CHAPTER ONE

1.0 Introduction

This chapter gives a general overview of the demographics of senior citizens in Zambia beginning from the 1990s to date. It also explains factors that have led to the increase in the number of the aged and the social economic environment in which senior citizens are living. The chapter further discusses the statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitation of the study, definition of terms and provides a layout of the dissertation.

1.1 Background

One of the most important aspects about the aged in Zambia is the rapid increase in the absolute number of the elderly population from the age of 60 years and above in rural and urban areas. In 1990 there were 216,196 aged people in the country. Almost 1 in every 25 people was aged. Recent demographic projections indicate that the number was expected to increase to 290,168 in the year 2010; 598,687 in 2030; 1045,247 in 2040 and 1,452,706 in the year 2050 (Kamwengo, 2001: 24).

The increase is absolutely dramatic and is attributed to a number of factors. Foremost, there has been a moderate decline in mortality rates. More and more people are surviving to enter old age than was not the case in the past. Another factor contributing to the increase in the elderly population is the decline in birth rates. The decline was attributed to the volume and intensity of family planning activities conducted in the 1980’s and 1990’s. The lowered birth rates have resulted in a smaller number of infants entering the population. This has allowed the aged to constitute a large portion of the population. The third factor responsible for escalating numbers of the elderly, is the improvements in primary health care provision which
emphasizes health education programmes, control of communicable diseases and hygiene. This factor has been playing and continues to play a vital role in prolonging life (Kamwengo, 2004).

Suzman and Manton (1992:53) point out that the population is ageing, with changes in the living arrangements of the elderly occurring in most countries, as a result of lower fertility, higher mobility, changing attitudes about family structure and function, and increasing life expectancy, especially mortality declines in late life. There are important interactions between population ageing, changes in the living arrangements of the elderly and the need for long-term-care service. Such interactions are directly related to community and family support systems and public policies.

Chaney (1991) argues that in developing countries like Zambia, the vociferous demands of younger population cohorts for education, health services, jobs, food, and shelter deflects attention from problems faced by the burgeoning numbers of older persons, particularly where elders are isolated and unorganized. There has been a tendency in traditional societies to assert: ‘….we don’t have any problems with our elderly; they stay with their families who take care of them (Atchely, 1990:39).

Kamwengo (2004:11) counters the above assertion when he argues that old people are ageing in a context characterized by severe poverty, weakening extended families, inadequate occupational pension, absence of social pension, high incidence of HIV and many disputes arising out of the clash of cultures. This kind of context is not friendly to the ageing elderly.

Kamwengo (2001; 3) further posits that ageing is not something that is new. People have been growing old since the beginning of history. However, throughout the years, very few
people have been reaching old age. But since the Second World War, the older population has increased rapidly as a result of reductions in fertility and mortality rates world over.

According to the Central Statistics Office (1998) and Pamela (1981:34), poverty in Africa is widespread. Poverty studies in the regions and specific countries indicate that poverty on the continent is widespread and severe among households headed by older people than those headed by younger people. During famine or floods, food is in short supply. Older people are usually the worst hit. They do not receive adequate amounts of food and the required nutrients. As a result of this, majority of the aged especially in the rural area tend to eat wild foods and fruits, eating less nutritious food like the wheat looking wild grains found in Southern Zambia near the Zimbabwe border. They also tend to rely on churches or Non Governmental Organizations for food handouts.

1.2. Statement of the problem

There has been a marked increase of the aged in rural and urban areas. It is alleged that for every 25 youths, there is one elderly person in Zambia. There are more senior citizens in rural areas as compared to urban areas (Kamwengo 2001:23). Unfortunately, little comparative research has been done on how the aged survive in rural and urban areas. At a time when the extended family values are eroding and the land which used to be a source of living for the aged being sold to investors. The question is, how have the aged managed to survive and source for a living in the rural and urban areas amidst rapid cultural, social and economic changes in Zambia?

For many years, studies to do with old age and how they survive ‘economically’ were enshrined in mystery and stereotype. As a result of that, many old people in Zambia have been
subjected to abuse and destitution; which is partially attributed to lack of systematic studies that would elucidate facts about the aged. Hence, this study was intended to fill that gap.

1.3. Purpose of the study

This study set out to investigate and to compare survival strategies and sources of living for the aged, both in the rural and urban areas. At the same time, the study was further destined to find out if there were any similarities and/or differences in the way the aged sourced for a living. In that vein, the study was intended to add to the already existing body of knowledge on old age and to assist government, none governmental organizations, gerontology students, researchers, the youths and the general public with relevant information on how the senior citizens survived and sourced for a living in rural and urban Zambia.

1.4. Objectives of the study

The following were the objectives of the study:

i. to identify types of survival strategies the aged used to sustain their lives in rural and urban areas;

ii. to determine whether or not the survival strategies the aged used addressed their financial and material needs;

iii. to investigate similarities and differences in survival strategies the aged used in rural and urban areas; and

iv. to find out whether or not extended families played a role in supporting and taking care of the aged in rural and urban areas.

1.5. Research Questions

The study attempted to answer the following questions:

i. what types of survival strategies did the aged use to sustain their lives in rural and urban areas?
ii. did survival strategies used by the aged address their financial and material needs?

iii. were there similarities and differences in survival strategies used by the aged in rural and urban areas? and

iv. did extended families play a role in supporting and taking care of the aged in rural and urban areas?

1.6. Significance of the Study

The significance of the study is multi-fold. First, its findings will add to the already existing body of knowledge on old age. Second, the study was intended to assist the government, donor agencies, and institutions of higher learning with information which could inform their policies on the aged.

1.7. Limitation of the Study

This comparative study was carried out in Chongwe and Lusaka districts. The four areas which were sampled included Chikwela and Liboko villages in Chongwe as well as Bauleni and Ng’ombe Compounds in Lusaka. The main reason for conducting the research in two districts only, was due to the fact that the time frame allocated for this study was short and as a result, this would not have enabled the researcher to include other areas in the research. The other factor that limited the researcher to Lusaka and Chongwe districts only was lack of financial resources needed to cover a wider catchment area.

Due to cultural factors, the methodology of organizing elderly men and women together in a focus group discussion proved to be a limitation. Many of the senior citizens did not feel comfortable to be interviewed in groups, as a result, only a few of them participated in focus
group discussions. The other limitation worth of note was the fact that some relations of the aged objected to the idea of interviewing their aged relations.

The other limitation was that, information in this study is exclusive to Chongwe and Lusaka districts, meaning that they can only be generalized to rural and urban areas which share similar living conditions as those in Chongwe and Lusaka districts.

Questionnaires were not used in this study due to the high illiteracy rate among the aged in both Lusaka and Chongwe districts. This acted as a limitation; this is because face to face interviews take a long time to conduct compared to questionnaires.

1.8. Operational definition of terms

**Ageing:** In this study, the term is defined as a process of growing old, which begins at conception and continues until death. According to Kamweng (2001: 1) the process involves a series of normal, universal and progressive changes, which occur throughout the individual’s life span. These changes are universal because they occur to all people and are a normal part of human development. They include changes in physiological, psychological and sociological functioning in a persons’ life.

**Aged/elderly/senior citizen/older/old person:** these terms are used interchangeably in this research to mean one and the same thing. A person aged 60 years and above is considered elderly in this research. This is the same age which is adopted by the African Union Framework and plan of Action on Ageing (Help Age International, 2007: 7).
**Gerontology**: Gerontology is a term that comes from two Greek words *geras* meaning old age and *logos* meaning a study. It is usually defined as the study of ageing and the aged (see Atchley, 1990).

**Income**: this is the money that a person earns from work, from investing money and from business (Oxford Dictionary, 2006; 785)

**Survival strategy**: in this study survival strategy is defined as a method or means which senior citizens employ in order to live or to sustain their lives.

**1.9 Dissertation Layout**

The layout of this dissertation is explained below.

Chapter one covers the background to the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitation of the study and definition of terms used in the study.

In chapter two, a review of literature relevant to the study is undertaken.

Chapter three discusses the research methodology employed in the collection and analysis of data. The subtitles in the chapter are: research design, population, sample size, sampling technique and data analysis.

Chapter four presents the research findings. Frequency tables were used for easier analysis of data. Three data collection instruments were used to decode the findings. The instruments were structured interview guides and focus group discussion.
Chapter five is a discussion of the findings. The discussion was centred on the objectives of the study. In some cases, the actual words respondents used were included in the discussion.

Chapter six provides the concluding remarks of the study and recommendations were made based on the findings of the study.

1.10 Summary of chapter one

The purpose of chapter one was to discuss the demographics of senior citizens in Zambia and the social economic conditions under which they live. The statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, limitation of the study and the definition of terms have also been discussed.

The number of senior citizen in Zambia is increasing; for instance, for every one senior citizen there are 25 youths. A lot of senior citizens are in rural areas as compared to the urban areas (Kamwengo, 2001:23). There have been factors that have led to the increase in the number of the aged in the country. Some of the factors are: moderate decline in mortality rates and the improvement in the primary health care delivery. These factors play and will continue playing a vital role in prolonging life for the aged and would be senior citizens in the future. The above notwithstanding, the social economic environment in which most of the aged are living is characterized by poverty.
CHAPTER TWO

REVIEW OF THE LITERATURE

2.0 Introduction

According to Kamwengo (2004: iii), ageing is an exciting area of scholarly and social policy interest. Many African Universities have included it among their curricula. In addition, many individuals and organizations are increasingly supporting and advocating for the protection of rights for the elderly. Recently, the Heads of the State of the African Union adopted the African Framework and Action Plan on Ageing and encouraged member states to come up with their own policies on ageing. Therefore, this chapter brings to light the various views from different authors on old age. The scope of literature is not only limited to the Zambian scenario, but is broadened to include such countries as China, Japan, the United States of America as well as some countries in Africa.

2.1 Concept of old age

The boundary between middle age and old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. For instance, people may be considered old when they become grandparents, or when they begin to do less or different work after retirement. In the United States and the United Kingdom, the age of 65 can be considered the beginning of old age because, until recently, people in the United States and Britain became eligible for retirement at that age with full social security benefits. In contrast, in Zambia the retirement age was set at 60 for men and 55 for women. In 1986, an act of parliament number 11 reduced

Rather than lumping everyone past a certain age as old, some social gerontologists (see Fiske, 1972; Fuller 1972) make a distinction between the young old (ages 55 to 74) and the old-old (ages 75 and older). Still other gerontologists (see Zeng, 1989; Martin 1989) add a middle-old category between the young-old and the old-old categories. However, Chronological age may differ considerably from a person’s functional age, and age related changes that occur at different rates for different persons. Changes as we age are normal and occur in all five senses (Ohio State University web site).

In his argument, Cart (1990:9) states that age-related changes within any individual can differ greatly. Further, age related changes differ greatly from one individual to another in the same manner as each person differs from the other while moving from infancy to maturity. Therefore, no sharp differences occur either physically or psychologically when a person reaches 65 years of age. Absolutely no clinical evidence exists for selecting this chronological age as a retirement age in the Western World and 55 years in Zambia. In any case, whatever changes come with aging, most older adults are in relatively good health. Physiological, sensory, emotional and physical changes do occur, but the human body and a person’s ingenious method of compensation often allow the older person to successfully function in today’s complex world.

Ageing therefore is not a disease. It is actually a series of processes that begin with life and continue throughout the life cycle. As individuals move through the processes, they become
more and more different from everyone else. Thus, it is noted that the aging population is a very heterogeneous population. Because of the burgeoning size and heterogeneous nature of the aging population in Zambia and other nations, there is a rapidly increasing need to understand both the normal aging processes and the consequences of aging on the population. Where once it was unusual for families to have three living generations, now it is not considered unusual for families to have four living generations. Many persons experience full lives for two to four decades past 60 years of age. In fact, they are quite capable of enjoying life fully until the end of their lives (Morgan and Kunkel, 2001).

2.2 World Demographics on ageing

The phenomenon of ageing has over the recent years been the focus of attention of the international community, particularly regarding its economic, social, political and scientific dimensions. The growth in world population is on the scale unparalleled in human history. The United Nations Bureau of Census (1999) has shown that the world elderly population is increasing very rapidly. The increase is more pronounced in the developing world where the rates of population growth are much higher than the capabilities of those countries in terms of health, nutrition and other basic amenities for a reasonable standard of living. Today, the world’s population growth in general remains at a historically high rate of 1.3 per cent per year. However, the population growth rate in Africa is ranked at 2.4 per cent per year (Todaro and Smith, 2003:127).

In 1950, according to UN (2007) estimates, there were approximately 200 million persons aged 60 and above. By 1975 the number had increased to 350 million. By 2005 there were about 625 million of them. The number is expected to be in the range of 2 billion in 2025.
Furthermore, projections are that by 2050, the population of older people will, for the first time in the history of mankind, be more than that of children under the age of 14 years. Africa alone is projected to register a phenomenal increase from the current estimate of slightly over 40 million to 212 million in 2050 (Ageing with Dignity, 2001:2)

Unlike Africa and other developing countries, in Europe the ageing transition has spread over one century or more. In China, however, this change will take place within a few decades and will reach more or less the same level of population ageing as most of the developed countries by the middle of the 21 century. It will take about 20 years for the elderly population to increase from 10 to 20 per cent in China. Japan is regarded as a country with a very rapid ageing population, but the ageing process of the Chinese population will be even faster than that for Japan and the rest of the world (United Nations, 1999; Ogawa,1988; Zeng, 1989)

2.3 The socio-economic environment under which the aged are aging in Africa

According to the United Nations (2007), more than 300 million people in Sub-Saharan Africa live on less than 1 dollar per day. In a similar vein, the HelpAge Economic Report for Africa (2003:4) purports that close to half the population on the continent lives on less than a dollar per day. The poverty levels are increasing steadily and are much higher in rural than urban areas. Older persons are most affected by the impact of poverty. They are the poorest of the poor and receive little support from family members who themselves are struggling to survive the harsh prevailing economic situation on the continent (Ageing in Africa, 2006:5; and Action on Ageing Annual Review 2000/2002:7).

The African Union Policy Framework and Plan of Action on Ageing acknowledges that the increase in the number of older persons provides a challenge for the continent as whole, as
well as for individual countries. This is due to the fact that the number of older people in Africa is increasing in the context of poor socio-economic development (Ageing in Africa, 2007:6).

Poverty is inherited from one generation to the next into old age. Although data on the actual poverty levels among older people in the region is hard to find, there is evidence that they are most affected by poverty. Most of them hardly generate enough income with which to meet their basic needs. Some have no sources of income at all and the result is physical weakness, isolation, exclusion and low self esteem (Ageing in Africa, 2003:7).

Against this background, the African Union Extraordinary Summit held in Burkina Faso in 2004 adopted a declaration on poverty alleviation and employment promotion in Africa. According to the Age Ways Report (2004:7), the Heads of State and Government in Africa committed themselves to the placement of employment creation as a central objective of their economic and social policies at national and continental levels. This was believed would boost sustainable poverty alleviation strategies. The declaration further called for the employment of the poor and vulnerable, particularly in the rural areas and older people fell in this category. But from the time the summit was held in 2004, little has been done to implement the policies which were agreed upon by all the heads of state in Africa.

Although there has been increased global attention on poverty reduction programmes, older people largely remain excluded. Action on Ageing (2000/2001:3) and Ageing in Africa Report (2005:6) note that, where poverty was endemic, persons who survived a lifetime of want often faced their old age in extreme poverty.
In Zambia, while almost everyone is busy championing women and children’s rights, no one seems to be talking about the senior citizens. In fact, so much is being said on the need to have 30 percent representation of women in all decision making positions yet, little if anything at all, is happening for the country’s veterans. The youth even have the distinction of having a ministry looking after their affairs while the women folk find delight in the Ministry of Gender which has persuaded the government to promulgate a gender policy.

The extent to which senior citizens are ignored is actually more evident during campaigns or indeed in manifestos of political parties’. It is common to see politicians articulating issues to do with the youth and women during campaigns in an effort to canvass for votes from those sections of society. In fact, it is the youth that are normally seen as crucial to ones winning an election. There is great emphasis put on youths today at the exclusion of the aged who are perceived as a curse. As a case in point, when Tony Blair was first elected as British Prime Minister in 1997, he took great care not to be photographed with old people. This was so because he wanted to exude an image of vibrancy and youth, just as he sought to portray Britain as a young country. But if Britain is that bad, so then is Zambia and indeed most of the larger global societies. Never in the history of this country has the call for the veterans to quit politics been as loud as it is now. In fact, when Zambia attained her independence, the average age in Dr Kaunda’s cabinet was 35, thereby giving a tag that Zambia was a young nation (Kachingwe, 2005)

In the view of HelpAge (2007:4), majority older people live and work in rural areas especially in the informal sector. Their work and contribution to the families and communities is unrecognized and unrewarded in most cases. This statement is true in the case of Zambia, considering the fact that majority of the aged in both rural and urban areas cannot easily find
employment in the formal sector due to the fact that they are considered too old to work. In the same vein, the private sector cannot employ them due to the fact that this sector is more interested in the young people whom they consider to be vibrant and energetic to handle the pressure which the sector is accustomed to.

Due to these reasons, most of the aged are left vulnerable and unable to adequately secure a better income to sustain themselves. The problem is exacerbated by the decline in the economies of many African countries. This has relegated many of the aged in rural and urban areas to a life of poverty in which they lack basic needs.

Much of rural and urban Zambian living conditions remain poor throughout the period since independence in 1964 and the aged are the most affected. In support, Prospects for Sustainable Human Development in Zambia (1996:7) reveals that by the mid 1990s nearly all rural houses still had only earth or sand floors; more than half of all households have an average of 3 to 7 persons per sleeping room. Only 3 per cent of rural households and 40 per cent of urban households have electricity. Most urban residents have access to piped water, but much of this is no longer safe. Less than half of urban residents have access to adequate sanitation; uncollected garbage is heaping in the streets. Well below half of rural residents have access to safe water supplies that are in working order, and less than half have sanitation.

Human conditions in Zambia have worsened since the mid 1980s. People have become poorer and most government services have further declined including those under the ministry of Community Development and Social Services. Among the government ministries, this ministry is the least funded and yet it is one of the most important ministries when it concerns looking after the affairs of the poor and the senior citizens. Therefore, in the state in which the
economy is, the government is overwhelmed and flooded with a lot of poor people who need a share of the limited national cake. Because of high levels of poverty, most Zambians have had to adopt coping strategies in order to survive.

Certain groups of poor people can be identified as being especially disadvantaged and vulnerable. The most disadvantaged are the children; as one in five dies before reaching the age of five. Women and girl children are often disadvantaged because of gender biases that impede their advancement. Another group that is disadvantaged is that of the aged or senior citizens. Many people assume that the aged have lived their lives on earth and that there is no need for government or any other organisation to take care of them. In comparison, Prospects for Sustainable Human Development in Zambia (1996:7-8) posits that between the rural areas and the urban areas, the more disadvantaged are the people who live in rural areas. Those people have long been neglected by government development activities, especially those living in the more rural and therefore remote areas. They have now been joined by the new poor, often living in the increasingly squalid urban shanty towns, unable to find employment; this includes most of the elderly.

The phenomenon of ageing in Zambia and other nations around the world, has over the past decades been posing serious challenges to the families, government and many other institutions that are concerned with issues of the aged. We are witnessing a global population growth on the scale unparalleled in human history. The increase is more pronounced in the developing world where the rates of population growth are much higher than the capabilities of those countries in terms of health, nutrition and other basic amenities for a reasonable standard of living. The present demographic transformation calls for new policy measures at the level of families, non-governmental organizations, churches, hospitals and Government as
its repercussion will leave no sector unscathed. This will inevitably exert additional pressure on sectors like health, housing, employment, social safety nets and welfare, to name but a few (Ageing with Dignity, 2001: 9; Ageing and Development, 2003: 4; Todaro and Smith, 2003: 37).

Kamwengo (2004: 23) reveals that declining policies adopted during colonial rule and amended during the mid 1980’s in which retirement age was reduced from 65 to 55 years excluded a large number of older people from employment, income and prestige. This position taken by the government then, worked very well for the Westerners’ who had an opportunity to work in government and the civil service. Such a policy framework disadvantaged Africans because most black Zambians who had attained the age of 60 and above in the 21st century, did not have the privilege and opportunity to work in high ranking positions in the civil service like their fellow Westerners. Majority Africans either occupied low positions in the civil service and the private sector or they were unemployed.

In this regard, the few Africans considered old in Zambia benefited from the retirement packages, but the majority of the aged who had no opportunity to work in the civil service did not benefit from the social pension scheme which was supposed to be the entitlement for all the aged in Zambia and other African nations. This as it may be, majority of Africa’s older people were not covered by the social security pension. HelpAge (2007: 7) points out that only 5 percent of the population across Africa is covered by the social security pension. Only a handful of countries provide universal pensions scheme, leaving many older people without a dependable source of income.
Older people are among the poorest in every community. This is due to poor education; many of the aged in Zambia and several African nations never worked in the formal sector and therefore, grew old as poor people. It also needs stating that for those who worked in the formal sector were forced into early retirement due to their age in post colonial time. Therefore, when we compare the source of living for the aged in Zambia in both pre-colonial time and post colonial time, there is a marked difference.

2.4 The aged in pre-colonial Zambia

In pre-colonial times, older people, though not as many as they are today, were greatly valued and respected. They were valued for their experience, knowledge, wisdom, skills and ownership of land and other economic assets as well as leadership in praying to ancestral spirits. Consequently, older Bantu were accorded highly valued and respected positions in society. Older people controlled material and economic resources in the family and community. They controlled and distributed the most important economic asset, land to members of the younger generation, whether this was in patrilineal or matrilineal societies. The control of economic resources gave older people economic power, prestige and a high status in society (Kamwengo, 2004:17-19; Hooyman and Kyak, 1988).

Thus, in pre-colonial Zambia, the source of living for the aged was the acquisition of land and with land they were able to control the young generation. This meant that the aged kept the family together through their wisdom, knowledge, skills and experience that they had acquired throughout the years and with this in their possession, the principle of extended families acted as a social security for the aged. This is because the families were controlled.
and kept in check by the aged since they were the ones with power and authority to manage the entire family.

The extended family in pre-colonial times played a very important role. For instance, the extended family was the primary unit of the social organization among Zambians and other Bantu groupings. It was responsible for providing the elderly with food, shelter and other forms of care and support. An old man was a father to all in the family just like an old woman was a mother to all. Because of this, members of the extended family could not let their elderly suffer. This, to some extent, ensured food security and care for the aged (Kamwengo, 2004:18).

Consequently, the issue of poverty and destitution by the aged was unheard of, since extended families were intact and they supported each other and every member in those families. This scenario shows us that in those bygone days there were no street children neither was there destitution among the aged. In fact, the older one got the more respect and responsibility were accorded to such a person. For instance, the aged were responsible for running circumcision schools, approving apprenticeship training for young interns and settling disputes and other cases in the family and the community. They also held key positions in every aspect of life. They were political, judicial and religious leaders and during ceremonial occasions they were seated in positions of great honour (Fuller 1972).

Hooyman and Kiyak (1988) reveal that children to the aged were an insurance against old age hardships. This even applies to some bantu adage or Bemba sayings; ‘Mayo mpapa naine inkakupapa, ‘which simply means mother take care of me while I am a child and I will take care of you when you are old. The other saying reveals that ‘Kolwe akota asabilwa abana,’
meaning that the monkey that has grown old gets joy and care from its children. These adages are used to symbolize the importance of investing in children and then later on, the children were expected to take care of their parents when they grow old. Hence, it was the children’s duty and obligation in Bantu African tradition to take care of their elderly parents. This was partly due to the fact that parents had invested heavily in their human capital. They had brought them up, paid for lobola (bride price) and apprenticeship training. In turn, the children supported and cared for their elderly parents.

Since the investment in children was no guarantee for old age support, some older people had to use the economic resource and property they controlled to induce care and support from children and other younger members of the extended family who hoped to inherit a share of such resources and property. This kind of carrot and stick approach worked and some older persons who used it received good treatment. This approach worked very well in pre-colonial times when African culture had not changed dramatically compared to what has happened in the 21st century due to Western colonial influence and the introduction of modernization which have promoted capitalism or Westernization.

There is, nonetheless, evidence to the extent that the aged in the Bantu society were badly treated if they were found guilty of practicing witchcraft. Respect was withdrawn and in some extreme cases the person was either killed or exiled. But those examples were rare cases; they only indicate that those who crossed the line forfeited the respect and honour accorded to the older people. There was no anti-elderly hostility as is the case in modern times. Fuller (1972) argues that a considerable amount of research evidence confirms that the Bantu tribes treated their elderly favourably.
2.5 The aged in colonial and post colonial Zambia

During the colonial rule and the post colonial rule in Zambia, the country went through the process of modernization. Modernization brought in its trail changes in the treatment of the older people. The changes that took place in colonial and post colonial periods shifted the economy from a traditional economy to a modern economy. This type of economy reduced the value of land as a source of employment, wealth, power and status for older people (Kamwengo, 2004:21; Macwangi, 1998).

Consequent to the aforesaid, the source of living for the aged, which was land, was devalued by Western education which brought about industrialization, urbanization, technological changes and social change. Due to the transformation of the way of life of the African, most of the aged would not provide their children with employment and as a result the children opted to move into urban areas in search of employment. By this token, modernization dramatically changed the way of life of the Bantu people, which meant that even the source of living for the aged had to change dramatically as well. For instance, modernization promoted a nuclear type of family system as opposed to the African system of an extended family. In the same vain, modernization promoted industrialization and furthered the concept of urbanization as opposed to rural areas. Arising from this, young people moved into urban areas, living behind in the rural areas the weak and the aged to fend for themselves.

The rural-urban migration together with the distance between the urban based adults’ children and rural based older parents resulted in diminishing elderly control and influence over the younger members of the family (Macwangi, 1998). This position also reduced social pressure for parental support and contribution of those urban dwellers to the extended family. This
factor weakened the extended family including the African norm and value that children should care for their elderly parents. At the same time, modernization contributed to the young people feeling that the rural areas and their people were backward. Technological change is another factor that has contributed to the declining status of older people. This is due to the fact that the introduction of technology in the workplace (for example the use of computers) found older people with fewer marketable skills to use in order to compete with the better educated young people for jobs. Knowledge that older people gained through long experience was no longer a passport to economic power and prestige. Retirement made things worse. Many retirees lost employment, income and economic power and status.

Western Education was another reason that contributed to the decline in the status of older people. With Western Education, old people lost the monopoly of being the source of knowledge.

Furthermore, Rodney (1972) and Kamwengo (2004: 94-96) insist that Western Education encouraged modernization or Western ideas of economic independence, retraction of extended family obligations and autonomy of action which run counter to Bantu beliefs of providing care and support to older people and members of the extended family. Capitalism, which Western Education promoted, was characterized by the concentration in the few hands of ownership (Westerners) of the means of producing wealth (land) and by unequal distribution of products of human labour.

Changing dependency ratios in terms of the number of old people depending for material safety on younger, economically active and wage earning people are bound to influence the development of any country in the world irrespective of its social structure, traditions or
formal social security arrangements. Problems of a social nature are likely to emerge in
countries and regions where the aged have traditionally benefited from the care and protection
of their next of kin or the local community. Those relationships may become increasingly
difficult to maintain when the number of dependent elderly increases while at the same time
traditional care providing structure, such as the extended family, are undergoing radical
changes in many regions of the world (Ageing with dignity, 2001:8; Simon, 1971:41).

Living arrangement of elderly individuals is assumed to be the outcome of a series of
decisions taken by a number of people over a considerable period of time, which is heavily
influenced by factors such as changes in marital status, employment history, savings and
investment, migration, housing and health-related behavior. Preferences for different living
arrangements result from the balance between costs and benefits of cohabitation, and may be
influenced by cultural standards and values. In those cases the benefits of cohabitation for
both the elderly and the other household members may vary from companionship and
emotional support to physical and financial support. Among the costs, the analysis emphasizes
the loss of privacy, the decline in social status of the elderly after losing control of financial
resources, and the burden that physically or mentally impaired seniors would represent for
living in caregivers (Casterline and others, 1991; Da Vanzo and Chan, 1994; Martin, 1989).

The decline in financial support and care from other family members has caused some elderly
people to engage in vices that are detrimental to their health even to other members of society.
For instance, the Kabwe magistrate’s court found a 90 year old woman of Kabwe Waya
Township guilty of trafficking in marijuana weighing 205 grams (Chambo, 2010).
2.6 The care of the elderly in the world

Traditionally, care of the aged in all societies around the world has been the responsibility of family members and was within the extended family home. Increasingly, in modern societies, care of the elderly is now being provided by the state and/or charitable institutions. The reasons for this change include decreasing family size, the greater life expectancy of elderly people, the geographical dispersion of families, and the tendency for women to be educated and work outside the home. Although these changes affected European and North American countries first, it is now increasingly affecting Asian and African countries also (Hendricks and Hendricks, 1986; Nell, 2007; Richards, 2008.)

In most Western countries, elderly care facilities are freestanding assisted living facilities, nursing homes, and continuing care retirement communities. In the United States, most of the large multi-facility providers are publicly owned and managed as for profit businesses. There are exceptions; the largest operator in the United States is the Evangelical Lutheran Good Samaritan Society, a non-profit making organization that manages 6,531 beds in 22 states (American Health Care Association, 1995)

In Canada, such privately run for profit facilities also exist, but they must compete with government funded public facilities run by each territory’s Ministry of Health. In those care homes elderly Canadians pay for their care on a sliding scale based on annual income (http://en.wikipedia.org/Elderly-care). Given the choice according to Lieberman (2000), most elders would prefer to continue to live in their own homes. Unfortunately, majority elderly people gradually lose functioning ability and require either additional assistance in the home
or a move to an eldercare facility. The adult children of these elders often face a difficult challenge in helping their parents make right choices.

2.7 Summary of the chapter on literature review

The chapter has elucidated some of the most important views among some of the leading authors on old age. It has been discovered that different societies have different age groups at which one can be considered as a senior citizen. For instance, in Europe and the United States of America a person is considered old when they reach the retirement age of 65 years. In Zambia the retirement age is 10 years less than those in the Western Countries. The standard age for one to be called a senior citizen adopted in this study is 60 years.

The chapter has further explained the social economic environment in which the elderly are ageing in Africa. There is a consensus among economists, gerontologists and many authors in Africa and around the world on the position that the elderly are ageing in a poverty stricken social environment especially in the Least Developed Countries (LDC). Apart from that, the cultural values that held the social system together in Africa have disintegrated due to Westernization and/or modernization. Lack of sources of wealth such as land and control of family members as it was in traditional Africa has also enhanced levels of poverty among senior citizens.
CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains the various components in research which were used in the collection and analysis of data. It is thus organized under the following sections: research design, research site, population, sampling techniques, research instruments, data collection procedures and data analysis.

3.1 Research design

A research design is a structure of research. It is the glue that holds all the elements in research project together. A design is used to structure the research, to show how all of the major parts of the research project work together to try to address the central research questions. In other words, it is the scheme, outline or plan that is used to generate answers to research problems. A research design can be regarded as an arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance with the research purpose. In short, it constitutes the blueprint for the collection, measurement and analysis of data (Delno and Tromp, 2006: 70; Kothari, 2003, Orodho, 2003)

To enable the researcher get the data, descriptive research was used. Descriptive research gives a description of an existing condition. It aims at describing systematically the facts and characteristics of a given area of interest, factually and accurately. According to Bless and Kathuria (1993), descriptive studies are not only restricted to fact findings, but may often result in the formulation of important principles of knowledge and solution to significant
problems. They are more than just a collection of data. They involve measurement, classification, analysis, comparison and interpretation of data.

Descriptive survey, according to Delno and Tromp (2006:70), is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals and it can be used when collecting information about people’s attitudes, opinions, habits or any of the variety of education or social issues.

3.2 Research Site

The study was carried out in Ng’ombe and Bauleni residential compounds in Lusaka District. Those two areas were purposively picked, because they had majority senior citizens who were easily accessible. Apart from that, the areas are classified as low income brackets. Therefore, they were the researcher’s ideal places for comparative purposes.

In Chongwe District, Chikwela and Liboko villages were purposively picked from other villages as study areas. The reasons which prompted the researcher to pick those areas, were based on the fact that they were within walking distances from each other and they were easily accessible. Due to lack of financial and material resources on the part of the researcher, the study was not extended to other catchment areas and social classes within and outside Lusaka and Chongwe districts.

3.3 Study Population

A population is a group of individuals, objects or items from which samples are taken for measurement (for example a population of senior citizens). Population refers to an entire group of persons or elements that have at least one thing in common, for instance, senior
citizens in Chongwe District. Population also refers to the larger group from which the sample is taken (Kerlinger, 1993). The study had a population comprising senior citizens from Bauleni and Ng’ombe shanty areas in Lusaka District and from Chikwela and Liboko villages in Chongwe District. The total number of the target population of senior citizens from age 60 and above in the four communities was 300. However, by the time the research was being carried out there were no up-to-date sampling frames for specific communities from the various Resident Development Centres.

3.4 Sample and Sampling Procedure

A total sample for this study comprised 97 respondents who took part in the focus group discussion and interviews. 84 senior citizens were interviewed using structured interview guides and 13 of them were involved in the focus group discussion. Focus Group Discussions (FGD) comprised 7 senior citizens in Lusaka district and another 6 senior citizens from Chongwe district.

A sample is a finite part of a statistical population whose properties are studied to gain information about the whole (Webster, 1985). When dealing with people Delno and Tromp (2006) define a sample as a set of respondents (people) selected from a larger population for the purpose of survey. Research conclusions and generalizations are only as good as the sample they are based on. Samples are always subsets or small parts of the total number that could be studied.

Meanwhile, sampling is the procedure a researcher uses to gather people, places or things to study. It is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the
entire group. In other words, sampling is a process of selecting a sample from a defined population with the intent that the sample accurately represents that population (Borg, 1996; Orodho and Kombo, 2002)

Purposive sampling method was used in this study to come up with the intended number of the respondents. This method was chosen because there was no specific sampling frame for the aged in those areas chosen for the study and most of the aged were not located in one place but were instead scattered all over. It is purposive sampling according to Defour-Howard (2000), because the criterion used is that of hand picking based on the expert judgment in relation to the research.

The researcher interviewed every senior citizen who agreed to participate in the study within the four communities purposively sampled. Functional age attributes such as grey hair, wrinkled skin, stooped posture, failing eyesight and chronological age, were used as important criteria in determining the final number of participants in the study.

3.5 Research Instruments

According to Borg et al (1989), research instruments are data collection instruments which can reveal information about aptitude, academic achievement and various aspects of personality.

The research instruments which were employed in this study comprised focus group discussions and structured interviews. Howard (2000) defined a focus group discussion as a special kind of interview used for collecting information about a specific subject or area of concern. Therefore, a Focus Group Discussion is a type of interview involving an interviewer and a group of research participants, who are free to talk with and influence each other in the
process of sharing their ideas and perceptions about defined topics (Borg et al, 1989). Delno and Tromp (2006: 95) further posit that, a focus group is usually composed of 6 to 8 individuals who share certain characteristics, which are relevant for the study. The discussion is carefully planned and designed to obtain information on the participant’s beliefs and perceptions on a defined area of interest.

A structured or standardized interview is one in which the procedure to follow is determined in advance. An interview schedule is prepared in which the pattern to be followed, the wording of questions and instructions and methods of coding or categorizing the answers are detailed. Data from structured interviews can be analyzed either quantitatively or qualitatively depending on the questions and the responses (Cohen and Manion, 1994; Delno and Tromp, 2006).

3.6 Data collection

Data was collected through Focus Group Discussions and structured interviews. Wall (1986:6) defines data as numbers or symbols assigned to characteristics of objects or events. These numbers may be descriptive or simply classificatory. Symbols serve to identify objects or events considered equivalent for analysis.

Data collection is a process of gathering information from respondents aimed at proving or refuting some facts. Data collection is important in research as it allows for dissemination of accurate information and development of meaningful programmes. Data was collected by using structured interviews and focus group discussions to allow triangulation. According to Borg et al, (1996), triangulation is a process of using multiple data collection methods, data sources, analysts or theories to check the validity of the finding. Triangulation ensures internal
validity, credibility and reliability of the research. It also helps to eliminate biases that might result from relying exclusively on any one data collection method.

3.7 Data analysis

Qualitative data analysis and quantitative data analysis strategies were used. Data analysis entails categorizing, ordering and summarizing the data and describing them in meaningful terms. The type of analysis methods used depend on the research design and the method by which the data were collected or measured. Qualitative data are the detailed descriptions of situations, events, people, interaction, and observed behaviours; direct quotation from people about their experiences, attitudes, beliefs, and thoughts; and excerpts or entire passages from documents, correspondence, records and case histories. Quantitative measurements use objective and standardized instruments to limit data collection to prescribe categories of response (Merriam and Simpson, 1995).

In this study data from the structured interviews was quantified by arranging similar responses into frequencies depending on the questions and responses while the data which could not be quantified was arranged into themes and was analyzed qualitatively. That kind of arrangement allowed the researcher to analyze quantifiable data from structured interviews by means of a statistical software package (SPSS) version 14. Meanwhile, qualitative data from focus group discussions was transcribed and analyzed by coding them into themes.

3.8 Summary

The purpose of this chapter was to discuss the methods used in the collection and analysis of data. Some of the research components described in this chapter were research design, study
population, sampling procedure, research instruments, data collection and data analysis approaches.

Qualitative and quantitative data analyses were used in the study. Participants in the study were picked from Ng’ombe and Bauleni residential compounds in Lusaka District. Meanwhile, in Chongwe District, Chikwela and Liboko villages were picked respectively. The total number of respondents in the study amounted to 97 senior citizens. Due to low literacy levels among the aged, structured interviews and focus group discussion were used for purposes of obtaining required data for analysis.
CHAPTER FOUR

FINDINGS OF THE STUDY

4.1 Introduction

This chapter presents the findings of the study in descriptive and tabular form from the structured interview guides. The tables show the frequencies and percentages. Below the tables, there is a short description about the findings. On the other hand, findings from the focus group discussion are presented in a descriptive form according to the questions posed during the discussion.

In order to ensure reliability of the information gathered, the respondents were subjected to similar questions in the structured interview guide. This strategy allowed the researcher to quantify the data collected. Statistical package for social sciences version 14 was used to analyze quantified data.

Findings from structured interviews

Table 4:2 Respondents by sex

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>20</td>
<td>22</td>
<td>42</td>
</tr>
<tr>
<td>Chongwe</td>
<td>17</td>
<td>25</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>47</td>
<td>84</td>
</tr>
</tbody>
</table>

The cross tabulation table shows that Lusaka had more male participants in the study at 20(48%) against Chongwe which had 17(40.5%). However, Chongwe had more women at 25(59.5%) while Lusaka was represented by 22(52%) women.
Table 4:3 Distribution of respondents by marital status

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Married</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>1</td>
<td>2.4%</td>
<td>3</td>
<td>7.1%</td>
<td>25</td>
<td>59.5%</td>
</tr>
<tr>
<td>Chongwe</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>8</td>
<td>19%</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>1.2%</td>
<td>3</td>
<td>3.57%</td>
<td>10</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

The table above shows that there were more widowed senior citizens in both Lusaka (ie25=59.5%) and Chongwe (ie24=57%). Lusaka had 11(26.2%) married elderly people while Chongwe had 10(24%). Meanwhile, Chongwe was leading with senior citizens who were divorced whose standing was at 8(19%) while Lusaka had 2(4.8%). Respondents who were separated in Lusaka were 3(7.1%) while Chongwe had none. Lusaka recorded 1(2.4%) respondent who was single; this is contrasted to Chongwe which had none.

Table 4:4 Educational Levels of the respondents

<table>
<thead>
<tr>
<th></th>
<th>Never been to school</th>
<th>Primary</th>
<th>Secondary</th>
<th>College</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>8 (19%)</td>
<td>23 (54.8%)</td>
<td>7 (16.7%)</td>
<td>4 (9.5%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>16 (38.1%)</td>
<td>19 (45.2%)</td>
<td>6 (14.3%)</td>
<td>1 (2.4%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>24 (28.57%)</td>
<td>42 (50.0%)</td>
<td>13 (15.48%)</td>
<td>5 (5.95%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

The table above shows that Lusaka and Chongwe had more primary school leavers in the study at 23(54.8%) and 19(45.2%) respectively. Chongwe was leading with those who had never been to school at 16(38.1%) compared to 8(19%) in Lusaka. When it came to those who had secondary education, Lusaka had 7(16.7%) while Chongwe had 6(14.3%). With regards to those with college education, the findings revealed that Lusaka had 4(9.5%) while Chongwe had only 1(2.4%).
Table 4:5 Distribution of the aged by formal employment

<table>
<thead>
<tr>
<th>Location</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>16 (38.1%)</td>
<td>26 (61.9%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>18 (42.9%)</td>
<td>24 (57.1%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>34 (40.5%)</td>
<td>50 (59.5%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

Majority senior citizens in Lusaka (ie 28=61.9%) had worked in formal jobs against 24(57.1%) in Chongwe; meanwhile, Chongwe was leading with regards to those who had never worked in formal jobs with 18(42.9%) against 16(38.1%) for Lusaka.

Table 4:6 Distribution of the aged by income generating activities

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>34</td>
<td>40.5</td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
<td>59.5</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

An overview of senior citizens who participated in income generating activities in Lusaka and Chongwe reveals that 50(59.5%) of the respondents participated in some form of income generating activities and 34(40.5%) did not involve themselves in any income generating activities.
Table 4:7 Distribution of methods used by the aged to earn a living

<table>
<thead>
<tr>
<th></th>
<th>I work on my own</th>
<th>I ask for money from members of my immediate and extended family</th>
<th>I solicit money for food from charitable organizations</th>
<th>I have no strategy of earning a living</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>25 (59.52%)</td>
<td>12 (28.57%)</td>
<td>3 (7.14%)</td>
<td>2 (4.76%)</td>
<td>42(100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>22 (52.38%)</td>
<td>18 (42.86%)</td>
<td>0 (0%)</td>
<td>2 (4.76%)</td>
<td>42(100%)</td>
</tr>
<tr>
<td>Total</td>
<td>47 (55.95%)</td>
<td>30 (35.71%)</td>
<td>3 (3.57%)</td>
<td>4 (4.76%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

The strategy which most of senior citizens used in order to earn a living both in Lusaka and Chongwe was to work on their own. Out of 42 senior citizens in Lusaka district 25(59.52%) said they worked on their own. In Chongwe, out of 42 senior citizens interviewed, 22(52.38%) said they worked on their own to earn a living followed by those who solicited for food, money and other material things from their relatives. In Lusaka, out of 42 respondents, 12(28.57%) and 18(42.86%) from Chongwe earned their living by soliciting for money and other requirements from their immediate and extended family members.

Table 4:8 A distribution of the aged by household heads and none household heads

<table>
<thead>
<tr>
<th></th>
<th>I am a household head</th>
<th>I am not a household head</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>20 (48%)</td>
<td>22 (52%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>17 (40.5%)</td>
<td>25 (59.5%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>37 (44.0%)</td>
<td>47 (56.0%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

Majority senior citizens were none household heads. For instance, in Lusaka, out of 42 respondents 22(52%) were none household heads and out of 42 senior citizens interviewed in
Chongwe 25(59.5%) also gave the same response. Meanwhile, 20(48%) in Lusaka and 17(40.5%) in Chongwe lived on their own as heads of their own households.

Table 4:9 Distribution of respondents by how they perceived assistance from the extended family

<table>
<thead>
<tr>
<th></th>
<th>The extended family is not doing enough</th>
<th>They are trying but not very much</th>
<th>The extended family is doing enough</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>14 (33.33%)</td>
<td>9 (21.43)</td>
<td>19 (45.24%)</td>
<td>42</td>
</tr>
<tr>
<td>Chongwe</td>
<td>5 (11.91%)</td>
<td>15 (35.71%)</td>
<td>22 (52.38%)</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>19 (22.62%)</td>
<td>24 (28.57%)</td>
<td>41 (48.81%)</td>
<td>84</td>
</tr>
</tbody>
</table>

Majority senior citizens in Lusaka and Chongwe said extended families were doing enough to take care of their needs. Out of 42 senior citizens interviewed in Chongwe, 22(52.38%) said extended families were doing enough to take care of them and in Lusaka 19(45.25%) out of 42 senior citizens said extended families were meeting all their needs. However, 14(33.33%) respondents in Lusaka said extended families were not doing enough to take care of their needs. In Chongwe, 5(11.91%) denied being cared for by members of their extended family. On the other hand, 9(21.43%) and 15(35.7%) in Lusaka and Chongwe respectively said extended families were trying very hard to take care of them, but their efforts were not enough to meet all their needs.
Table 4:10 Distribution of respondents by preferred place of residence

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the extended family</td>
<td>84</td>
<td>100.0</td>
</tr>
<tr>
<td>Homes for the Aged</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

All senior citizens who participated in the study both in Lusaka and Chongwe districts preferred to spend the rest of their remaining years within the comfort of extended families as opposed to living in homes for the aged.

Table 4:11 Distribution of the aged according to how they perceived their pension

<table>
<thead>
<tr>
<th></th>
<th>It was not enough</th>
<th>It was slightly enough</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Lusaka</td>
<td>15 (65%)</td>
<td>8 (35%)</td>
<td>23 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>12 (92%)</td>
<td>1 (8%)</td>
<td>13 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>27 (75%)</td>
<td>9 (25%)</td>
<td>36 (100%)</td>
</tr>
</tbody>
</table>

According to the responses from senior citizens, the pension they received was not enough to sustain them for the rest of their lives. Out of 23 respondents who had worked in formal employment in Lusaka; 15(65%) said the pension was not enough as against 8(35%) who said their pension was slightly enough to sustain them for some time. Meanwhile in Chongwe, out of 13 respondents;12(92%) said the pension was not enough as opposed to 1(8%) person who said his pension was slightly enough to sustain him for some time.
Table 4:12 Distribution of Senior Citizens legible for social pension scheme

<table>
<thead>
<tr>
<th></th>
<th>All the aged from 60 and above</th>
<th>Only those who are destitute and cannot take care of themselves</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>32 (76%)</td>
<td>10 (24%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>38 (90.5%)</td>
<td>4 (9.5%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>70 (83.3%)</td>
<td>14 (16.7%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

Majority senior citizens both in Lusaka and Chongwe were for the idea that in case there was a social pension scheme for the aged in Zambia, then all the aged from 60 years and above should join the scheme. For instance, in Lusaka, out of 42 senior citizens interviewed, 32(76%) were in support of that idea against a minority 10(24%) who said only those senior citizens who were destitute and could not take care of themselves should join the social pension scheme. In Chongwe, 38(90.5%) favoured the idea that all the elderly whose age range was 60 and above should join the scheme. On the other hand, only 4(9.5%) wanted only those elderly who were destitute to benefit from a social pension scheme.

Conclusively therefore, 70(83.3%) out of all 84 senior citizens interviewed in Chongwe and Lusaka said that all the aged from 60 and above should be members of the social pension scheme. In opposition, 14(16.7%) said only those who were destitute and could not take care of themselves should be members of the social pension scheme.
Table 4:13 Distribution of the aged by the number of times they had meals in a day

<table>
<thead>
<tr>
<th></th>
<th>Once per day</th>
<th>Twice per day</th>
<th>Three times per day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>9 (21%)</td>
<td>23 (55%)</td>
<td>10 (24%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>2 (4.8%)</td>
<td>36 (85.7%)</td>
<td>4 (9.5%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>11 (13%)</td>
<td>59 (70%)</td>
<td>14 (17%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

When an assessment was done on how many times senior citizens had meals in a day, majority of them said that they ate twice in a day. In Chongwe, out of 42 senior citizens 36(85%) said they had their meals twice in a day while in Lusaka out of 42 senior citizens, 23(55%) said that they had their meals twice in day. 10(24%) respondents in Lusaka had three meals as opposed to only 4(9.5%) in Chongwe. Meanwhile, Lusaka again scored a higher mark for those aged who had their meals once per day (ie9 =21%) against 2 (4.8%) in Chongwe.

Table 4:14 Distribution of the aged according to how they perceive their meals.

<table>
<thead>
<tr>
<th></th>
<th>I do not get satisfied</th>
<th>I do get slightly satisfied</th>
<th>I fully get satisfied</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>13 (30.95%)</td>
<td>12 (28.57%)</td>
<td>17 (40.48%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Chongwe</td>
<td>4 (9.52%)</td>
<td>19 (45.24%)</td>
<td>19 (45.24%)</td>
<td>42 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>17 (20.24%)</td>
<td>31 (36.9%)</td>
<td>36 (42.86%)</td>
<td>84 (100%)</td>
</tr>
</tbody>
</table>

Majority senior citizens after partaking of their meals did get satisfied with their meals. For example, Lusaka recorded 17(40.48%) and Chongwe 19(45.24%) respondents who expressed satisfaction with their meals. In contrast, 13(30.95%) participants in Lusaka and 4(9.52%) in
Chongwe said they did not get satisfied with their meals. There was also a group of senior citizens who said they were slightly satisfied with their meals. Chongwe recorded 19(45.24%) and Lusaka 12(28.57%) of senior citizens who were slightly satisfied with their meals respectively

**Table 4:15 Distribution of well-wishers and institutions that assisted senior citizens.**

<table>
<thead>
<tr>
<th></th>
<th>Well wishers</th>
<th>The church</th>
<th>Charitable Organizations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>5</td>
<td>18</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>14.7%</td>
<td>52.9%</td>
<td>32.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chongwe</td>
<td>13</td>
<td>14</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>39.4%</td>
<td>42.4%</td>
<td>18.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>32</td>
<td>17</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>26.9%</td>
<td>47.8%</td>
<td>25.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

It was interesting to note that majority of the aged, both in rural and urban areas, received financial, material and other forms of assistance from the church, NGOs and Well wishers. Within Lusaka District out of 42 senior citizens interviewed 18(52.9%) were assisted by the church compared to 14(42.4%) in Chongwe District. 11(32.4%) in Lusaka and 6(18.2%) in Chongwe were assisted by charitable organizations respectively. Well wishers were also on hand to give assistance to the aged. For example in Chongwe, 13(39.4%) respondents said they received various forms of assistance from well wishers; while a smaller number of respondents (i.e 5= 14.7%) in Lusaka revealed that they received assistance from well wishers.
Table 4:16 Distribution of respondents according to bread winners and none bread winners

<table>
<thead>
<tr>
<th></th>
<th>I am a bread winner</th>
<th>I am not a bread winner</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>24</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>57.1%</td>
<td>42.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chongwe</td>
<td>15</td>
<td>27</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>35.7%</td>
<td>64.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>45</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>46.4%</td>
<td>53.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

In the study, majority respondents were not bread winners as 45(53.6%) out of 84 senior citizens interviewed in Lusaka and Chongwe districts bare testimony to the above assertion. This is contrasted to 39(46.4%) who were bread winners. However, Lusaka scored higher compared to Chongwe regarding the numbers of senior citizens who were bread winners. Lusaka had 24(57.1%) bread winners out of 42 respondents while Chongwe had 15(35.7%). For non bread winners, Chongwe registered 27(64.3%) against Lusaka which registered 18(42.9%) respondents.
Table 4:17 Distribution of senior citizens according to whether or not they had dependents

<table>
<thead>
<tr>
<th></th>
<th>I do have dependents on me</th>
<th>I do not have dependents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>17</td>
<td>25</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>40.5%</td>
<td>59.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chongwe</td>
<td>16</td>
<td>26</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>38.1%</td>
<td>61.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>51</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>39.3%</td>
<td>60.7%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

According to the table, a large number of respondents did not have people who depended on them for their livelihood. 51(60.7%) responded negatively to the question of whether or not they had dependents. The remaining 33(39.3%) said they had dependents. For individual districts, Chongwe had 26(61.7%) who had no dependents which was almost the same number of respondents which obtained in Lusaka (ie25=59.5%). In contrast, 17(40.5%) and 16(38.1%) in Lusaka and Chongwe respectively had dependents.

Table 4:18 Distribution of the aged by the amount of money they received per month

<table>
<thead>
<tr>
<th></th>
<th>Less than K100 000</th>
<th>K100 000 - K300 000</th>
<th>K300 000 - K800 000</th>
<th>K800 000 - K1200 000</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>16</td>
<td>6</td>
<td>16</td>
<td>4</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>38.1%</td>
<td>14.3%</td>
<td>38.1%</td>
<td>9.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Chongwe</td>
<td>19</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>45.2%</td>
<td>40.5%</td>
<td>11.9%</td>
<td>2.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>23</td>
<td>21</td>
<td>5</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>41.7%</td>
<td>27.4%</td>
<td>25.0%</td>
<td>6.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
The table above shows that majority senior citizens received less than K100,000 per month. The following were the amounts received by the aged per month; 35(41.67%) received K100,000; 23(27.38%) received between K100,000 to K300,000; 21(25%) got between K300,000 to K800,000 per month; only a paltry figure of 5(6%) received K800,000 to K1,200,000.

An analysis of respondents from individual districts reveals that Chongwe with 19(42.2%) respondents had a large number of senior citizens receiving less than K100,000 as against 16(38.1%) for Lusaka.

**Findings from Focus Group Discussion**

**4:19 Income generating activities senior citizens were engaged in**

‘Some of us sell goods on the market and from our homes. Survival is not that easy my grandson in old age, especially if one does not have an income. Therefore, some of us scrap a living by selling vegetables, groceries and charcoal in the markets and from our homes,’ said an old woman in Lusaka.

Another woman had this to say in Chongwe;

*There is not very much that we do around here, apart from attending to the family fields. There are some who do all sorts of businesses from their homes and markets, but they are not that many. But most of elderly people, spend most of their time drinking beer and chatting. This is because we do not have financial backing from our relatives and other organizations such as the government.*

However, majority senior citizens in the two districts told the researcher that they generated their income from selling various goods such as vegetables, carpentry products, bricks and beer. Meanwhile, some of the aged in Lusaka districts also earned income from house rents as
opposed to their counterparts in Chongwe who mostly depended on their land for survival. Senior citizens who could not cultivate the land due to infirmities delegated the work to younger members of their families.

4:20 How do you survive day by day?
Majority of the aged informed the researcher that their survival depended on ‘the grace of God.’ They took each day as it came. Most of those who did not have an income depended on the donations they received from churches and well-wishers. Some of them depended entirely on their relatives for their livelihood. An old woman in tears from Bauleni had this to say;

\[
\text{Survival for me is a struggle. I have no husband and children to take care of me. The only thing I have, are my orphaned grandchildren. I only survive by selling intestines and legs of chickens in bars. I do that, because we have to eat and also to buy books and uniform for my grandchildren.}
\]

4:21 Awareness of a social welfare system by the Aged
When the question on the social welfare scheme was posed to them, majority of the elderly, both in Lusaka and Chongwe, did not know that governments in other nations provided social security to their senior citizens. An old man in Lusaka had this to say;

\[
\text{I personally do not know that government was obligated to provide social security to its senior citizens. But I think, we too, have a right to demand something from the government. It is only fair, if the responsible ministries came to our aid, because we are suffering. If other governments are taking care of their senior citizens, I do not see anything that should stop our government from doing likewise.}
\]
4:22 Summary of the chapter

The chapter has provided information from the structured interview guides and focus group discussions. The findings indicate that majority of the respondents were widowed and in possession of little education; some, however, had never set foot in a classroom.

Despite their meager education, most senior citizens were engaged in some kind of income generating activities. Nevertheless, according to the findings, income which senior citizens generated from various income generating activities was so meager that it hardly sustains them. This compelled the elderly to devise ways of supplementing their meager income.

Majority senior citizens in Chongwe District lived with their relatives as compared to those in Lusaka District. Others survived by seeking assistance from church and well-wishers in their communities. It was evident from discussions that the church played a major role when it came to supporting and taking care of the aged materially and financially.

The most stringent survival method employed by the respondents in both districts was food rationing. Majority senior citizens limited themselves to two meals per day and in some extreme situation one meal. This method, according to the respondents, helped them to conserve food for the next day. They had their meals once or twice in a day not because they wanted the situation to be like that, but it was because they had little or no resources at all to enable them afford three or more meals in a day.
CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter discusses the findings of the study. By way of reminder, the purpose of this study was to compare strategies senior citizens used for their survival in rural and urban areas. The text below discusses the findings in relation to the objectives of the study.

5.1 Types of survival strategies the aged used to sustain their lives in the rural and urban areas

The first objective in the study sought to investigate the types of strategies the aged used to sustain their lives in the rural and urban areas. Majority senior citizens (ie25=59.52%) in Lusaka and 22(52.38%) in Chongwe generated their own income. Income generating activities ranged from selling groceries, vegetables, carpentry products, bricks and beer. However, some senior citizens in Lusaka as opposed to their counterparts in Chongwe also generated income from renting out their houses. It was discovered that most senior citizens in Lusaka owned houses which they rented out.

It needs mentioning that in Chongwe, majority senior citizens owned some small plots of land where they cultivated crops for sale. Those who are infirm did not cultivate their fields but instead delegated that responsibility to members of their extended families. The money realized from the sale of their crops was divided among members of the extended family. Apart from farm plots, some senior citizens, especially elderly women in Chongwe, were involved in the brewing of beer which they sold to raise money. Where the elderly co-jointly
owned business with members of their families, proceeds from such ventures were divided amongst family members. In Lusaka, most of the businesses were run and owned entirely by the aged themselves.

The other type of strategy the aged used to sustain their lives was dependence on the members of the extended family. In Chongwe, 18(42.86%) respondents said they depended on members of their extended family for their survival, while 12(28.57%) in Lusaka said the same. Therefore, majority senior citizens in Chongwe district depended largely on members of the extended family than was the case with their counterparts in Lusaka. There was a small segment of senior citizens in Lusaka (ie 3=7.14%) who survived wholly by soliciting for money and other material goods from charitable organizations, while in Chongwe none of the aged used that kind of strategy.

The survival of the aged did not only depend on their efforts alone. According to table 4:15 on page 41, the church, well wishers and charitable organizations played a vital role in the welfare of senior citizens in the two districts. In Lusaka, 18(52.9%) and in Chongwe 14(42.4%) said they received assistance from various church denominations on regular basis. The church voluntarily assisted senior citizens with spiritual, financial and other material support.

Some senior citizens in the two districts were also assisted financially and materially by individuals who were not related to them. For instance, in Chongwe 13(39.4%) elderly people said that they received moral, financial and material help from individuals they did not even socialize with. Similarly, 5(14.7%) senior citizens in Lusaka admitted to receiving help from
passersby. The findings indicate that well wishers also played a role in the welfare of senior citizens in Chongwe district as opposed to those in Lusaka district.

Added to the above, charitable organizations also played a role in assisting vulnerable senior citizens in the two districts. However, most of their work was concentrated in Lusaka District as opposed to Chongwe. In Lusaka, for instance, 11(32.2%) respondents said they were assisted financially and materially by charitable organizations as compared to 6(18.2%) in Chongwe. The differences were that, senior citizens in Lusaka received assistance from charitable organizations on regular basis unlike their counterparts in Chongwe.

5.2 To determine whether or not survival strategies the aged used were sufficient to address their financial and material needs.

Majority senior citizens in Lusaka realized an income of less than k100 000 per month followed by those who made an income of k300 000 to k800 000. A few senior citizens realized an income above k800 000. A similar situation obtained in Chongwe District. Three quarters of senior citizens in Lusaka and Chongwe Districts survived on less than a dollar per day.

In general, the financial and material support the aged received per month were not adequate to address all their financial and material needs. According to table 4:18 on page 43, majority senior citizens in Chongwe (ie19=45.2%) made less than K100 000 per month as compared to 16(38.1%) in Lusaka. The situation was exacerbated by the fact that 17(40.5%) of the aged in Lusaka and 16(38.1%) in Chongwe had dependents. Therefore, majority senior citizens in Chongwe and Lusaka lived below the poverty datum line. Table 4:18 further shows that only
16(38.1%) of the respondents in Lusaka received money between K300 000 and K800 000 per month as opposed to 5(11.9%) in Chongwe.

Judging by the high cost of living in Zambia, K300 000 to K800 000 per month for senior citizens with dependents could hardly meet their needs. To make the situation worse, only a small segment of senior citizens in the study realized between K800 000 and K1 200 000 per month. In Lusaka, only 4(9.5%) senior citizens said they were able to source money up to that much in a month as opposed to 1(2.4%) in Chongwe.

It can thus be asserted that there was a lot of money in the hands of the senior citizens in Lusaka as opposed to those in Chongwe. The reasons were that, in Chongwe most of the food products did not cost a lot of money, but if the same products were sold in Lusaka they would cost two or more times than they did in Chongwe. For instance, farm products such as vegetables and daily products cost two times more in Lusaka than they did in Chongwe. In other words, the cost of living in Lusaka is higher as compared to Chongwe. A lot of other things such as accommodation are expensive in Lusaka as compared to Chongwe. Despite differences in the living standards in the two districts, the findings indicate that senior citizens in both Lusaka and Chongwe found it difficult to make ends meet. The problems senior citizens in Lusaka were experiencing were almost the same as those experienced by their counterparts in Chongwe.

Although senior citizens realized little money from their various sources in Chongwe, majority of them managed to have two main meals in a day than their counterparts in Lusaka. Table 4:13 on page 39, shows that there were more senior citizens who had more than two meals in a day in Lusaka (ie10=24%) as opposed to 4(17%) in Chongwe. Nonetheless, a large
number of the aged in Lusaka (ie9=21%) had meals once per day as opposed to 2(4.8%) in Chongwe.

Majority senior citizens in the two districts had two meals in a day. In Chongwe 36(85.7%) confirmed to have had two meals in a day compared to 23(55%) in Lusaka. Therefore, if the standard of living was measured by the intake of meals per day, then the aged in Chongwe District would be said to have had a higher standard of living as opposed to their counterparts in Lusaka District.

According to the findings, survival strategies that were used by the respondents did not adequately address the financial and material needs of the elderly in the two districts. This can be ascertained by the fact that 80 percent respondents did not managed to realize or make more than K800 000 per month. The problem did not lie in the strategies that the aged used to sustain their lives, but rather the society at large. Most of the respondents in Lusaka and Chongwe said that society treated them differently and badly from the rest of the people. For instance, some of them complained that they were unable to access loans from lending institutions because they lacked collateral. Others complained of lack of concern and care from the immediate and extended family members. Therefore, there is need for the government and other stakeholders to systematically analyze the sources of income and living conditions of the aged in rural and urban areas so as to devise lasting solutions to their concerns.

According to table 4:5 on page 35, majority of the aged in Lusaka (ie26=61%) had previously worked in some formal employment as compared to 24(57.1%) in Chongwe. Despite having worked in government and other private institutions for some time, table 4:11 on page 38
shows that most of the aged in Lusaka (ie15=65%) and 12(92%) in Chongwe did not find their pension sufficient enough to meet all their needs in old age. Consequently, 70(83%) of the aged in the two districts wanted government to create a social pension scheme for all the elderly who are aged 60 years and above.

5.3 To investigate similarities and differences in survival strategies the aged used in rural and urban areas

Majority of the aged in Lusaka district were involved in income generating businesses. A large proportion of those businesses were at the level of small scale industries. For instance, most of them traded from the streets, bars, markets and from some makeshift stores called ‘Tuntembas’ in the local language. The products they sold ranged from vegetables, groceries, meat and beer. The situation was similar to their counterparts in Chongwe. Business ventures strategies used in both Chongwe and Lusaka bore very similar resemblance.

The differences were that, women, more than men, traded from market areas and the streets while most men senior citizens preferred to trade from their homes and from bars. Some of the aged in Chongwe owned small farm plots where they grew crops for consumption and sale. On the other hand, majority senior citizens in Lusaka depended mostly on trade but not on farming. The other difference was that, some senior citizens in Lusaka rented out their houses as a means of generating income as opposed to their counterparts in Chongwe who depended mostly on farming. Others worked in low paying jobs such as security firms. Meanwhile, some men senior citizen in Chongwe as opposed to their women counterparts depended on farming, carpentry and block making.
Dependence upon extended family members was the most prominent survival strategy amongst the aged in Chongwe as opposed to their counterparts in Lusaka. Some of the aged depended entirely on their extended family members for financial and other forms of assistance. There were some senior citizens in Chongwe and Lusaka who said they had no other means of survival apart from depending on their sons, daughters and other family members. That strategy worked very well amongst the aged in Chongwe as opposed to their counterparts in Lusaka. That strategy worked very well in Chongwe because most of the relatives lived in close proximity to each other. This made it easier for the aged in Chongwe to receive familial attention as opposed to their counterparts in Lusaka.

On the other hand, a number of the aged in Lusaka utilized another strategy for their survival which was uncommon amongst the aged in Chongwe. Some of the aged in Lusaka went to the extent of soliciting for money and other material needs from charitable organizations. Interviewees from Lusaka said they personally knew charitable organizations through other senior citizens. There were a number of them who said they were registered members of those charitable organizations and in the process benefited from the donations which the organizations gave out. Contrary to that view, most of the senior citizens in Chongwe knew a little about charitable organizations. Despite that, a few of them said they had received some money and material things from some organizations in the distant past. That was an indication that most of the senior citizens in Chongwe did not have enough information about charitable organizations.

Arising from the above, it can be assumed that charitable organizations that had interest in addressing the concerns of the aged in Chongwe district in the past had become inactive. Nevertheless, the vacuum created by the absence of organizations was quickly filled by
assistance given by well wishers and the church. However, the aged in Lusaka district received more assistance from the church than those in Chongwe district.

5.4 To find out whether or not extended families played a role in supporting and taking care of the aged

The responses to the objective above varied. For instance, in Lusaka, 19(45.24%) said extended family members were doing enough in taking care of their needs and concerns. Similarly, 22(52.38%) in Chongwe said the same thing as their counterparts in Lusaka. Although majority senior citizens in Lusaka were satisfied with assistance given by members of the extended family, about 14(33.3%) of them did not share that viewpoint. In Chongwe, 5(12%) disagreed that members of the extended family system were of any help to them.

It can thus be deduced from the findings that, majority senior citizens in Chongwe district were satisfied with the help that was coming from members of their extended family as opposed to those in Lusaka district. The views of the aged in Lusaka over members of the extended family assistance towards them were conflicting. Additionally, the aged in Lusaka expressed conflicting views regarding assistance rendered by members of the extended families. Majority of them were satisfied with help they received but they were closely followed by those who were not satisfied with the services from the extended members of the family. Therefore, there is need for extended family members in the urban areas to realize that, the older members in their families desperately need their help for them to fully live humane lives.

Despite of conflicting views reflected above from the respondents, 84(100%) of them preferred to live with their extended families in their old age and not in the homes for the
aged. According to them, it was against their tradition to live in homes for the aged as if they had no children or other family members to live with. Others said it was wrong to keep the aged in the homes for the aged as they were able to contribute to the well being of their families. Therefore, they considered it inappropriate for family members to isolate elderly people by placing them in the homes for the aged.

Although all the elderly people preferred to live within the comfort of their extended families, most of them in both Lusaka and Chongwe acknowledged that extended families were disintegrating due to the onslaught on society by modernization and other forms of foreign culture. Thus, if things continued in the manner alluded to by senior citizens, then most of the aged in the near future would be destitutes. Poverty and lack of care from members of the extended family might force senior citizens to start living in the homes for the aged.

Most of the aged in Lusaka felt that extended families as a social security system had already disintegrated. That concern was mostly expressed by senior citizens who sourced income on their own and had dependents. For instance, Mrs. Mwansa, a 69 years old widow from Bauleni in Lusaka district narrated that, she was going through a lot of pressure due to the fact that she had dependents; to make things worse, she was a widow. She regretted ever having irresponsible and uncaring family members. She complained that she was not being assisted financially and materially and it was difficult for her to make ends meet. In the process, it was discovered that she was the one who was supporting and taking care of other family members. For Mrs Mwansa, extended families were no longer the haven where the aged would seek refuge as was the case in the past. The researcher encountered such bitter complaints from a lot of senior citizens in Lusaka as opposed to those in Chongwe.
In the same vein, Mrs. Banda, an 87 years old widow from Chikwela village in Chongwe, also complained bitterly about the lack of concern exhibited by members of the extended family towards the aged. She said that most of the time, she does a lot of things on her own such as buying of food and fetching water from the stream near Chongwe High School without the assistance from young members of the family. The distance from the stream to where she lives is about a kilometer. She reiterated to the researcher that a long time ago when young members of the extended families were sent on errands by the elderly, they never used to refuse. According to her, it was not lack of money among the extended families that made them to neglect the elderly people but rather the broken moral system among the people in this era and age. She added by saying that, unless the situation was reversed, extended families would completely cease taking care of the elderly.

5.5 Summary of the chapter

In this study, it is very clear that the survival of senior citizens in the rural areas and urban centres depended mostly on the efforts made by the aged themselves. They were also assisted by the church, well-wishers and to some extent charitable organizations. The study has further shown that there were minor differences in terms of strategies that the aged employed to source for a living in Lusaka and Chongwe districts.

The most interesting finding in the study was that majority aged were very active in generating their own income in the two districts. This was an indication that when people grow old they do not become lazy, but that they remain active and productive to an extent where they are able to contribute to the development of the nation. This should send a positive
signal to financial institutions which are reluctant to give loans to the aged. Instead, the aged should be considered as partners in community and national development.

Members of the extended family also played a role in taking care of the aged, especially in the rural area as opposed to the urban centres. However, with the influence of the global financial crisis and Westernization, rural areas too will not be spared of the crisis that urban areas are now rapidly going through. There will therefore be need on the part of the government and other stakeholders, to find solutions on how they should address issues of the aged before the extended family system in the rural area disintegrates completely.

Of all the strategies senior citizens used in order to survive, food rationing was the most stringent measure of them all. This method was used by majority senior citizens in Chongwe and Lusaka districts. On average, most of the aged ate two meals in a day in the two districts and not the accepted three times. This method helped senior citizens to prolong and conserve food. There were even extreme cases especially in Lusaka where the aged ate only once in a day due to lack of finances with which they could use to procure food stuffs.
CHAPTER SİX

6.0 Conclusion and Recommendations

6.1 Introduction

This chapter provides a synoptic and conclusive overview of the study based on the findings that were made. The general purpose of the study was to compare survival strategies the aged used in rural and urban areas. Conclusion and recommendations in the study are also provided in this section.

6.2 Conclusion

In conclusion, this study falls under a formative evaluation (guiding change) and not under summative evaluation. There will be need for a lot more research to be conducted in this area of study. The study was set in the low income areas of Ng’ombe and Bauleni residential compounds in Lusaka District and in Chikwela and Liboko villages in Chongwe District.

The study has revealed that a lot of survival strategies were being used by the aged in rural and urban areas. Comparatively, there were no major differences in the survival strategies that were employed by senior citizens in Lusaka and Chongwe districts. The differences were mostly in quantity and not in the types of survival strategies. For instance, some strategies were more used in the rural areas than in the urban areas and vice versa.

Majority senior citizens in Lusaka and Chongwe survived by engaging in various income generating activities such as selling groceries, vegetables, charcoal and beer to mention but a selection. Others were engaged in farming at a small scale in Chongwe as opposed to their counterparts in Lusaka who derived income from house rentals. It is important to mention that
most of the businesses run by the aged in the two districts are not capital intensive, meaning that they are less lucrative. As a result, majority senior citizens in Chongwe were unable to realize income of more than K300 000 per month as compared to their counterparts in Lusaka. On the other hand, majority of them in Lusaka were unable to realize income of more than K800 000 per month. From those findings it can be deduced that majority senior citizens in the two districts lived on less than K5000 per day and hence lived below the poverty datum line.

The extended family was another aspect that generated interest in the study. The study has shown that the extended family network was going through a lot of changes especially in the urban areas. A lot has changed to the extent that the extended family is slowly losing the value that it was accorded sometime back of being the social safety net for family members and especially the aged. Changes are taking place in the African ways of caring for the elderly people due to globalization and Westernization. Most of the families, due to financial crisis and Westernization are resorting to nuclear types of families as opposed to extended family types. Those changes will have a lot of negative effects in the long run, especially on the aged who depended on other family members for their survival. The rural areas, where most of the aged depend on the extended families for their survival are not spared from the influence of globalization and Westernization.

The senior citizens in this study did not only depend on the income generated by themselves and members of the extended family for their survival, some of them, to a great extent, depended on the help that was given to them by well wishers and the church. In terms of assistance towards the aged, charitable organizations played a minor role in Chongwe district compared to Lusaka. The government in this study did not play a major role either towards
alleviating poverty which is prevalent among the aged in rural and urban areas. Thus, partially, the problem can be attributed to lack of a public policy on issues that affect senior citizens in Zambia.

To a greater extent, survival strategies that the aged used in the rural and urban areas for their survival were the same; they only differed in degree or quantity and not in quality.

6.3 Recommendations

1. There is need for policy makers in Zambia to put into consideration some policies that will address concerns of the aged. This is the right time to do so before the number of senior citizens increases in proportion.

2. Higher Institutions of learning, such as the University of Zambia, should be involved in carrying out research in Gerontology. This would help policy makers, government and the society to access information on issues that affect senior citizens.

3. The Department of Adult Education at the University of Zambia, Ministry of Community Development and Social Services and the Ministry of Education should work together to address issues of: illiteracy amongst the aged. The study has shown that majority aged did not go far in their education, therefore there is need to assist them in that area.

4. The government should introduce a social pension scheme specifically for the aged as is the case in South Africa, Mauritius and Tanzania. This strategy would mitigate levels of poverty among senior citizens in the country.

5. Financial institutions, such as banks, should not discriminate against the aged in considering who to give loans and other services, meaning that the aged should be treated as equal partners in national development.
6. Non governmental organizations such as Senior Citizens Association of Zambia should take their programmes more in rural areas of Zambia.
BIBLIOGRAPHY


Ageing in Africa (2007). *Calling for an End to Elder Abuse*. Help Age International


Age Ways (2002). *Practical Issues, Ageing and Development*. Help Age International


Keith, J. (1982). *Old People As People; Social and Cultural Influences on Aging and Old Age*. Boston: Little Brown and Company


Wikipedia.org/wiki/Elderly-care#cultural-and-geographic-differences

## APPENDIX A

### WORK PLAN 2009-2011

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APPENDIX B

INTERVIEW GUIDE FOR THE AGED, BOTH IN CHONGWE AND LUSAKA DISTRICTS

I am a postgraduate student at the University of Zambia undertaking a master of Education degree in Adult Education. My research is basically a comparative study on the survival strategies used by the aged in the rural and urban areas: a case of Chongwe and Lusaka districts. You are kindly requested to participate in the research by responding to the questions raised in this interview guide. The information will be treated confidentially.

1. What is your sex?
2. How old are you?
3. What is your marital status?
4. What level of education did you attain?
5. Are you engaged in any income generating activities?
6. If yes to question 5, what type of income generating activity are you engaged in?
7. At what age do you think one should be considered too old to engage in income generating activities?
8. What strategies do you use to earn a living?
9. Who takes care of you?
10. In this age and era of a nuclear family (parents and their children only) are the extended families doing enough to take care of your needs?
11. What do you think of the homes for the aged?
12. In your opinion do you think homes for the aged are ideal for taking care of the aged?
13. Where would you prefer to spend the rest of your life between the homes for the aged and the extended family homes?
14. Have you ever worked in formal employment before?
15. If you received a pension after retirement, was the pension enough to take care of your needs for the rest of your life?
16. In your opinion, who among the aged should be entitled for a social pension (money paid to the aged without working for it)?
17. If you are engaged in some income generating activities, do you earn enough money to be able to survive on?
18. How many times do you get to have meals in a day?
19. Do you get fully satisfied with the meals you get to have in a day?
20. Apart from yourself and other family members, who else support you financially and materially?
21. Do you own any properties?
22. If yes to the question above, what type of properties do you own?
23. Do you at times sell or rent your properties in order to generate income?
24. Are you a bread winner in the family?
25. If you are a bread winner in the family do you have dependents?
26. How much money do you get to have from your income generating activities and from various sources per month?
APPENDIX C

FOCUS GROUP DISCUSSION FOR THE AGED IN CHONGWE AND LUSAKA DISTRICTS

I am a postgraduate student at the University of Zambia undertaking a master of Education degree in Adult Education. My research is basically a comparative study on the survival strategies used by the aged in the rural and urban areas: a case of Chongwe and Lusaka districts. You are kindly requested to participate in the research by responding to the questions raised in this interview guide. The information will be treated confidentially.

1. How do you manage to earn living?
2. Who do you prefer to support you financially and materially?
3. Do you think you are capable of working on your own to earn a living?
4. Do you think the extended families are helping in taking care of the aged?
5. What methods do you use to earn a living?
6. What kind of senior citizens should live in the homes for the aged?
7. Do you head a household or you are a dependent?
8. If you are a dependent do your family members look after your needs?
9. Should homes for the aged be the alternative to the extended family as a social safety net for the aged?
10. Apart from yourselves who else takes care of your needs?
11. Where would you prefer to settle in your old age and why?
12. In other countries there is a social pension scheme for their senior citizens. Do you think that should be introduced in Zambia too and why?
13. What kind of income generating activities are you engaged in?
14. What kind of income generating activities are popular in this place?
# APPENDIX D

## RESEARCH BUDGET

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