they would sink further into the gerontic deprivation trap.

Intervention

In gerontology, the manner in which problematical social trends are defined becomes a base for social policy development. Gender, age, family and income have become important issues (Stanford & Yee, 1991). It is claimed that migratory employment and dissolution of the extended family in Botswana places only the indigent elderly, the childless elderly and widows in jeopardy, and that they should be the target of intervention (Osman, 1983; Tout, 1989; Ingstad, Bruun, Sandberg & Tlou, 1991). This claim is too limiting. All of Ramotswa's elderly cry out for help. The impacts of the gerontic deprivation trap are repeatedly shown in family functioning and communication and in social interaction. Their vulnerability is great, for the elderly have lost their personhood. No one listens to them or hears them. Their activities are play. It does not matter to anyone if the elderly maintain customs of ceremony, or if they sweep the yard from idleness. They are the valueless and frequently unwanted burdens of society.

Culture and need have to be united to establish any programme that will be successful in its goals. The present cultural and psychosocial forces, which could be used to promote wellbeing, are forgotten in both the usual definition of who is at risk and the approach to planning. Tradition is a positive force and remains important, although it has to be adjusted to fit the process of modernization. Filial obligations associated with extended family still exist to some extent. The realities of contemporary village society suggest that action address the gerontic deprivation trap as well as the household poverty trap.

The findings of my research were announced at community meetings, with over 200 older persons and their families in attendance. The general findings of the study were echoed by the crowd, with specific requests for better nutrition, treatment of hypertension, and "something to make people like us." For the first time, the elderly asked for "a special place, just for old people." The "place" became the concept of a service organization, for old people and administered by old people. The elderly would have to give of themselves in return for the help that they wanted. My remaining time in the area was limited and therefore my role was to be a provider of ideas and resources that could be tapped by the old people.

Leadership was immediately placed in the hands of local elders for determining the direction of the programme. The programme would be called "The Wise Elders" and the first rule determined by the group was that one had to be 60 years or above to become a member.

The programme has three prongs: (1) Increasing food availability; (2) improving access to health care; and (3) developing a small-loan programme for the purchase of income-producing items. Within this agenda is the public recognition that the elderly "children" are actually cognizant, contributing elders, capable of organizing and administering a programme that benefits both themselves and their family.

The development of a constitution and a board of officers allowed the programme to register with the government as an approved, formal non-profit organization. Small self-help

grants were made available through various agencies for start-up funding. The advantage of the programme was that it could be instituted fairly rapidly. Local government and tribal approval added credence to its worth.

Content of The Wise Elders programme

I will first describe the basic programme and then describe factors that add to and subtract from its success. Any or all of the prongs may be developed, depending on the needs and desires of a self-help group. Self-help group is here defined as a select group of individuals with common problems who are willing to apply themselves to solving the problems. It must be remembered that volunteerism is the cohesive force which makes a self-help programme a success.

The food prong

The aim of the food prong is to provide access to food for older persons and their household. Selected food items are purchased wholesale and resold to members at cost or slightly above cost. This makes basic foodstuffs cheaper than regular retail prices. (Mealie meal, tea, sugar and powdered milk were the four items selected in Ramotswa.) Purchases can be made through any food wholesaler. In Ramotswa, the local government agreed to transport the food on the weekly truck trip from the capital and arrangements were made for its storage in a Tribal Headquarters building. Others' access to these cheaper foods depends on having an old person in the family, as only members are allowed to buy the foods. (Home-bound older individuals can become members and a designated family member will make the purchases.) Decisions about the frequency of food sales and the amounts that may be purchased at any one time depend on the needs and wishes of the self-help group. Abuse of the programme, such as the resale of food, can be decreased by expelling a guilty party from the programme.

The advantages of the food programme are many. Older members become valuable to their families, as only an old person may purchase cheaper foods and thus improve household nutrition. Money is put into the hands of the old person, providing him/her with dignity and self-worth. An elderly man becomes a "gatekeeper" to food access, which restores as least a part of his traditional role as head of the household. An elderly woman gains control over the food that is cooked and served, which restores her traditional supervisory role. The end results are a decrease in powerlessness and isolation within the family. The elderly become valuable, as it is to the advantage of the household to have an old person residing within the household.

The health prong

The health prong is designed to improve access to health care. The programme reflects the successes in the United States of initiatives to provide health care off-site, i.e. at sites other than hospitals and clinics. For example, hypertension clinics are held after Sunday services at churches, or are located in shopping areas. In Ramotswa, a centrally-located site to which the majority of older people can walk is ideal, such as a burial society building or an unused downtown room. In many ways, this becomes the actual "place" which the old people desire. The concept of an off-site health service is presented to existing hospital or clinic personnel as a comprehensive and time-saving method of reaching many older people at one time and providing for a continuity of care. In Ramotswa, hypertension education and treatment were requested on a monthly basis. Such care can easily be provided off-site. Other services, including the prevention of disease, can be incorporated in such care delivery.

The health prong defuses the gerontic deprivation trap in multiple ways, beyond improvements in health levels. Power is put into the hands of older users because it is their clinic. Older persons encourage the health-care provider to address their needs on their level. More important, the place provides a venue where elders can meet and communicate without family interference. As the programme is based on a shared problem, the elders realize that they are not alone in the gerontic deprivation trap.

The small-loan prong

The third prong involves the granting of small loans for income generation. Many older persons have knowledge and experience from past employment or life experiences that can be adapted to self-employment. Most governmental loan programmes for self-employment involve large amounts of money. This requirement discourages the older persons from applying for a loan, as they do not want to leave their family with a large debt should they die.

The elderly of Ramotswa wanted to create work which was adaptable to changes in energy levels. Men expressed a wish for tools to do carpentry and repair fences and for axes to cut and sell firewood. Women were talented in cooking, crafts and sewing but lacked supplies and sewing machines. Small loans, under US$100, could provide for these needs. Women more often than men wanted to purchase an item for a joint venture, such as a sewing machine. A joint purchase means that the cost of the item is shared among the purchasers.

This programme should be self-supporting once initiated. Initial funding from dues, fundraising events or grants is replaced as loans are paid. The purchase price of items can be reduced, as many Botswana wholesalers are willing to sell goods to a non-profit agency at reduced rates. Loans should include low interest rates, mainly to enlarge the number of available loans and to cover defaults. As with the food programme, failure to comply with the rules results in expulsion from the programme.

Old-age loans provide an avenue for public demonstration that the elderly can and do assume responsibility for the productive use of goods and the payment of debt. In addition, the resulting time-adjustable, part-time money-making schemes provide elders with money which they earned themselves. Earned money, in contrast to hand-outs or gifts, carries a value within itself. Not only does it decrease perceptions of economic dependency but it instils power over its use and decreases vulnerability to unforeseen circumstances.

Programme evaluation

The Ramotswa elders recognized that they did not have the years left to wait for governmental intervention. This recognition provided impetus for them to begin the programme immediately. Many elders possessed the skills to implement the programme. Men had past experience involving public relations, group management and accounting. Women had previously helped in the writing of constitutions for burial societies, had purchased food for restaurants, and were familiar with the functioning of service and health organizations. The use of past knowledge and the building on past experiences added to the public recognition that the elderly individuals were wise elders.

A major drawback to the success of the programme was a history of payment for service in governmental "self-help" programmes during periods of drought. As a result, people now want to be paid for any community service, which made it difficult to obtain a sufficient number of volunteers for The Wise Elders programme. A lack of volunteers eventually caused the programme to cease, but a lack of comprehensive

leadership also contributed to the non-sustainability of the programme. The hiring of an administrator to start up and direct a programme in its initial stages would strengthen its chances of success.

The Wise Elders organization does not imply the failure of piety but reinforces traditional interdependency within the family and community. Improved nutrition, and health and income provisioning for the elderly are desired by both the old and young. The potential for such a programme to become self-supporting is strong. More important though is the effect of the programme in raising older persons out of the gerontic deprivation trap. The setting is a safe haven, free from ridicule and disparagement, which can help to improve concepts of self-worth and dignity. Improved health leads to better functioning in other areas. Income eliminates perceptions of total dependency. The building on traditional roles of elders provides them with meaning for living. Socially, the elderly are empowered as they demonstrate that they are important, contributing members of the family and community. A new meaning to personhood is found as these elderly children become recognized as wise elders.

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