

The provision of housing and care for older persons in Zambia: an assessment

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Abstract

Housing is a basic social need and adequate housing is an indicator of a country's level of socio-economic development. For low-income families, housing is both a form of investment and a source of income generation through the rental of rooms. In Zambia, statistics show that in both quantitative and qualitative terms, the level of housing provision is incongruent with the rate of population growth, and that housing stock nowhere near meets basic minimum standards. A lack of decent housing is greater in rural areas and peri-urban residential areas, where persons in low-income groups, who are in the majority, reside. The objectives of this study were (1) to determine home ownership and the conditions of houses occupied by older persons, and (2) to assess the role of family, the community and government in the provision of housing and care for older persons in Lusaka. Through meeting these objectives, the study would determine the types of assistance needed from family and the community which could improve the quality of older persons' lives, bearing in mind the effects of the Structural Adjustment Programme and HIV/AIDS-related illnesses and deaths on the working population.

Background: housing at national level

In Zambia, between 1980 and 1990, the number of housing units rose from 742 914 to 834 426 in the rural areas and from 382 713 to 486 636 in the urban areas (Central Statistical Office, 1985, 1995a,b). Although there was a 12.3% increase in the number of units in the rural areas and a 27.2% increase in the urban areas, the population increased by 31.6% and 28.6%, respectively, over the decade. The number of housing units was thus not matched with the rate of population growth, particularly in the rural areas.

Zambia is not only faced with an enormous housing backlog but also lacks an effective housing delivery system. An imbalance in development between the rural areas and the urban areas has contributed to the housing problem by promoting rural-urban migration at scales that cannot be met by existing resources and infrastructure in the urban areas. Rural-urban migration has contributed to the creation of unplanned settlements, characterized by poor living and housing conditions found all over the country.

In 1990, out of a total housing stock of 1.3 million housing units, only 403 000 units (31%) were formal and approved; about 897 000 (69%) units were informal and poorly serviced, or not serviced at all. Of the latter units, 11 000 were not suitable for human habitation (Central Statistical Office,

1995). A majority of informal houses are built without formal guidelines and comprehensive layout plans. These houses fall in three categories: squatter, upgrade squatter and traditional houses. Traditional housing units make up 64% of the national housing stock, and basic infrastructure and social services are in most cases non-existent because of the dispersed nature of the settlements. The squatter and upgrade units found in peri-urban areas, which make up 36% of the national housing stock, are poorly serviced or not at all. The availability of water is another problem relating to housing throughout the country. In 1980, 90.6% of urban households had access to piped water, but this figure dropped to 83.2% in 1990. This drop was partly attributed to an increase in the number of households and closures of piped water to some households due to non-payment of water bills. Close to 16% of the households had flush toilets and 53% had pit latrines, while 28% had no toilet facilities.

Normally, appropriate housing means adequate privacy, sufficient space, security, adequate lighting and ventilation, and adequate infrastructure in a location with adequate access to employment and basic services at a price affordable to the user (UNCHS, 1990). This is not the case in Zambia. Appropriate housing cannot be accomplished without the development of infrastructural services such as electricity, water supply, sanitation and others. Two factors which have hindered the development and maintenance of infrastructural services in Zambia are (1) the poor economy, which does not allow the development and maintenance of these services because the money allocated for such purposes is inadequate, and (2) an inability of local authorities and planning units in the relevant ministries to implement and enforce planning and building regulations, which has led to the building of inappropriate housing without infrastructural services.

The above factors have contributed to an increase in sub-standard dwelling units without infrastructural services. However, a major factor is the nation's poor economy, which has resulted in local authorities and planning units compromising planning and building regulations and allowing the use of unconventional building technology and materials, because of the prohibitive cost of appropriate building material and modern technology. Thus, residents tend to ignore the roles which the physical environment of the housing unit and the neighbourhood play in residential satisfaction.

In trying to solve the problem of housing, Zambia, like most developing countries, seems to have settled for "self-help" housing. Under self-help housing, house owners make their own building materials, such as bricks and concrete blocks, and in most cases build the dwelling themselves.

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In most instances, materials such as pole, mud and unburnt bricks are used, and in cases where conventional material is used, its quality has been poor, resulting in cracks in the wall and/or floor and sometimes collapse of the dwelling, particularly during the rainy season.

Although self-help housing allows owners control over phasing, programming and constructing a house, the quality of such dwellings is usually below minimum health and safety standards because the houses are built without formal guidelines and without comprehensive layout plans. Self-help housing accounts for 69% of the nation's housing stock of 1.3 million dwelling units (Central Statistical Office, 1995), which units are mostly found in the squatter, upgrade squatter and rural areas.

Methodology

Data were collected in 1998 in five peri-urban compounds of Lusaka, namely Chipata, Garden, George, Mtendere and Msisi. The compounds, which all started as illegal squatter camps, are located around the Central Business District of Lusaka. Respondents were drawn from 88 randomly-selected households and participation was voluntary. Divorced, separated, widowed and never married respondents lived in 55 of the households. Married respondents lived in the remaining 33 households; couples' dwelling units were assessed as though each spouse owned the unit, and the number of married respondents was thus 66. It was initially intended to interview 130 older persons but the realised sample was reduced to 121 for various reasons. Some potential respondents wanted payment to participate in the study; others were visitors from out of town, while yet others refused to be interviewed as they suspected the researcher of belonging to a particular political party.

Interview responses and field observational notes were qualitatively analysed, to determine the condition of the dwelling unit, and the type and adequacy of care available to older persons from family, the community and government. The respondents were classified in three age groups: 52-64 years, 65-74 years and 75 years and over.

The primary occupation of 45.5% of the respondents involved activities such as begging, collecting bottles and security guard work. More than half (52.9%) were not involved in any income-generating activity; only two respondents were involved in a specific income-generating activity – selling groceries and keeping poultry.

Findings

The data on housing are analysed according to home ownership and conditions of the houses (i.e. units occupied by older persons in the study area). The data on care are considered in terms of the role of family, the community and government in the provision of housing and care for older persons.

Housing

Home ownership

The majority (66.9%) of the respondents owned homes. The rate of home ownership was found to decrease with age: 70% in the 65-74-year age group owned homes, while 64.2% in the 75-years-and-over age group were home owners. More persons in the 65-74-year age group (12.5%) rented their homes, compared to 3.7% in the 75-years-and-over age group. The number of dependents in the oldest age group was higher than in any other age group: 33.9% of the respondents aged 75 years and over were dependents, compared to only 15% of those in the 65-74-year age group (Table 1).

Table 1

Type of living arrangement, by age group: percentages

Living arrangement	Age group (in years)			TOTAL %
	52-64 %	65-74 %	75+ %	
Husband and wife	75.0	55.0	43.3	54.5
Single parent	–	5.0	5.7	4.1
Older dependent	21.4	15.0	33.9	24.8
Single head with dependents	3.6	25.0	17.1	16.5
TOTAL	100.0	100.0	100.0	100.0
N	28	40	53	121

There was a mismatch between household size and the size of the dwelling. Table 2 shows that the largest percentage (47.9%) of respondents occupied two-roomed units with one room used as a bedroom, and the other room used as a combined kitchen and sitting room and as a bedroom at night. Single-room dwellings, which accounted for 3.3%, by implication served as both a kitchen and a bedroom. Nineteen per cent of the respondents occupied three-roomed or three-bedroomed dwellings. Almost three-quarters (73.6%) co-resided with seven or more people, while occupying a dwelling which only had one or two rooms used for sleeping. Ninety-six point seven per cent co-resided with grandchildren and/or adult children. Forty-six per cent were caring for orphans.

Table 2

Characteristics of households, by size of dwelling, household size and tenure: percentages

Number of rooms used for sleeping according to tenure	Number of persons in household			TOTAL %
	One %	Two %	Seven and more %	
Renters (n = 10)				
One	20.0	20.0	30.0	70.0
Two	–	–	30.0	30.0
Three	–	–	–	–
Subtotal	20.0	20.0	60.0	100.0
Owners (n = 81)				
One	3.7	2.5	27.2	33.4
Two	–	–	44.4	44.4
Three	–	–	22.2	22.2
Subtotal	3.7	2.5	93.8	100.0
Older dependents (n = 30)				
One	–	–	20.0	20.0
Two	–	–	63.3	63.3
Three	–	–	16.7	16.7
Subtotal	–	–	100.0	100.0
N = 121				

Conditions of the houses

The majority of the houses (64.5%) were built between 1970 and 1980; 21.5% were built in the 1960s, 8.3% in the 1990s and a few (4.9%) were built in the 1950s. The materials used for building were as follows: More than nine in ten houses (93.4%) were constructed from traditional low-cost building materials such as pole and adobe. Where houses were built with concrete bricks, the bricks were made either of poor quality building sand or with only a small amount of cement

added to the sand. (It was observed that most home builders mix six wheelbarrows of building sand to a pocket of cement. This mixture results in the production of poor quality bricks and a weakened structural strength which is inadequate and walls are prone to cracks. The correct mixture is four wheelbarrows of sand to a pocket of cement.) Only 6.6% of the dwellings were found to be built according to recommended standards and with the use of formal construction material. These dwellings were classified as formal houses – even though, like all dwellings in the study, they were built on a self-help basis.

Older women who were heads of a household were found to live in houses most in need of attention. Their dwellings had multiple cracks in the walls and floors, while the roofs generally required major repairs as the metal roofing sheets were being held in place by objects such as sticks, bricks, old tins and poles. The toilet facilities of the dwellings ranged from flush type (4.1%), to pit lavatories (with walls made of concrete brick) (2.5%), to pit latrines (with walls made of adobe or metal sheets) (38%), to shackle (with walls made of plastic paper or cardboard) (29.8%). A quarter of the dwellings had no toilet and residents relied on the use of neighbours' toilets.

Providers of housing

The main providers of housing to older persons in Zambia are family members and the government. The study found that in 24.8% of the respondents, housing is provided by family. The Ministry of Community Development and Social Services, under the Public Welfare Assistance Scheme (PWAS), offers two types of housing to older persons and other vulnerable groups: (1) Places of Safety, which are homes that provide food and temporary shelter to stranded and displaced persons awaiting repatriation. Persons in all age groups are given shelter in these facilities; and (2) homes for the aged, which accommodate older persons without a fixed abode and familial ties. Only 0.8% of the respondents had heard of homes for the aged. When questioned, 57.1% stated that they would like to reside in such a home, whereas the remainder wanted to continue to live in the community because they were breadwinners for their orphaned grandchildren. However, they added that they wanted the government to assist them, through the church.

Care

The majority (66.1%) of the respondents were of the opinion that the government has a responsibility to look after them, directly or through the church, while 33.9%, whose family was able to provide for them, stated that the family is responsible for their welfare.

The Ministry of Community Development and Social Services, in conjunction with the Ministry of Health, provides care to older persons. Under the Health Care Cost Scheme (HCCS), persons aged 65 years and above are exempted from paying user fees at health centres. However, although 24.8% and 71.1% of the respondents ranked their health status as fair and poor, respectively, only 28.1% reported that they go to a clinic when they are sick; 71.9% said that they never go to a clinic because they have no money to pay for a consultation or to buy prescription medicines, nor for transportation to and from the clinic.

The Department of Social Welfare provides social support, such as food rations, shelter and basic clothing, to needy persons, including those who are old. However, only 1.7% of the respondents were aware of the PWAS and knew how to access assistance from the department. The majority (98.3%) did not know where the provincial social welfare offices are.

The churches in Lusaka mainly offer assistance to families who are caring for persons with HIV/AIDS. Assistance is in the form of counselling and the provision of foodstuff, typically a 750 ml bottle of cooking oil, a 25 kg bag of mealie meal, 1kg packets of beans, soya and flour, and dry fish (kapenta) once a month. Only 3.3% of households in the study received such help.

The family was found to be a major provider of care for older persons: it provided material and financial assistance to 22.3%. However, 52.9% of the respondents, who received no form of assistance, blamed this on the effects of the Structural Adjustment Programme (SAP). Others (47.1%) attributed their poor economic and material situation to AIDS-related deaths of adult children who had been household breadwinners. It was found that the role of caregiver to the sick mainly fell on daughters, daughters-in-law and teenage grandchildren; such persons who were caring for 47.9% of the respondents. Sons, husbands and wives were caring for 20.5%, 8.3% and 41.3% of the respondents, respectively.

Discussion

Prior to independence in 1964, Zambia's population stood at 3.41 million persons. In 1969, it had increased to 4.9 million, in 1980 to 5.7 million and in 1990 to 7.4 million (CSO, 1995). Of the 7.4 million persons in 1990, about 45% were under 15 years of age, while 4.3% were 60 years and above (CSO, 1995).

As Zambia slowly joins the ranks of mature nations, the responsibility of sons and daughters to give shelter and care to ageing family members is gradually changing. Traditionally, Zambian society, like other African societies, integrated older persons within the extended family as the heart of the society. In old age, these persons, who were no longer actively involved in rearing children, were looked after and provided for by members of the extended family. They were regarded as figures of authority and eldership, sources of knowledge and advice, and teachers of customary law which guarded everyday behaviour (Schapera, 1944). Children were regarded as insurance for old age because they would care for their parents in their old age. While children are still viewed by many Zambians as insurance against vicissitudes in later life, a reversal of roles is now being observed. Older persons are now actively involved in rearing orphaned grandchildren and are left to fend for themselves because of the impact of HIV/AIDS, through deaths and job redundancies, which has reduced the size of the workingforce and families.

The findings on the roles of family, the community and government are discussed separately, insofar as each relates to housing and care for older persons.

The role of family

In traditional Zambian society, the extended family comprises adult children, siblings, other relatives and friends. The extended family forms the informal support network which provides more than 90% of care to older members. Although the family has always been the primary caretaker of older relatives in Zambia, its role and functional capacity in this regard have been affected.

The Structural Adjustment Programme (SAP), which was intended to resuscitate the economy, was reported by the respondents to have brought great hardship into their lives. They pointed out that the programme has caused the closure of companies, leading to redundancies of breadwinners, and an end to the three-generational family form in which older family members were integrated. Others revealed that HIV/AIDS-related illnesses and deaths of adult children had strained their already over-burdened income. This group of

respondents explained that they are obliged to care for their orphaned grandchildren. The SAP and HIV/AIDS have thus placed a great deal of pressure on households headed by older persons, as well as those in which older persons are cared for, particularly where household incomes are below subsistence levels. These households are unable to provide for basic human needs, such as decent housing, food, clothing and medical services, which results in poverty. Some older persons have resorted to begging, to collecting plastic containers, bottles and bones to sell, and to scavenging food from dustbins. Only 1.7% of the respondents who were involved in income-generating activities stated that they were able to carry out repairs to their dwellings.

Overcrowding was found in most households: 73.6% of the households comprised seven or more residents and occupied dwelling units which had either one or two rooms used for sleeping. A major factor which contributed to overcrowding in the dwellings was HIV/AIDS-related illnesses and deaths, which had left a large number of orphaned grandchildren in the care of older people, who could not afford to extend their dwellings. Overcrowding and poverty, it was reported, have led some households to practise *cilimba*. By *cilimba* is meant that those who eat today will only have their next meal in two days time; usually only one meal a day, typically supper. Unless NGOs and the private sector intervene, the practice of *cilimba* will continue, as the number of orphans is expected to rise. HIV, which infects 400 people every day in Zambia (*Zambia Reproductive Health News*, 1998), is expected to boost the number of orphans. Some daily newspapers reported that the number of orphans was likely to rise to 600 000 by the year 2000. In order to have a steady flow of income, some home owners have resorted to sub-dividing their dwellings so that rooms may be rented out to raise income. For instance, if a dwelling has six rooms, the owner will occupy two rooms and take in four renters, each who will occupy a room. This practice has also led to overcrowding.

The role of the community

An urban community is unlike a rural community in that it is divided by language, tribe and customs, and sometimes nationality. Peri-urban compounds are not united by family or tribal links because of high density; as such, the concept of neighbourliness does not apply. Taking on another mouth to feed in times of economic hardship is costly; assistance is only given if that person is a relative. Helping an elderly neighbour or relative is not easy, as it is feared that the person may be bewitched; there is a common belief that old people are witches, for that is why they have lived this long.

The study found that the church only provides help to families caring for persons with HIV/AIDS and not to households in which an older person resides. The criteria used to screen older persons who request assistance from the church frustrate them. For instance, a blind elderly man stated that he had requested financial and material help from his congregation in Misisi Compound. When church members visited him, they found that the room allocated to him by his niece and her husband had no roof or door, and he had no blankets. He used two old banners as blankets given to him by a petrol attendant from a neighbourhood gas station. The church promised to put up a roof and to buy blankets for him, but two years later nothing had been done. However, across from his room, a man and his wife, aged 73 and 65 years, respectively, were being assisted with their monthly rentals, clothing and food rations by the same congregation. The blind man and other older persons who were denied help from their churches explained that most of the time, assistance from churches follows tribal lines. As long as this trend is not corrected by

church leaders and church members, the needy, in particular the elderly, will continue to be sidelined and denied help from churches. In terms of provision of housing, churches and communities simply refer homeless, and abused or neglected older persons to the Department of Social Welfare for placement in a home for the aged, or for repatriation to their home village.

The role of government

Two types of assistance are provided by the Zambian government to alleviate suffering among older people: (1) Assistance through the PWAS, whose main objective is to improve the quality of life of vulnerable and distressed persons, including older persons, to a basic minimum standard. Although its intentions are earnest, only 1.7% of the respondents knew how to obtain assistance under the programme. None of the respondents had benefited from the provision of food, shelter – in the form of rental settlements, or basic clothing under the PWAS. (2) Although virtually no respondents were aware of the existence of homes for the aged, 57.1% stated that they would like to reside in a home. In all five compounds these respondents were found to be the most poverty stricken. Another group, which represented 42.9% of the respondents, although suffering from the effects of the SAP and the HIV/AIDS epidemic, preferred to remain living in the community because they were breadwinners to their orphaned grandchildren. However, they still wanted the government to help them with money to build a decent dwelling and with food. On a national level, an evaluation of the PWAS, conducted by Holloway and Associates (in Kamwengo, 1997), found that the number of older recipients of assistance from the PWAS increased from 13.7% in 1993, to 17.8% in 1994, to 20% in 1995. These percentages may represent the “smart poor,” who are able to use pressure to obtain assistance from the Department of Social Welfare.

The health services offered under the HCCS, in conjunction with the Ministry of Health, are supposed to exempt older and destitute persons from paying user fees at health centres. Due to a lack of education targeted at older and destitute persons and health-care workers by the two ministries, some older persons are made to pay fees at clinics. The study found that some respondents did not go to a clinic for fear of being asked to pay fees which they cannot afford, while others were reluctant to visit a clinic because of shortages of drugs at some clinics.

The newly-implemented Presidential Housing Initiative (PHI), whose main objectives are to enhance home ownership of appropriate and affordable housing and to upgrade peri-urban settlements, will benefit baby boomers who have the financial capacity to purchase a house. None of the objectives of PHI had benefited older persons in the study areas. However, it is hoped that older persons will benefit when the programme starts to upgrade peri-urban settlements where most older persons live.

Although the PWAS is designed to help vulnerable groups, such as older persons, orphans and neglected children who are unable to look after themselves, many are left out. This exclusion was found to be due to a lack of education targeted at older persons and other vulnerable groups on government programmes aimed at assisting them. A lack of money for transport, which was another concern of the respondents, could be solved by parliament passing a law that transport agencies must offer half fares to older persons.

Conclusions and recommendations

The Zambian government and communities, particularly those in the urban areas, have tended to view older persons as

the responsibility of immediate family members. With an increase in HIV/AIDS-related cases and deaths, there is a need for government and communities to help in the provision of shelter and care for older persons. The majority of the respondents in the study were home owners, with a few either renting a house or depending on their adult children and grandchildren for shelter. A small percentage lived in houses which may be termed appropriate, in that they were built with conventional materials and recommended building regulations were followed. However, a large percentage resided in houses built either from traditional building material, or a combination of traditional and conventional materials. The economic situation in the country does not allow people to build houses using conventional material; as such there is a need to find ways and means to improve the quality of local building material, so that the lifespan of dwellings can be extended. If the sale of such material can be done through community-based, co-operative shops, the prices would be cheaper than conventional building material, thus allowing house repairs to be effected. Although government still encourages family members to provide for older members, families are unable to cope with the poor economy and the increase in the number of HIV/AIDS cases. While decent housing is a prerequisite to a country's socio-economic development, ironically the majority of the respondents were less concerned with the condition of their dwelling. More critical issues for them were a lack of food, decent clothing and blankets, the availability of free medication at health centres and education for their orphaned grandchildren.

It is recommended that:

- Government encourage the foster care of older persons, by individuals or private companies with the financial and material capacity to provide shelter or care for such persons, either by having the person live with them or by supporting him/her within the community.
- The establishment of community care homes be encouraged, whereby a couple in a compound takes three or more older persons into its home. Older persons will thereby remain in the community and retain social contacts. The couple will provide lodging, food and emotional support to older residents, while receiving assistance from the PWAS, and charitable or private organisations.
- Congregate homes be established, to house pensioners who cannot afford to pay economic rentals.
- Research institutions, such as the National Housing Authority Building Research Unit and the National Council for Scientific Research, find ways to make affordable, local material durable for use by persons with low incomes, which includes older persons. Since the majority of older persons in need of decent housing are poor, households should be encouraged to start community-based savings schemes.
- Non-governmental organisations (NGOs) which work towards improving the welfare of older persons should educate older persons on how to access assistance from the government.
- People should be encouraged to donate clothing and other necessities to older persons, directly or through the church.

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