

# Family support for the elderly in Zimbabwe

A.C. Nyanguru

Department of Social Anthropology and Sociology, The National University of Lesotho\*

J. Hampson

Province of the Society of Jesus, Zimbabwe

D.J. Adamchak

Department of Sociology, Kansas State University, USA

A.O. Wilson

Department of Medicine for the Elderly, Amersham General Hospital, UK

---

## Abstract

*This article reports on a study of family support for the elderly in Zimbabwe, conducted among a sample of 150 persons aged 55 years and older. The sample was drawn in an urban area (Harare) and a commercial farming area (Bromley-Ruwa), and among residents of the communal lands of Chikwaka and Goromonzi. The majority of the respondents were married; some of the men were polygamous. Six per cent of the respondents were childless. Where the respondents had children, a large number of the children were economically inactive. Many of the children were unable to support their parents because of their own family obligations. The majority of the children neither lived with their parents nor visited them regularly. The elderly parents received few remittances from their children, even those who were employed. Some respondents were supporting their children. Policy options for encouraging family support of the elderly are suggested.*

## Introduction

An examination of social support systems in traditional Zimbabwean society can provide a basis for an assessment of how the needs of the elderly could be met. Such an examination can give insight into some of the institutional structures which once met, and in some cases continue to meet, the basic needs of the elderly.

Respect for the elderly formerly had important cultural significance for Zimbabweans. The elderly played prominent roles in their rural communities. Home villages provided physical and emotional security for elderly inhabitants. Kinship systems were based on consanguinal ties and facilitated the absorption of the elderly into caring networks.

The respect accorded to the elderly in "traditional" Shona and Ndebele societies was based on the prominent position which the elderly occupied in the politico-economic system. Clarke (1977) notes that these societies were gerontocracies in which the elderly wielded considerable power. Their influence was exercised through their control of land, food and cattle.

The urbanization and industrialization of Zimbabwean society has led to the proliferation of the nuclear family form. This nuclearization of the family has resulted in a loss of security and prestige for an increasing proportion of the nation's elderly.

The former dominant economic position of the elderly has also been eroded by economic change, new forms of social and political control, and new religions. State policies aimed at promoting investment in the mining industry and commercial agriculture resulted in the migration of rural workers to the cities to staff expanding enterprises. This in turn resulted in the economic decline of rural Zimbabwean communities.

As households became increasingly dependent on the market for their basic needs, there was a corresponding decline in the system of economic reciprocity and a disintegration of social cohesion. Hampson (1982) explains that rural villages came to be regarded as labour reserves. They absorbed the cost of reproducing the labour force and provided for the subsistence needs of the aged, the sick and the destitute who could no longer be employed in the industrial sector. As a consequence of this process the status and power of the traditional gerontocracy were eroded.

According to Rwezaura (1989) the economic hardships of the elderly have not been fully appreciated in most African countries. It is often assumed that local African communities provide old-age security when in fact this is not the case. This assumption has caused hardship for workers who migrated to Zimbabwe from neighbouring countries such as Malawi, Zambia, Angola and Mozambique. Most of these workers were employed on commercial farms, on mines and in domestic service but had no rural home in Zimbabwe. The colonial state's policy of repatriation shifted the costs of retirement for these migrant workers onto their country of origin.

As a result of the declining rural economy and the lack of an adequate social security system, many elderly Zimbabweans face severe economic hardship. Several respondents who were interviewed in studies by Muchena (1987), Hampson (1982), Brand (1986), Sagomba (1987), Nyanguru (1987, 1990, 1991, 1993a,b) and Von Nidda (1985) were

\* Address correspondence to

Mr A.C. Nyanguru, The National University of Lesotho, Department of Social Anthropology and Sociology, P.O. Roma, 180, Lesotho.

destitute: they had no means to pay their rent, or to buy food, clothing and other necessities. Many respondents reported that they had no-one to look after them. Other respondents had to move to institutions for the aged. Nyanguru (1991) has found increasing incapacity, loneliness and ill-health among the elderly in Zimbabwe.

### **The study**

The study on family support for the elderly reported on in this article was conducted among 150 elderly men and women aged 55 years and older, who lived in two high-density suburbs in Harare (Mbare and Highfield); on commercial farms around Bromley-Ruwa; and on communal lands in Goromonzi and Chikwaka (40-50 kms from Harare). Observations made and discussions held with persons concerned with the elderly in these areas yielded data which supplemented the survey data.

Of the 150 respondents, half were living on communal lands, 18% in the commercial farming area, and 32% were urban-based. "Elderly" was defined as 55 years and older. Three methods were used to assess the age of a respondent. If a respondent was unable to state his/her age, he/she was asked how old the eldest child was at the time of the interview; 20 years was added to the age of the respondent's child. The respondent was also questioned about specific events, e.g. whether he/she remembered the 1918 influenza epidemic. Finally, the interviewer was instructed to assess the respondent's age visually.

A questionnaire was drawn up in accordance with the principles of multidimensional assessment. The instrument included sections on household identification, background characteristics, physical health, life-style habits, access to health resources, perceptions of quality of life, activities of daily living (ADL), sources of support, and nutrition. The interviewers were specially trained to conduct the interviews and to complete the questionnaires. The questionnaire took approximately 60 minutes to administer.

### **Results and discussion**

Forty-five comma three per cent of the respondents were married and lived with their spouses; 2,7% were married but did not live with their spouses. Forty-six per cent were widowed and 4% were divorced. A small percentage of the sample was separated. One respondent had never been married. In a similar study Hampson (1982) found that all his respondents had been or were married; only one had never had children. Almost half had had seven or more children; one man even claimed to have fathered 25 children. A study of the marital status of the elderly living in institutions showed different results to Hampson's (1982) study: Nyanguru (1990) found an over-representation of bachelors and widows in the institutionalized population of his study.

Of the 46% widowed respondents in the present study, some had been widowed for longer than 30 years. Only 7,3% of the widowed respondents were males. Folta and Deck (1987) found an over-representation of destitute widows in the sample of their study. Several Zimbabwean studies have shown that there is a greater tendency for men to remarry after the death of a spouse (Bourdillon, 1976; Chavunduka, 1970; Nyanguru, 1987); some studies have also shown that several men have more than one wife (Nyanguru, 1990). It has been noted that the practice of widow succession is losing support in Zimbabwean society (Hampson, 1985, 1990). Studies have also shown that most elderly women are illiterate and unemployed (Muchena, 1978; Nyanguru, 1990).

The present study showed that most elderly Zimbabweans do not live with their children; this arrangement has a significant impact on the type of support that widows are likely to receive from their families and communities. Tarira (1983) found that 84% of the respondents in her sample were widowed, 8% were married, and 8% were single or divorced. Nyanguru (1987) found that 79% of the residents of institutions for the elderly were widowed; of these, 95% were women. Ten per cent of his respondents were single and 11% were either divorced, separated or had been deserted by their spouses.

Children are a potential source of social support to an elderly parent who has no spouse. In the present study 6% of the respondents had no children; the remainder had at least one child and one respondent had 13 children. Most male respondents had one wife, 11,3% had two wives, 3,3% had three wives, and one respondent had four wives. These statistics are significant because they reveal an important support structure for both young and older women. Simmons (1960) found that both spouses acquired power and status in a family when the husband entered a polygamous marriage with a younger woman. Older women are often found to encourage their husbands to take younger wives in order to lighten their own labour burden and to enhance their position in the family. Bledsoe (1980) noted that younger wives are expected to provide care and economic support for the elderly couple. She points out that the elderly Akamba males in Kenya often married young women; it was said that Xhosa girls were often "dragged off" to marry old men (Bledsoe, 1980).

In the present study it appeared that elderly parents received more emotional and material support from female children than from male children. On the other hand daughters were generally less educated than sons, and consequently had fewer material resources. Traditionally sons were educated because their parents thought that it would be they who would support them in their old age. This has not been the case for a number of elderly parents in Zimbabwe. Hampson (1990) refers to a respondent in his study, Misheck N, a 65-year-old pensioner who worked for 20 years for a bank. Misheck reported that his siblings' children were educated at his expense "... because my young brothers could not afford to pay for their children's school fees, and now I get nothing from them in return. I regret having spent my money on educating people who would turn a deaf ear to my problems in the future" (1990:17).

### *Children*

It is important to consider the marital status of the respondents' children. Seven in ten of the children were married; one in ten had never married. It was found that the married children offered very little support to their aged parents because of their obligations to support their own families.

The economic activity of a child influenced the type of support that he/she gave to the parents. While a third of the children in the study were unemployed, 8,7% of those who were employed held jobs in the formal sector, 47% in the informal sector, and 4,7% in the agricultural sector. Only one child held a professional or managerial position.

Sixty-nine per cent of the eldest children and the same percentage of the second-eldest children did not live with their parents. Thirteen comma six per cent of the parents lived alone. The study also found that few grandchildren were living with their grandparents for extended periods of time. Previously, grandchildren were responsible for helping with daily chores, such as fetching water and firewood, cooking, herding cattle, cleaning the house and washing clothes. Mass education and other factors have resulted in the demise of this

practice. In a survey Hampson (1990) found that in only 13% of cases were granddaughters available to cook for their grandparents.

### *Visits*

It is possible for elderly parents to receive support when they visit their children and relatives. However the study found that there was very little contact between the elderly respondents and their children. Forty-four comma seven per cent of the respondents did not visit their children at least once a month; 14,7% visited them once a month. Twenty-three per cent did not visit their children at least once a year; 70% visited their children not more than four times a year. The urban-based respondents were more likely to visit their children than those who lived on commercial rural farms or communal lands. The availability of inexpensive and reliable transport in the towns, and the fact that the urban elderly are in general more affluent than their rural counterparts, would account for this trend.

The results also suggested that the children did not take the initiative to visit their parents in cases where the parents were not able to visit them. It was found that 28% of the children did not visit their parents at least once a month; 58% did not do so more than four times a year. However a few children visited their parents frequently: one child visited her parents more than 30 times a year. The few children who visited their parents frequently were probably living in the same village, farm compound or township as the parents. Studies from developed countries suggest that elderly parents and their children visit one another more frequently than was found to be the case in the Zimbabwean study. In her study in Wales, Wenger (1984) found that two-fifths of elderly parents see one of their children at least once a week.

### *Remittances*

Support from children and other family members could be a convenient way of alleviating poverty among the elderly. However the study showed that 48% of the respondents did not receive any money from their children. The reasons for this may be that the children were young, were students, or were unemployed. A lack of financial assistance from children in the case of half the sample no doubt had grave implications for the elderly respondents, most of whom were unemployed, or were poorly paid.

Some children gave their elderly parents some financial assistance, although this was often a very small amount. Zimbabwe has an inflation rate of more than 45%; the little assistance that the elderly may have received from their children therefore did not go far. Seventy per cent of the respondents who received money from their children received less than \$100,00 in a year. This amount is not enough to purchase a month's supply of groceries. Approximately 5% of the respondents received between \$105,00 and \$300,00 a year. One beneficiary reported that he received \$1 500,00 a year.

Similar results were found in a study by Tarira (1983) on the Mhondoro communal lands. Although 18 respondents in Tarira's sample had children who were employed, only five reported that their children visited them often and gave them gifts of money or supplies. In another survey, Hampson (1984) found that 31% of the elderly respondents who did not receive remittances, had children who were employed in the formal sector. Eighty-seven per cent of those who reported that they occasionally received remittances had children in formal-sector employment. Nyanguru and Peil (1993) show a brighter picture in a study of elderly people living in Harare and Mutare, and in villages 40-50 kms outside these towns.

The majority of the children in the sample reportedly assisted their parents financially; slightly fewer than three-tenths of the sample received nothing from their children.

Of the men and women in the present study who had children, only 17% of the men and 15% of the women received no material help. The majority received assistance from at least half their children. Of the children who provided assistance, two-fifths did so about once a month; a fifth gave assistance less than once a month. Approximately a quarter of the children gave assistance at least once a week but this was mostly in the form of services. It can be seen that large families remain an important source of social security in old age.

Gifts and remittances were counted together in the present survey; this would account for why there was a greater indication of assistance given than was found in other studies. While children often give their parents both cash and gifts, it may have been more convenient for them to give gifts rather than money. Gifts are an expected part of a visit and are an important form of assistance. For example, in winter new blankets are frequently given to parents who live in a rural area, as blankets are less expensive to buy in a city than in a village shop; a gift of blankets also shows concern for a person's welfare. In his study in Nigeria, Ekpenyong, Oyeneye and Peil (1987) found that less than 3% of urban elderly and only 7% of rural elderly received no financial support from family and kin; this appeared to indicate that the family system in Nigeria was reasonably intact.

In the present study it was also found that where children were in contact with elderly parents, not all were "able or willing to help" their parents. Some of the children who worked were living on the poverty line with nothing to spare for their aged parents. Some had totally lost contact with their parents. In a study in Bangladesh, Ibrahim (1985) found that in cases where old people were dependent on younger people, the younger people had the least economic resources available to meet the needs of their elders. In a study in Barbados, Braithwaite (1986) found that 20,7% of the respondents with children had no contact with them; 24,8% received no help of any kind; and only about a third received financial support.

In a study of migration in India, Oberai and Singh (1983) investigated the willingness and ability of migrants to send remittances to their relatives at home. Of the 47 500 migrants surveyed, only 56,4% had ever sent remittances home; the authors noted that the size of the remittances increased relative to the distance between the migrant child and his/her parents. In general, remittances tend to be sent more frequently by husbands to wives than by older persons to younger persons. Remittances are least frequently sent by the young to the old (Ekpenyong *et al.*, 1987).

Similar results were found by Burman (1988) in her survey of 98 black people of pensionable age in Cape Town. Thirty-two per cent reported that they received support in cash or kind, including rent, from direct descendants; two subjects received help in the form of rent assistance from other family members; two were assisted by non-relatives; and 62 appeared to receive no support apart from their pensions. A study conducted by Maqashalla (1986) on support systems in the Ciskei found that in a random sample of 100 rural-dwelling widows, 80% had no available income from savings, insurance or work. It was also unlikely that they would turn to their families for support.

Sixty per cent of the children in the present study reported that they helped their parents by providing groceries and clothing, meeting medical expenses, and doing general maintenance and domestic chores. Most children gave their parents clothing; often the clothes were not new.

Some of the respondents also received food items when their children visited them. However, as was noted earlier, the majority of the children rarely visited their parents, and these parents were therefore unlikely to receive much food from this source. Elderly persons should have a nutritious diet. Those needing to buy special kinds of food are often unable to do so because they are too poor. It is therefore not surprising that studies conducted by Nyanguru (1991), Pathak (1985), Wilson (1991) and Bennet (1973) found that many elderly people were malnourished. Ill-health caused by malnutrition and other factors has been investigated in other studies (cf. Nyanguru, 1991; Wilson, 1991).

It is well known that elderly persons require more medical care than younger people. Medical expenses further add to the financial difficulties already mentioned. In the study, only in one case did a child give a respondent money to meet medical expenses. Elderly people who travel from rural areas to a city to seek medical care incur added transport costs.

Some respondents in the study also needed help with weeding, fetching firewood, and repairing leaking roofs. Some lived alone and were too old to carry out these tasks themselves. Only 4.5% of the respondents were found to receive assistance in this regard. In her study, Tarira (1983), found that the children who were unemployed and who lived nearby, assisted their elderly parents with agricultural activities. Wenger (1984) and Abrams (1980) found that children who lived less than five miles from elderly parents often visited them and helped with household chores.

When asked in what way their children could be of more assistance, it became evident that some respondents did not receive help in the areas of their greatest need. For example, of the 39.3% who received clothing, only 4% indicated that they needed clothing. While 0.7% received help with medical expenses, 2.7% indicated that they needed this help. Of the 4.7% who received help with general home maintenance, only 3.3% indicated that they needed it. Only 2% of the 22.1% who indicated that they needed it, received "other" help. "Other" help could include emotional support, money for bus fares and entertainment, and money to buy beer, snuff and cigarettes. This discrepancy between perceived and actual needs was probably caused by an ignorance of the actual needs of the elderly, or a lack of resources to meet those needs.

It was evident that far from receiving support, many elderly people supported not only themselves and their spouses but children and other relatives as well. The survey showed that the respondents still participated in family exchange relationships although they may have lacked cash or material resources. Many women rendered services such as cooking and childminding. Parental support was particularly common among the men in Harare, especially if they had married another wife during their stay in town, or if they were cohabiting with another woman and looking after her children, or if they had biological children with another woman. Age and gender were important factors to be taken into account in assessing the amount and type of help given by the elderly respondents. It was found that rural men and very old women who lived in urban and commercial farming areas were not able to give much help because they were too poor. Peil (1988) found similar results in her study in Nigeria.

It was also found that women in all three areas were more likely than men not to give anything. This could be attributed to a lack of resources. It was usually fathers who provided for the material needs of the family; mothers were more likely to give services, since in many cases they were illiterate and unemployed, and had few material resources. Oberai and Singh (1983) and Peil (1988) found similar results in their studies in India and Nigeria, respectively.

## Policy options

Policy options are suggested, based on the findings of the study. Maintenance of the family structure should not necessarily be subject to legislation but should be the basis of all national planning. Tout (1989) found that important lessons were to be learned from developed countries where a failure to provide support for a family who wanted to care for an older person in the household had negative consequences. Not enough thought has been given to alternatives to institutions in many developed countries. The opinion that "... the target for services to the aged, especially in developing countries, is the family. Therefore a criterion for assessing the appropriateness of services, methods, technologies and treatment is whether or not they facilitate self-help, self or family care" (Binstock, Chow & Schultz, 1982:vii) is to be supported. Action can be planned at relatively low cost, e.g. by ensuring that a family caregiver is supported by cash disability allowances, or constant attendance allowances. These allowances would cost less than the medical fees of a trained professional or an institution.

Lomnitz (1977) suggests that legislation which compels parents to care for children should not be reversed to compel children to care for aged parents in developing countries. If such a law were promulgated, it would inevitably be ineffective. Tunisia and China have tried to promote age welfare by imposing legal compulsions. According to Tout (1989) some commentators are concerned about the possibility of tensions within families if children were to be legally bound to provide for the needs of their parents. They suspect that an aged parent may suffer more as a legal ward of the family, than if the person were actually abandoned outside the family home.

The possibility of establishing surrogate kinships, such as "adopt-a-gran" or "sahwira," is important in developing countries where the disintegration of the family following mass migration is often immediate, final and irreversible. "Sahwira" is an institution of the Zezuru tribe, which is a surrogate kinship, known as a sahwira relationship.

Sahwira has been introduced at the Melfort Old Peoples' Co-operative 40 kms outside Harare. This co-operative cares for destitute elderly people, most of whom are from neighbouring countries and have lost contact with their relatives. A sahwira becomes a close friend who knows things such as where and how his/her friend would like to be buried and what should be done with his/her belongings after death. This relationship has enabled many old people in African old people's homes in Zimbabwe not to be afraid of dying (Nyanguru, 1991, 1993a).

Another important consideration in planning for the aged is the involvement of the elderly in all stages of the planning and implementation. Planners need to assist the elderly to realise their full potential. Old people's powers of conceptual thought and logical reasoning need not necessarily deteriorate with age if they have continued to develop or sustain these powers.

## References

- Abrams, M. 1980. *Beyond three score and ten: a second report on a survey on the elderly*. London: Age Concern.
- Bennet, R. 1973. Living conditions and everyday needs of the elderly with particular reference to social integration. *International Journal of Human Development*, 4: 179-98.
- Binstock, R.H., Chow, W-S., & Schultz, J.H. (Eds) 1982. *International perspectives on aging population and policy challenges*. UNFPA Policy Development Studies No.7. New York: United Nations.
- Bledsoe, C. 1980. *Women and marriage in Kpelle society*. Stanford: Stanford University Press.

- Bourdillon, M. 1976. *The Shona peoples*. Gweru: Mambo Press.
- Braithwaite, E.S. (Ed.) 1986. *The elderly in Barbados*. Barbados: Caribbean Research and Publications.
- Brand, V. 1986. One dollar workplaces: a study of informal sector activities in Magaba, Harare. *Journal of Social Development in Africa*, 1(2): 53-74.
- Burman, S. 1988. *Law vs reality: the interaction of community obligations to and by the black elderly in South Africa*. Paper presented at the World Conference of the International Society on Family Law. Tokyo, Japan.
- Chavunduka, G. 1970. *Social change in a Shona world*. Harare: University of Zimbabwe.
- Clarke, D. 1977. *Economics of African old age subsistence in Rhodesia*. Gweru: Mambo Press.
- Colson, E. & Scudder, T. 1981. Old age in Gwembe District, Zambia. In: Amoss, P.T. & Harrell, S. (Eds) *Other ways of growing old: anthropological perspectives*. Stanford, CA: Stanford University Press, pp. 125-53.
- Ekpenyong, S., Oyeneye, O. & Peil, M. 1987. Health problems of elderly Nigerians. *Journal of Social Science and Medicine*, 24: 885-88.
- Folta, J. & Deck, E. 1987. Black widows in rural Zimbabwe. *Journal of Cross-Cultural Gerontology*, 2(4): 321-42.
- Hampson, J. 1982. *Old age: a study of aging in Zimbabwe*. Gweru: Mambo Press.
- Hampson, J. 1984. *Rural communities of elderly in Zimbabwe: towards a quality of life survey*. Unpublished. Harare: School of Social Work, University of Zimbabwe.
- Hampson, J. 1985. Elderly people and social welfare in Zimbabwe. *Ageing and Society*, 5: 39-67.
- Hampson, J. 1990. Marginalization and rural elderly: a Shona case study. *Journal of Social Development*, 5(2): 5-23.
- Ibrahim, M. 1985. *Tradition and modern development in Bangladesh society*. Dhaka: Bangladesh Association for the Aged.
- Lomnitz, A. 1977. *Networks and marginality: life in a Mexican shantytown*. London: Academic Press.
- Maqashalla, T. 1986. *Support systems among African widows*. Paper presented at the School of Social Work, University of Cape Town, 16 October.
- Muchena, O. 1978. *African aged in town*. Unpublished. Harare: School of Social Work, University of Zimbabwe.
- Nyanguru, A.C. 1987. Residential care for the destitute elderly: a comparative study of two institutions in Zimbabwe. *Journal of Cross-Cultural Gerontology*, 2(4): 345-58.
- Nyanguru, A.C. 1990. The quality of life of the elderly living in institutions and homes in Zimbabwe. *Journal of Social Development in Africa*, 5(2): 25-43.
- Nyanguru, A.C. 1991. The health problems of the elderly living in institutions and homes in Zimbabwe. *Journal of Social Development in Africa*, 6(2): 71-89.
- Nyanguru, A.C. 1993a. A home that is its community. In: Tout, K. (Ed.) *Elderly care: a world perspective*. London: Chapman & Hall, pp. 47-52.
- Nyanguru, A.C. & Peil, M. 1993. Housing and the elderly in Zimbabwe. *Southern African Journal of Gerontology*, 2(1): 3-9.
- Oberai, A.S. & Singh, H.K. 1983. *Causes and consequences of internal migration: a study in the Indian Punjab*. New Delhi: Oxford University Press.
- Pathak, J.D. 1985. *Elderly women, their health and disorders*. Bombay: Bombay Medical Research Centre.
- Peil, M. 1988. *Family support for the Nigerian elderly*. Paper presented at the American Sociological Association conference on the Social Construction of Youth, Maturation and Aging.
- Rwezaura, B.A. 1989. Changing community obligations to the elderly in contemporary Africa. *Journal of Social Development in Africa*, 4: 1, 5-24.
- Sagomba, F. 1987. *Activities of the aged in the informal sector and the relevance of the disengagement theory*. Unpublished. Harare: School of Social Work, University of Zimbabwe.
- Simmons, L. 1960. Aging in pre-industrial societies. In: Tibbits, C. (Ed.) *Handbook of social gerontology*. Chicago: University of Chicago Press.
- Tarira, J. 1983. *Helping the aged in their rural environment*. B.A.(SW) dissertation. Harare: School of Social Work, University of Zimbabwe.
- Tout, K. 1989. *Ageing in developing countries*. Oxford: Oxford University Press.
- Von Nidda, R. 1985. Need we worry about the elderly in Zimbabwe? *Social Change and Development*, 1(11): 7-9.
- Wenger, G.C. 1984. *The supportive network: coping with old age*. London: George Allen & Unwin.
- Wilson, A.O., Adamchak, D.J., Nyanguru, A.C. & Hampson, J. 1991. The study of well-being of elderly people in three communities in Zimbabwe. *Age and Ageing*, 20: 275-79.