A SOCIO-CULTURAL NARRATIVE OF HOMES FOR THE ELDERLY IN SWAZILAND

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1. Introduction

1,020,102 projected to be 1,145,970 in 2017 and 1, 303,090 by 2030 (Swaziland Government, 2007).

Unlike many developing countries Swaziland is not experiencing a rapid growth of the ageing population

There is rapid and sustained population growth in the population aged 15 years and below (see Figure 1).

The population percentage of 60 years and above was 5.5% in 2007 projected to decrease to 5.1 in 2017 and increasing slightly to 5.4 percent by 2030 (Swaziland Government, 2007).

Swaziland - 2016
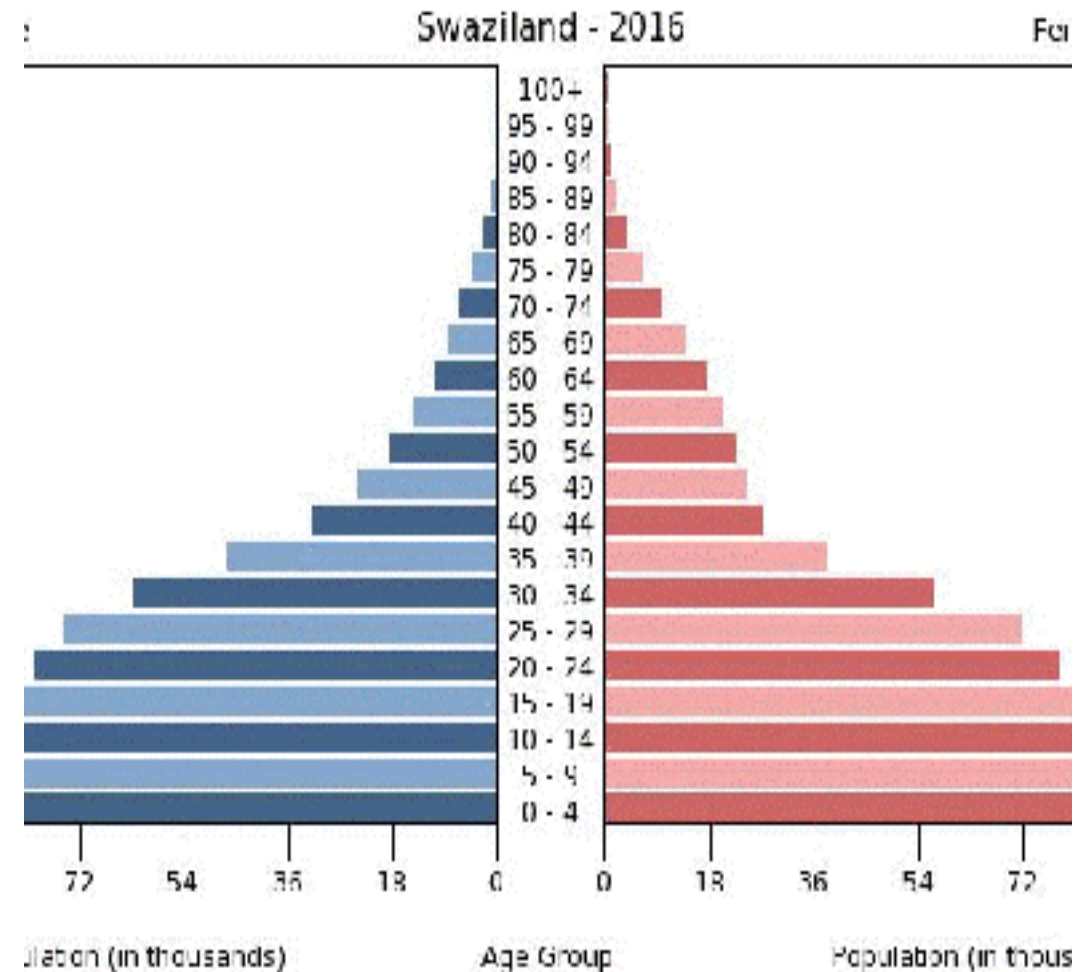
Dependency ratio

The ratio scale begins from 60 to 105

The population generally youthful – creating high dependency ratio

Compounding the problem is high unemployment rate among the youth

Advantage is most elderly people are still actively involved in agriculture subsidising household incomes

Life expectancy is 58.9 years (WHO, 2014) 61.1 female 56.6 males

Mortality – top killers HIV and AIDS, stroke, tuberculosis, diabetes

Swaziland Age dependency ratio
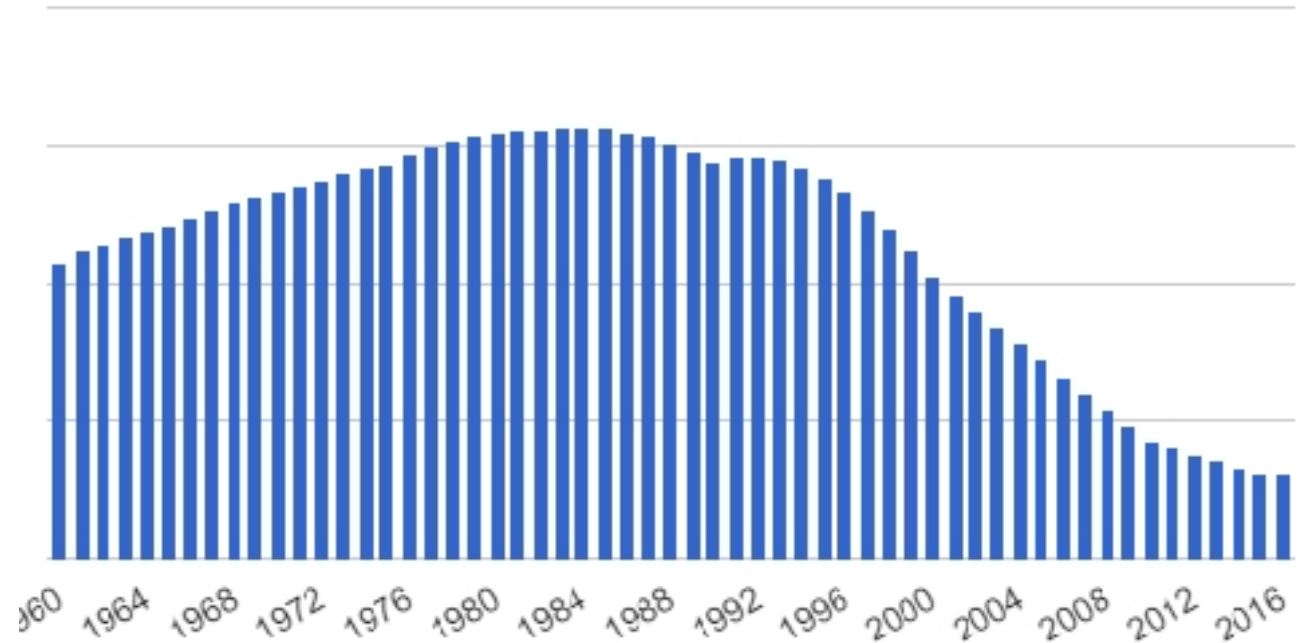
Source: TheGlobalEconomy.com, The World Bank

2. Contextualising the problem

- Swaziland establishing homes for elderly – unprecedented move
- Major objective – care and support for needy vulnerable elderly
- The concept of institutionalising elderly is new, foreign to the Swazi culture where the elderly live in their homes
- Family homes have historical and ancestral meaning and connections for to the psychological wellness of the elderly
- There is no policy on the elderly that will guide this programme, i.e. beneficiary criteria is loosely defined, making targeting subjective
- This paper hopes to propose other options of elderly care and support with limited institutionalisation options

3. Motivation

- Elderly homes are a foreign concept presenting a culture shock to many Swazi's

- Elderly people have ancestral connections to the home; deeply held and practiced socio-cultural values particularly in rural communities where majority elderly live

- Socio-economic and demographic transformations are altering the social fabric and living arrangements of families

- Swaziland has a rich cultural heritage which has been largely preserved and practiced by the elderly who are the custodians

- Majority of elderly live in rural areas where cultural values remain strongly observed and practiced.

- However, there are realities of the changing economic situation resulting in eroded incomes, high dependency on elderly grants for household survival, and grandchildren relying on grandparents for care and support

4.   Literature reviewed and conceptual framework

- Of significance in this literature review was the different meanings and contexts of ageing in African countries and the lessons that can be learned by Swaziland as the country ventures into establishing homes for the elderly. Swaziland has the advantage of being a late comer and can learn from other African countries and adapt to the local context.

- Traditional literature focuses on the past. " *Prior to the contact with the West, older people were highly valued in African society because of their accumulated knowledge and wisdom, which they used to settle disputes, integrate the society and educate the young. In return, they enjoyed many privileges in the society. However, changes in the structure of African society occasioned by the introduction of formal education by the West neutralized this traditional system of caring for older people as they are now facing many challenges"* (Lumun,2013).

Literature cont.

- Traditionally, elderly care was the responsibility of the family and was provided within the framework of the extended family system at home.

- Modernisation & Immigration literature focuses on the changes in the structure of African society resulting to the geographical dispersion of the extended family system and the tendency for family members to be educated and work outside the home affected older people.

- Culture contact with the Europeans through colonization marked the beginning of African perspective of taking care of their elderly ones (Abanyam, 2012 and Abiodum, 2002).

Literature cont.

- Studies on the vulnerability of the elderly in Swaziland (Kaseke 1997; Kaleeba 2002; Dlamini 2003; URLAN 2003, SPS & EPRI 2016) found that the elderly face problems of isolation, neglect and abandonment by kin, live in dilapidated houses, care for grandchildren with meagre elderly grant incomes, affected by HIV & AIDS pandemic as care givers and taking care of orphans, suffer numerous health problems, suffer rape and physical and emotional abuse, mythical stereotypes associated with witchcraft and old age.

Literature cont.

- Assistance in the form of food, clothing, farm inputs, and money is sporadic and often unsustainable thus contributing little towards alleviating the plight of the elderly (URLAN, 2003).

- Also, even where programmes for assisting the elderly were available, the elderly had no access to information about these programmes, and the criteria used to select beneficiaries was ad hoc and left to the discretion of health motivators who were sometimes subjective in their selection (ibid).

- The Government of Swaziland introduced an Old Age Grant (OAG) in 2005. Documented evidence suggests that households spend old age benefits on essential services (health care, education, etc.) (SPS & EPRI, 2016).

Literature cont.

- Socio-economic studies posit that "there is an overrepresentation of the elderly in the poverty statistics, making them vulnerable and unable to support themselves in the changing economic situation. Therefore, the care and support of the elderly has become a big concern for government and society at large" (Dhemba, 2015).

- HelpAge International (2004:5) asserts that poverty and social exclusion are the major challenges facing older persons (cited in Dhemba 2015).

5. Method used

- This is a qualitative desk study relying mainly on secondary data. Relevant literature has been reviewed and analysed to draw assumptions and recommendations for Swaziland.

6. Conceptual framework

- "Many older people have been self-sustaining members of society and have developed problems of adaptation only at an older age".
- Without support, accumulated interpersonal losses (such as the loss of a spouse, friends, families, familiar environment, job income, physical health) threaten the fulfilment of their daily living needs and life satisfaction (Ambrosino, Heffernan, Shuttleworth and Ambrasino (2012:360) cited in Dhemba (2015).

6. Narrative

This is the first home for the elderly in Swaziland initiated by the Government through the Deputy Prime Minister's (DPMO) office, Department of Social Welfare (DSW). The home is located at a Regional Town Mankayane which is a small town with a mix of urban and rural features and surroundings.

Phase 1 of the home for the elderly is complete and ready for the first occupants. Phase 1 has four (4) units of three (3) bedroom houses, a canteen, semi-detached two (2) bedroom houses for social workers who will be taking care of the elderly.
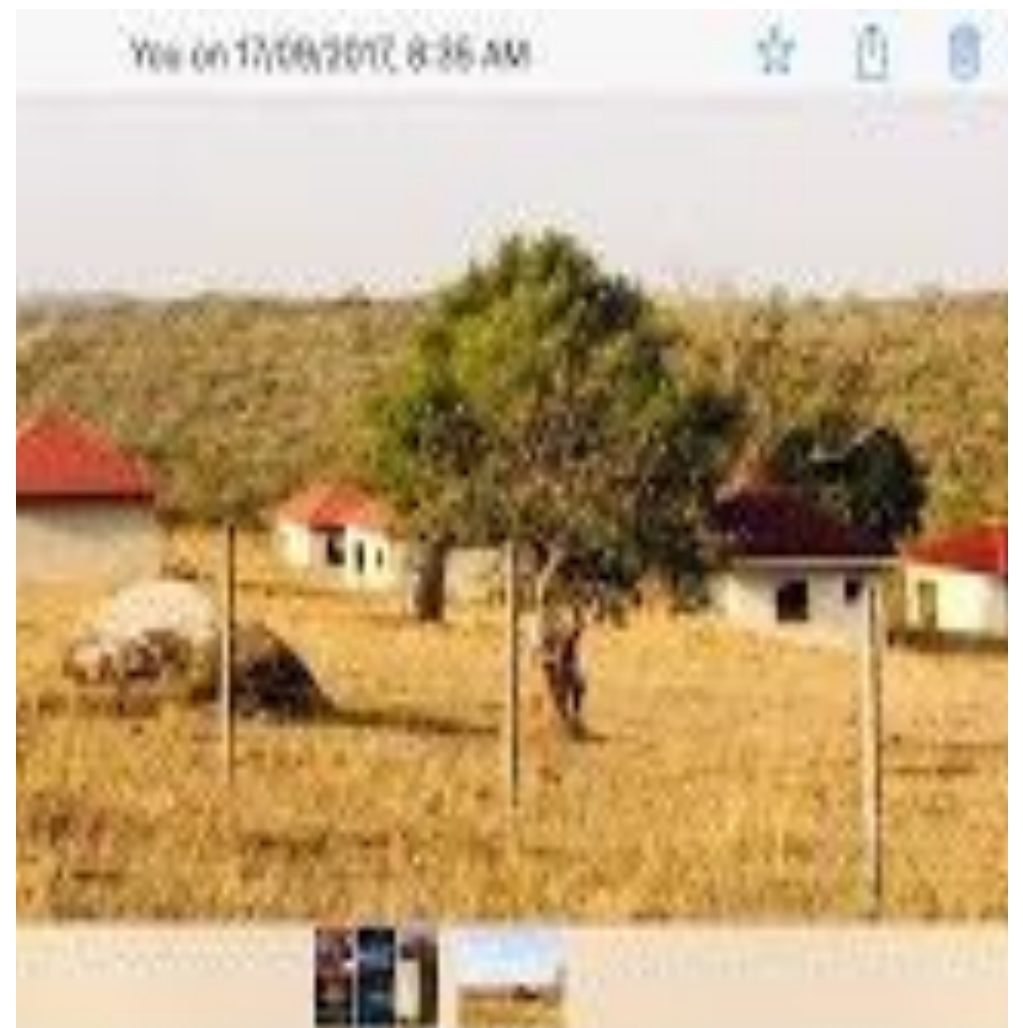
Narrative cont.

A second home has been constructed at a rural community setting at Dvokolwako in the Hhohho Region. This is an initiative of a charity organisation started by Her Majesty the Queen Mother Philani Maswati Charity Organisation (PMCO) to cater and take care for the needs of the elderly and orphaned children.

Arable land for self-sufficient farming businesses, producing fruit and vegetable that can be sold to fund healthcare and other amenities for residents. Residents would also be offered part-time employment within the farm which will also make them feel part of the community.

Both homes are not occupied yet and not in operation.

It is still too premature to go into deeper narrative and analysis on their benefits

Narrative cont.

- Masotoshi & Kuzuo (2007:1) advocate for delaying and preventing admission of elderly people to long-term facilities. Institutionalization is not only an issue of health and social service burden, it also affects the quality of life and independence of seniors.

- Brodaty *et al*. (1993) suggests that there should be compelling reasons for long-term institutional care - considering several predictors for institutionalization. "These include dementia; functional and physical disabilities; chronic medical conditions; living alone and social isolation and caregiver burden".

Narrative cont.

- Masotoshi & Kuzuo (2007:1) Interesting in the findings of study conductedin Towa village in Japan, after return studies were conducted after 5 years, it was found even though the participants suffered most of the impairments, the preferred care provision was 84% and 67% home for males and females respectively, while 4% and 13% males and females respectively preferred institution.

- This evidence shows that the elderly prefer home based care than institution care, it is the caregiver burden that sees them in institutions.

7. Options for policy and planning

- Ramashala (not dated) recommends policy which takes into account a broad-based approach that distinguishes between the *well and active elderly*, the *disabled elderly*, and the *frail elderly*.

- Intervention options should consider inter-sectoral structures and multidisciplinary strategies to ensure that older people are well physically and psychologically and for as long as possible (ibid)

- Empowering families and local communities with resources and technical assistance to care for older persons in the community (ibid).

- Research including baseline studies need to be prioritised to "identify and modify, where possible, the broad range of high-risk situations that have long-term and devastating effects on older people" (ibid).

- "National Governments should seek the active involvement of older people and their families, communities and non-governmental organizations in research, planning and policy implementation on all issues that are of concern to older people" (ibid).

Options for policy and planning cont.

- To distinguish between the well and active elderly, the disabled elderly and the frail elderly.
- To empower local communities with resources and technical expertise to care for older persons in the community
- To have options for disabled older people who are living at home under the care of family members. Studies have shown that care for disabled older people, is around the clock, and a burden and major stressor to younger people and in some cases results in neglect and abuse, Ramashala (not dated).
- Swaziland's response to the HIV and AIDS epidemic left a number of functioning programmes and structures at community level which can be empowered and up-scaled to take up the care of elderly people in their homes.

8. Conclusions

- I argue that Swaziland has hastened the implementation of a very culturally sensitive programme without adequate research to establish the predictors for institutionalisation
- There has been no adequate evidence based needs assessment of the elderly to inform the care and support system that is ideal
- I advocate for a care and support system that permits the elderly to remain in their homes – this is considered the best option by many authors in the field of gerontology.
- For countries in Africa, it is perhaps the only option. Expensive institutional care is not an option for developing countries (Ramashala, (notdated).

Recommendations

1.   Research on elderly is important and required to establish their real   needs and to inform policy and programmes for the elderly

2.   A policy on the elderly is long overdue and needed to give direction   on programmes and planning for the elderly

3.   More culturally sensitive approaches are needed for the care and support of the elderly, balancing care and support with familiar norms and values, and harmonising Swazi traditional values with Western traditions of care and support

4.   Use of already existing approaches of care and support which were established for HIV and AIDS interventions on home-based care. They need to be up-scaled and resourced with more financial & human resources. These are cost effective.