AN ASSESSMENT OF THE KNOWLEDGE, ATTITUDES AND PRACTICES OF COMMUNITIES IN LUSAKA URBAN DISTRICT OF ZAMBIA TOWARDS THE AGED: A CASE OF CHIPATA AND NG'OMBE COMPOUNDS

BY

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UNIVERSITY OF ZAMBIA

2013

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FEBBY FINCH

A Dissertation submitted to the University of Zambia in partial fulfillment of the requirements for the award of the Degree of Master of Education in Adult Education

DECLARATION

I, Febby Finch, declare that the report has been composed and compiled by me and that the work recorded has been done by me, that the sources of all materials referred to have been specifically acknowledged, and that the project has not been accepted in any previous application for academic award.

Signed by:…… Date:……

Supervisor …… Date: ……..

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CERTIFICATE OF APPROVAL

This dissertation by Febby Finch is approved as a partial fulfillment of the requirement for the award of the degree of Master of Education in Adult Education at the University of Zambia.

Examiners' Names and Signature:

NAME	SIGNATURE	DATE
1. ……	……..	……../……./……..
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3. ……	…….	……./……./…….

DEDICATION

I dedicate this dissertation to my dear daughter Deyasi Kabwe Kanyinji, her husband Daniel Kanyinji and my grand children Hannah Kanyinji, Enock Kanyinji, Lydia Kanyinji and Febby Nkosana Jere. I also dedicate it to my siblings Mary, Fanny, Kennedy, Fredrick, Ellis, Lillian, Edward and my niece Precious Misozi Jere. Above all I dedicate this work to my Lord and Saviour Jesus Christ who sustained me and enabled me to do this research in good health.

ACKNOWLEDGEMENT

First of all I would like to thank God for the strength and the ability He gave me to do this research. I also acknowledge my Pastor, Mighty Zunga for tirelessly praying for me and encouraging me. My acknowledgement also goes to my supervisor, Dr. E. H. Mbozi for her tireless support and guidance she gave to me throughout my research.

I would not forget to acknowledge the Head of Adult Education and Extension Studies Department, Mr. P.K. Mwansa for the help and encouragement I received from him and all the Lecturers in the department, former Dean W. W. Chakanika, Dr. H. Mtonga, Mr. P. S. Ngoma, Mr. A. H. Moonga, Mr. M. Changala, Mr. R. K. Meki, Mr. M. Luchembe as well as those who are no longer with the department but were in the department at the time I was pursuing my studies: Dr. G. Muyoba, Dr. D. M. Sibalwa and the late Professor M. Kamwengo for the knowledge they imparted in me to make me who I am today. I also acknowledge the Lecturers who are not from the department of Adult Education and Extension Studies but they also taught me at masters taught period: Dr. P. C. Manchishi, Dr. B. Matafwali, Dr. S. Kasonde Ngandu, and Dr. A. Akakandelwa.

Furthermore, I acknowledge Mr. Chiyesu of the Retirees Welfare Bureau of Zambia for his tireless effort to see to it that my research was successful, the Officer In-Charge of Senior Citizen Association of Zambia, Mr. Fed Chisanga of Chipata Compound who gave me the Catholic Church women to assist me locate the aged in the compound, two Officers from the Ministry of Community Development Mother and Child Health for accepting to be interviewed, my friend Agness Mumba for the assistance she rendered to me during my study and the Roman Catholic Church women in both Chipata and Ng'ombe compounds for accepting to assist me locate the aged in the compounds. Additionally, I acknowledge all my respondents and all those who helped me to see that my study was successfully done. May God bless you all.

ABSTRACT

The study was undertaken in Chipata and Ng'ombe compounds of Lusaka Urban District of Zambia, to assess the knowledge, attitudes and practices of community members towards the aged. Chipata Compound is 11.6km from town centre to the North of Lusaka District. Ng'ombe is 12.9km from town centre to the East of Lusaka District. The study had four major objectives which were: to assess the knowledge that people in Chipata and Ng'ombe compounds have on the ageing process; to ascertain their attitudes, to determine their practices in relation to the aged; to establish factors that foster the abuse of the aged by community members as well as family members of the aged.

Data was collected from a total of 100 respondents which comprised 72 community members, 24 old people, 2 Officers from the two known Non-Governmental Organisations (Senior Citizens Association of Zambia and Retiree Welfare Bureau of Zambia) dealing with the welfare of the aged and 2 Officers from the Ministry of Community Development Mother and Child Health. The 72 community members (36 members from each community) were selected using systematic random sampling. The aged (12 from each community) were selected using chain non-random sampling. Two Officers from the two Non-Governmental oganisations and 2 Officers from the Ministry of Community Development Mother and Child Health were selected using expert non-random sampling. Data was collected using a researcher administered semi-structured questionnaire and face to face semi-structured interviews.

The study revealed that the community members were able to see some changes in a person ageing. However, with regard to knowledge, they lacked understanding of some behavioural changes that resulted from the ageing process such as loss of memory where an old person forgets his/her own house and goes to the neighbour's house. Immediately, the community members conclude that that old person is a witch. With regard to attitudes, the study revealed that community members had negative attitudes due partly to suspicions, myths and negative perceptions they held towards the aged resulting into negative practices such as abusing the aged. With regard to factors, the study revealed that high levels of poverty, lack of a national policy for the aged, myths and negative perceptions held by community members and the erosion of family unity due to the influence of Western culture contributed to the negative attitudes and practices towards the aged. Furthermore, the study identified education programmes to be the way in which knowledge, attitudes and practices towards the aged could be improved.

The study recommended that Government agencies such as Community Development Mother and Child Health and Non-governmental Organisations dealing with the aged should come up with educational programmes on the ageing process. These programmes would help to dispel myths and negative perceptions held by community members that cause the aged to be abused. Social Welfare in Zambia should register all the aged who have no means for upkeep and expand the cash transfer programme to cater for all the aged. Furthermore, the University of Zambia, School of Education, Department of Adult Education and Extension Studies should include the process of ageing in the gerontology course.

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
HIV	Human Immuno Virus
INPEA	International Network for Prevention of Elder Abuse
MCDMCH	Ministry of Community Development Mother and Child Health
NGO	Non-Governmental Organisation
RWBZ	Retirees Welfare Bureau of Zambia
SCAZ	Senior Citizens Association of Zambia
UN	United Nations
WEAAD	World Elder Abuse Awareness Day
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.0 Background

The study was undertaken to assess the knowledge of the people of Ng'ombe and Chipata Compounds on the ageing process and their attitudes and practices towards the aged. The aim was to inform people concerned with the welfare of the aged, to design future educational programmes that would take into consideration the ageing process and the behavioural changes that result from the ageing process in order to dispel the myths and some negative perceptions people hold against the aged. Additionally, to help people concerned with the development of public policy for the aged to formulate policies that would create a better living environment for the aged.

As the population of old people grows, it brings with it many social, political and economic challenges. Drennan et al (2009) stated that it was important to gain an insight and understanding of how older people are perceived by the public as it is from these perceptions and attitudes that ageist behaviours, discrimination and mistreatment of older people develop. They further argued that ageing was not only reflected in the biological changes that occur, but also in the social, economic, cultural, traditional and overall societal conventions taking place from birth to death. Perceptions of ageing influence societal behaviours and expectations towards older people. Drennan et al (2009) explained that ageing individuals are not only subjected to ageist beliefs by others but they internalize these beliefs as well. Age discrimination can impact elders in several ways such as contributing to reduced financial security, poor health outcomes, contributing to social isolation, lower self-esteem and poor quality of life.

Examining public perceptions of older people, and the nature and direction that they take helps to develop interventions that can ensure that the aged live a better quality of life. WHO (1989) recommended public education and awareness raising as important elements in preventing abuse and discrimination of the aged. In addition, WHO (1989)

recommended programmes such as those whose effort aimed to inform practitioners and the general public about the various types of abuse, how to identify the signs and symptoms of abuse and where help could be obtained. A further suggestion was that the media could be a powerful tool for changing attitudes and reducing stereotyping of the aged and educational programmes which would aim at older people themselves. These programmes would be more successful if the information on abuse would be woven into wider topics, such as successful ageing or health care. In most cases, mistreatment of the aged is unrecognized, hidden, and underreported.

Elder Abuse is a global social issue which affects the Health and Human Rights of millions of older persons around the world, and an issue which deserves the attention of both the national and international communities. It was for this very reason that the World Health Organisation (WHO) brought the issue of the abuse of the aged to the international attention resulting in the declaration of the day of 15th June as World Elder Abuse Awareness Day (WEAAD) by the International Network for Prevention of Elder Abuse (INPEA). It was also for this very reason that this study was undertaken to assess the knowledge of people concerning the ageing process.

1.1 Statement of the Problem

When one is ageing there are changes that take place both physically and mentally. These physical and cognitive declines are normal when one is ageing, but some communities hold negative attitudes towards the aged and the ageing process. Media reports such as Times of Zambia (Monday, July 21, 2008 by Oliver Mupila); Zambia Daily Mail, (Wednesday, August, 15, 2007 by Dave Chibesa) confirmed that some communities and family members of the aged were shunning them and looking upon them as wizards, hence abusing them and killing them. The explanation for this situation could be lack of knowledge on ageing process. Though community members as well as family members of the aged might see some changes in the ageing process, they may not have the knowledge of some of the behavioural changes which accompany those changes they see. Consequently, this research was undertaken to assess the knowledge of the ageing process

that community members have, their attitudes and practices towards the aged and to establish factors that foster the abuse of the aged.

1.2 Purpose of the Study

The purpose of the study was to assess the knowledge of the ageing process, ascertain the attitudes, establish the practices of the people of Ng'ombe and Chipata Compounds in Lusaka Urban District towards ageing and the aged. In addition, to determine the factors that foster the abuse of the aged and to identify ways in which knowledge, attitudes and practices towards the aged could be improved in Chipata and Ng'ombe compounds.

1.3 General Objective

The general objective of the study was to assess the knowledge people of Chipata and Ng'ombe compounds have on ageing process, their attitudes towards the aged and their practices in relation to the aged as well as to establish factors that foster the abuse of the aged.

1.4 Specific Objectives

1. To assess the knowledge that people in Chipata and Ng'ombe compounds have on the ageing process
2. To ascertain the attitudes that people of Chipata and Ng'ombe compounds have towards the aged.
3. To determine the practices of the people of Chipata and Ng'ombe compounds in relation to the aged.
4. To establish the factors that foster the abuse of the aged by the community members.
5. To identify ways in which knowledge, attitudes and practices towards the aged could be improved in Chipata and Ng'ombe compounds.

1.5 Research Questions

1. What knowledge do people of Chipata and Ng'ombe compounds have on the ageing process?
2. What attitudes do people in Chipata and Ng'ombe compounds have towards the aged?
3. What practices do people in Chipata and Ng'ombe compounds exercise towards the aged?
4. What are the factors that foster the abuse of the aged by community members in Chipata and Ng'ombe compounds?
5. How can the people of Chipata and Ng'ombe compounds improve their knowledge, attitudes and practices towards the aged?

1.6 Significance of the Study

This study intended to provide information which planners and policy makers would use to come up with appropriate plans to protect the aged from being abused and to formulate policies for the aged that would give them quality life. Another significance would be, to help the people of Chipata and Ng'ombe compounds to understand the process of ageing and thereby dispel the myths that they could be having towards the aged. The findings of the study would be used by the Ministry of Community Development Mother and Child Health, Non-governmental Organisations who are interested in the quality of life of the aged to design educational programmes that would help the community members understand the behavioural changes that result from the ageing process. In addition, the study intended to contribute to the gerontology course being given at the University of Zambia, School of Education, Department of Adult Education and Extension Studies to enrich the course. Lastly, to add new knowledge and to make literature available on the subject.

1.7 Definition of Terms

Attitudes: Feelings and emotions which are learnt through negative and positive experiences. Attitudes relate to personal feelings towards specific issues or things in general. It also refers to person's response which can be either favourable or unfavourable towards a person, object or idea (Ornspein & Hunkins, 2004).

Knowledge: The awareness and understanding of facts, truths or information gained through experience or learning, or through introspection (Forsyth, 1987).

Practices: Something done regularly as an established custom, habit or part of one's normal behaviour (Forsyth, 1987).

Ageing refers to the biological process of growing older in a deleterious sense, called "senescence" (Williams, 1957).

Ageism refers to stereotyping and discriminating specifically against the old or a form of discrimination against the aged because of their age which takes a form of negative attitudes towards the aged (Butler, 1969).

Old age is physical frailty, slowing down of mental processes, activity severely limited and needing close personal care from friends and relatives (Williams, 1957).

Older people, the elderly or the aged a person who is 60 years and above (Political Declaration and Madrid International Plan of Action on Ageing, 2003).

Community refers to a number of people inhabiting a given geographical area having a sense of belonging and sharing common services (Muyoba, 2006). Consequently, **community members** refer to the people living within the community. However, in this study, community members refer to respondents who are non-aged cohorts.

Institutional homes or homes for the aged is a place where the aged who do not have anyone to take care of them are kept and taken care of (Andrus Gerontology Center, 2003).

1.8 Limitations of the Study

The study was faced by some limitations. It could not cover a good number of communities in Lusaka Urban District but was confined to two compounds because the researcher used a researcher administered questionnaires in order to cater for both the literate and illiterate respondents and this required a lot of time. Furthermore the researcher used in-depth interviews which required probing. This also required a lot of time, hence the researcher could not cover a wider area than that which was covered. The other limitation was how to locate the aged in both communities because they were scattered. However, the researcher overcame this limitation by employing the Roman Catholic Women involved in the visitation of the vulnerable to help in locating the aged. Another limitation was that the respondents, both the aged and community members were not very free to bring out real issues prevailing on the ground despite encouraging them to be free. The researcher had to probe very much in order to get the answers.

Furthermore, the results of this study could not be generalized to all the communities in Zambia but were limited to only the views of the respondents. However, to some extent they brought about in summary the views of most of the Zambian communities towards the ageing process and the aged in general. Additionally, in Zambia, there are very few or no studies done on the knowledge of the ageing process, hence local literature on the topic at hand was almost not available.

1.9 Organisation of the study

In this study, chapter one provides a background to the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study, definitions of terms and limitations of the study. Chapter two provides the theoretical framework and the review of literature relating to the topic of the study. Chapter three provides the methodology and discusses the research design, the population, sample and sampling procedures, data collection methods and instruments used, data analysis, data quality and ethical considerations. Chapter four presents the findings. Based on the findings a

discussion and analysis is given in chapter five and chapter six concludes and gives recommendations. Lastly, the references used in the study are given.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter on literature review is divided into two parts. The first part deals with literature on theoretical framework. The second part deals with general literature on the aged and ageing. At the end of literature review a summary has been provided.

2.1 Theoretical Framework on the Aged

This study was based on two theories 'wear and tear theory' and 'modernisation theory', which provided a description and discussion of the concepts of ageing and the aged.

2.1.1 Wear and Tear theory

The wear and tear theory of ageing clarified that, as an individual ages, body parts such as cells and organs wear out from continued use. Wearing of the body could be attributable to internal or external causes whereby cells lose their ability to regenerate which ultimately leads to mechanical and chemical exhaustion. Some causes included chemicals in the air, food, or smoke. Other causes might be things such as viruses, trauma, free radicals, cross-linking, and high body temperature (Weismann, 1982).

The Wear and Tear theory was reviewed to help the researcher explain the process of ageing. This theory explains that as people age some body parts wear and tear making it difficult for a person to function as he/she used to function before. It further explains that as a person grows older the behavioral changes because some body cells die.

2.1.2 Genetic theories

Genetic theories of ageing propose that ageing is programmed within each individual's genes. According to this theory, genes dictate cellular longevity. Programmed cell death, or apoptosis is determined by a "biological clock" via genetic information in the nucleus of

the cell. Over the course of normal development, these genes are expressed or repressed. Environmental factors and genetic mutations can influence gene expression and accelerate ageing (Baker, et al, 2009).

These theories give us the basis to believe that when one is ageing there are some changes that take place due to these cells that lose their ability to regenerate which ultimately leads to mechanical and chemical exhaustion.

2.1.3 Modernisation theory

The second theory, modernisation theory, as elaborated by Cowgill (1974) explains that a shift towards industrialised modes of production (or more broadly, production that does not require individual expertise and skill) undermines the societal status of older people. Modernisation devalues older people's experience-based knowledge, disintegrates traditional family structures through urbanisation, and shifts control over the means of production from older people to industrial entities. As a general trend, this might have also pervaded the development of hi-tech-based organisations and work. This led people to expect finding less favourable attitudes towards old people in modern societies. For example, some researchers such as Ray, Sharp and Abrams, (2006) established that older people are stereotyped as being less capable of dealing with new technology than younger people.

Modernisation theory, under culture and cross-culture has been criticised as an oversimplification that ignores cross-cultural differences in values and beliefs. These cross-cultural differences might have had an important influence on people's attitudes towards old age (Quadagno, 1982). Schneider (2004) established that socialisation models assume that cultural norms determine how younger and older people are viewed. Culture defines the status and respect accorded to older versus younger people, the roles that are deemed appropriate for them, and thus the stereotypical expectations applied to them. For instances, with respect to a theory on values and beliefs systems in different societies, Schwartz (2006) stated these systems were valued differently by different cultures. Some cultures valued embeddedness while others valued autonomy. Embeddedness emphasises

traditions and social ties to the social group which include the honouring of elders. On the other hand, autonomy emphasises independence from other people and has often been associated with Western youth-oriented cultures like in France, Germany and the United Kingdom (UK).

Modernisation theory was reviewed in order to help the researcher explain the undermining of the societal status of older people, the devaluing of older people's experience-based knowledge and the disintegration of traditional family structures which had brought disintegration of social and family ties that included honouring of elders. These are some of the factors that have contributed to the suffering of the aged more especially in Africa where the aged were mostly respected and honoured.

Having reviewed the wear and tear and genetic theories of ageing, the researcher added questions of the ageing process on the physical and cognitive processes. Modernisation theory helped the researcher to consider people's perceptions towards the aged in the study.

2.2 LITERATURE ON THE AGEING AND THE AGEING PROCESS

The second part of literature reviewed the concept of ageing and the ageing process as well as literature in relation to people's knowledge on the process of ageing and their attitudes and practices towards the aged. The literature reviewed covered the people's perceptions, discriminatory behaviours and the abuse of the aged. The aim was to determine the abuse of the aged, establish the type of perceptions people held towards the aged and factors that fostered negative acts towards the aged.

The ageing process begins the moment we are born and it affects everyone. It is an important part of human society. Brossoie et al. (2005) explain that, as people grow, their bodies and minds grow, develop and mature. During childhood, the course of development is influenced by many factors including personal characteristics, family background, how one is raised, how one grows up and who raises such a one. Similarly,

one's development throughout adulthood continues to be influenced by one's health, attitude, behaviour and interaction with family members, friends and the environment around one. Brossoie et al (2005) feel that it was shortsighted to limit discussion about ageing to matters of physical health and decline because ageing is a complex process influenced by many other personal and social factors.

2.2.1 Concepts of Ageing and the Ageing Process

The researcher reviewed the concepts of ageing and the ageing process in order to capture the different understanding of the concepts by different people.

The literature reviewed above has revealed that ageing is a natural process found in all societies. The Council of Europe Steering Committee on Social policy (1991) stated that where ''old age'' starts from is not precisely defined and this makes comparisons between studies and between countries difficult. In Western societies, the onset of older age is usually considered to coincide with the age of retirement, at 60 or 65 years of age. In most developing countries, however, this socially constructed concept based on retirement age has little significance. What is more significant in these countries are the roles assigned to people in their lifetime. Old age is thus regarded as that time of life when people, because of physical decline, can no longer carry out their family or work roles.

In spite of not having a precise definition of the beginning of "old age", Levy and Banaji (2002) talked of age categorisation as a process of classifying people as belonging to a certain age group and by implication not to other age groups. Levy and Banaji (2002) felt that socially and psychologically, the use of age categorisation can be highly problematic because it would cause people to restrict their own horizons based on ageist assumptions (for example, they would see themselves as 'too young' or 'too old' to pursue particular activities or roles). For this reason, the very act of categorising others into different age groups and the way people define those groups has significant implications for people's choices and actions.

Apart from viewing ageing as a process of categorising people into different age groups, Garret, (2009) brought out the gerontologists definition of old age. He stated that the gerontologists define ageing in terms of four distinct processes, i.e., chronological ageing, biological ageing, psychological ageing, and sociological ageing. Chronological ageing is defined based on a person's years lived from birth. Biological ageing refers to the physical changes that reduced the efficiency of organ systems. Psychological ageing includes the changes that occur in sensory and perceptual processes, cognitive abilities, adaptive capacity, and personality. Sociological ageing refers to an individual's changing roles and relationships with family, friends, and other informal supports, productive roles and within organisations.

Davies (1999) further looked at ageing in terms of a chronological process. He said that, several countries had arbitrarily set 65 years as an age at which an individual might enter old age. He followed his history of age 65 to 19th century Germany. He narrated that it was first used in 1873 in Germany as the age at which people qualified for public social security and other countries followed Germany in using age 65 in retirement regulations.

In the same vein, HelpAge (2009) further brought out that chronological ageing by the United Nations looked at old age at a lower level than that of Davies (1999). The United Nations defined older people as those aged 60 years and above. However, the definition of old age by African communities also differed from that of the developed countries. In several African set ups, the United Nations' definition was inappropriate or irrelevant. In rural situations, where birth registration is poor or even unknown, physical features are mostly used to determine the person's age. The colour of a person's hair, failing eyesight and diseases such as arthritis are some of the determining features used to define an older person. More complex definitions take in a host of social and cultural issues which include, for instance, the person's seniority status within his/her community and the number of grandchildren which he/she had. HelpAge (2009) further disclosed that in Africa, formal retirement age range between 55 and 65 years.

Kamwengo (2004) also gave another view of the definition of old age. He stated that some people tied a negative connotation to old age while to others it meant being full of wisdom and more knowledgeable, more skilled and more experienced.

In adopting the United Nations definition of old age, Zambia also defined old age as 60 years old and above. However, Zambia's retirement age was pegged at 55 years old, although President M. C. Sata proposed change of retirement age to be pegged at 65 years. Nevertheless, at the time the research was being carried out, the President's proposal was still being debated as some sectors did not welcome it because they felt that it would be blocking the young ones from being employed. Some old people, mainly those who wanted to run their own businesses, felt that retiring at age 65 years would leave them with not enough strength to run their own businesses. However, some sectors welcomed the proposal.

2.3 ABUSE OF AND DISCRIMINATORY PRACTICES TOWARDS THE AGED

The study reviewed literature on the abuse of the aged because media reports showed that some communities were shunning the aged and looked down upon them as witches, hence abusing them. It was for this purpose that the researcher felt that the explanation to the abuse of the aged could be that the communities were lacking knowledge of the process of ageing and could not link the negative behaviours of the aged to the ageing process. Consequently, it was imperative for the researcher to review literature about the abuse of the aged and the discriminatory practices towards the aged.

Baker (1975) stated that it was generally agreed that abuse or discriminatory practices of older people was either an act of commission or of omission (in which case it is usually described as ''neglect''), and that it might be either intentional or unintentional. The abuse might be of a physical nature, it might be psychological (involving emotional or verbal aggression), or it might involve financial or other material maltreatment. Regardless of the type of abuse, it would certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person.

Mistreatment of older people, referred to as ‘‘elder abuse’’ was first described in a British scientific journals in 1975 under the term ‘‘granny battering’’. As a social and political issue, though, it was the United States Congress that first seized on the problem, followed later by researchers and practitioners.

WHO (1989) stated that, although elder abuse was first identified in developed countries where most of the existing research had been conducted, anecdotal evidence and other reports from some developing countries had shown that it was a universal phenomenon. The fact that elder abuse was being taken far more seriously now, reflected the growing worldwide concern about human rights, domestic violence and population ageing.

The literature reviewed above established that elder abuse and discriminatory practices are a worldwide issue and concern. Baker (1975) explained the types of abuse and the history of the abuse of the aged while WHO (1989) tried to show that the abuse of the aged has become a worldwide concern. These studies were reviewed in order to give the researcher a wider understanding of the abuse and discriminatory practices towards the aged. However, the above studies did not address the knowledge, attitudes and practices towards the aged (KAP) studies.

In America, Taylor (2007) stated that the largest growing segment of the American population was the 85 years and above group. Prejudicial attitudes and discriminatory practices towards seniors, also known as “ageism” had caused some elderly to feel unwanted, to be unwilling to seek needed services and health care, and to withdraw from society.

In line with Taylor’s studies were the studies done in Europe by Abrams et. al (2009). They reported that Europe’s population is ageing rapidly, a phenomenon that had also been labelled the ‘Graying of Europe’ because of the increase in Europe’s elderly population relative to its workforce. This phenomenon posed a number of challenges to the European Union as a geopolitical region and also to the United Kingdom (UK). Age discrimination prevented the social inclusion of elderly people. Many older people were excluded from opportunities because of negative attitudes and age stereotypes.

Taylor (2007) and Abram et. al (2009) brought out their concern of the impact of ageism on the growing population of the aged in that ageism is causing the aged to be discriminated regarding opportunities. Glass & Knott (1984) also said many people dreaded getting old because they didn't have positive views on ageing and they felt that it was mainly caused by beliefs in negative stereotypes which were being perpetuated by the media for decades.

In addition, Mestheneous (2007) also agreed that age discrimination has a negative impact both on individuals and on society as a whole. It creates significant costs, for example, through loss of productivity of older workers and long term health costs of those excluded from economic activity. Hence, it is vital to be able to influence people's attitudes about age in order to counter problematic stereotypes and to develop strategies that would increase the social inclusion of older people. Understanding the psychological and societal mechanisms that led to negative age attitudes and stereotypes is essential, although the focus of the European Older People's Platform has been on the inclusion of older people in economic activities.

HelpAge (2000) was of the view that as people lived longer and the population of older people was growing significantly, it brought with it many social, political and economic challenges. Hence it is increasingly important to gain an insight and understanding into how older people are perceived by the public as it is from these perceptions and attitudes that ageist behaviours, discrimination and mistreatment of older people develop. In turn, these are detrimental to society and result in limited opportunities to some members of society.

On the impact of the abuse and discrimination of the aged population, in Australia a survey was conducted by the Australian Psychological Society (2004) and their findings revealed that the Australian Government had for some years raised concerns about the ageing of the Australian population and the impact of this on the general quality of life of the wider community. In terms of productivity, it presented the ageing population primarily as a burden, particularly economically, and as a looming crisis. The Australian Psychological Society felt that the report did not present positively enough the many valuable economic

and non-economic contributions made by older people. It argued that older individuals made not only positive social contributions that should have been recognised, but also economic contributions such as workplace productivity, leadership in innovation and change management, and older persons' investments in industry. Older people could also be a valuable resource to their families. While recognising that older individuals might have increased health care needs than when they were younger, it was important to acknowledge their ongoing contributions to the community, both economically and socially (Australian Psychological Society' submission, 2004).

The argument of APS' submission (2004) is in line with what Kamwengo (2004) said that older people had been regarded as a reservoir of knowledge since the beginning of human existence. They passed this knowledge to the younger generations through training in the apprenticeship system, instruction, story-telling and folklore. Older people became consultants for solutions when there was a problem.

2.4 PEOPLE'S PERCEPTION ABOUT THE AGED AND THE AGEING PROCESS

The researcher reviewed literature about people's perceptions of the aged because she was of the view that people's negative perceptions about the aged and the ageing process could often act as a catalyst for people's abusive behaviours, mistreatment and discrimination of the aged. These negative attitudes could lead to older people being socially excluded, denied access to services and generally be undervalued and disrespected in society.

The researcher started by reviewing the projection of the population of the aged as projected by the United Nations (2008) as this was a tool for the planning and policy making by relevant agencies. The United Nations (2008) stated that, although the AIDS epidemic was projected to reduce life expectancy in most affected countries, the older population of Africa would continue to grow. According to the UN estimates, the population of older people (60 years and above) is rapidly increasing worldwide. The estimates had been that by 2050, the population would have risen to 2 billion worldwide from 200 million in 1950. The United Nations projected that the number of older people

would be more than children under the age of 14 years and the greatest increase would be taking place in the developing regions. Africa alone was projected to shoot from the current estimate of slightly over 38 million to 212 million by 2050.

Following the United Nations' projected estimates of the aged were McConatha et al (2004) who said that as people lived longer and the ageing population grew worldwide, it became increasingly important to identify prevailing attitudes towards older people in society. Ageist attitudes might lead to discrimination and mistreatment of older people. McConatha et al. (2004) further stated that it was essential to understand factors that influenced how people understood and perceived ageing and older people.

However, Musaiger & D'Souza (2009) were of the view that societal perceptions of ageing and older people were frequently based on myths and stereotypes. Kite Waguet (2002), in their meta-analytical studies, concluded that age-related stereotypes were often based on beliefs held about the characteristics associated with older people and ageing, and people's perceptions of the position older adults occupied in society.

In addition, WHO (2002) felt that it was important to understand public perceptions of ageing and older people because these factors impacted on the formulation and implementation of social policies affecting the aged. Furthermore, understanding people's perceptions about the aged and the ageing process would lead to coming up with better interventions which could be targeted when formulating educational and social interventions to protect and improve the treatment of older people.

2.5 IMPROVING PEOPLE'S PERCEPTIONS ABOUT THE AGED

The researcher reviewed literature about improving people's perceptions in order to see the suggestions of other people on how knowledge of the ageing process, attitudes and practices of people towards the aged could be improved.

According to Abram et al (2009), tackling negative age stereotypes would not just reduce prejudice but would create better outcomes for people. They said that within any particular country, such as the UK, there were many good reasons and plenty of scope to promote strategies that would increase the inclusion of, and opportunities for, older people. These strategies might involve challenging patronising stereotypes, and tackling people's negative assumptions about older workers.

Musaiger and D'Souza (2009) were of the view that the perceptions the public held of older people could impact on the elderly in employment, education, and health services, and in the general treatment of older people. Interventions could be developed to ensure that older people could and should live a better quality of life and the recommendations were made for education, better policy and practice.

Bailley (1991) stated that education strategies were needed to increase community awareness of the changes that took place in the ageing and the aged. Policies and programmes that took into consideration differential ageing patterns were supposed to be put in place. In addition, Bailley emphasised the positive aspects of ageing and dispelling the myths could possibly help change the general public's stereotypical views and make a happier group of the aged.

In the same vein, Davidovic et al. (2003) viewed education as the prevention strategy and one of the best means of countering ageism. They stated that most researchers agreed that educational and intergenerational programmes were the best way to influence and improve perceptions of older people and ageing.

2.6 LITERATURE ABOUT THE AGED IN AFRICA

The study reviewed literature about the aged in Africa in order to understand people's views on the aged and the ageing process in Africa.

Cowgill and Holmes (1978) posit that in Africa, during the pre-colonial period, older people were highly regarded and respected for their experience, knowledge, wisdom, skills and ownership of land and other economic assets. They were accorded highly valued and respected positions in society. Older people managed material and economic resources in the family and community.

Similarly, Hooyman and Kiyak (1996) said that older people managed and distributed the most important economic assets and land to members of the young generation. The control of economic resources gave older people economic power, prestige and high status. They were regarded as custodians of knowledge about tradition and custom, rituals, child bearing, house building, food production methods and other valued economic functions such as canoe making, black smithing, hunting, fishing, trade and herbal medicine. They disseminated this knowledge as historians, instructors, teachers, story tellers, traditional healers and priests.

In agreement with Hooyman and Kiyak is Young (2001) who postulated that the elders in African societies, especially grandparents, parents, uncles and aunts played a major role in passing on to younger adults and children essential knowledge, skills and values. In addition, Shiundu and Omulando (1992) noted that lifelong learning in traditional African societies was accomplished through peer alliances, as well as through interaction with older people deeply familiar with the various aspects of community laws, values and mores.

Furthermore, Kamwengo (2004), in exploring the African context of ageing in relation to the cultural, social, economical, political and the societal attitudes towards people's behaviour as they age. Kamwengo (2004) stated that some people regarded ageing as a process that enabled them to grow wiser, more knowledgeable, more skilled and more experienced. He said those in support of this view considered the grey haired, bald-headed and wrinkled older persons as wise, experienced and knowledgeable.

Whenever there was a problem they were consulted for solutions. When people wanted to learn about the history of the family or community, they were consulted. According to Kamwengo (2004), this happens even in modern times where an older consultant would be preferred to a younger consultant because the older one was considered to be wiser and more experienced. In this view, therefore, ageing was considered to be a process of becoming wiser, knowledgeable, and experienced. Those who regarded this belief did not hold hostility against the aged. These were people who felt that the aged had a developmental contribution to society. Consequently, they held the aged in high esteem.

Kamwengo (2004) continued to say that ageing had also been associated with God's blessings for having been a good person. Some believed that those people who had good morals, good behaviour and were hard working please God who rewarded them with long life. On the other hand, other people saw ageing as a phase that resulted in the aged becoming witches. Kamwengo (2004) explained that, for a long time, old age had been associated with witchcraft. The accusations of witchcraft occurred and still occur because some older persons have been forced to admit practicing witchcraft for fear of being assaulted or killed. Their admission as a result of fear, worked to confirm the accusers' suspicions about older persons practicing witchcraft. Furthermore, some older persons have been heard talking to themselves due to some psychological problems they face. When people see such older persons in this way, they conclude that they were talking to spirits and magical instruments.

However, other people viewed ageing in terms of a process that made people become stubborn and uncooperative. The more you grow older, the more people think you are becoming stubborn and uncooperative. Kamwengo (2004) argued that this was just a perception people held about older people and they claimed that some of the remarks towards older people which evoked negative reactions were instances of stubbornness in old age.

In conclusion, the literature reviewed above about Africa revealed that the aged were sometimes perceived in a positive light, as active members of the community, loyal, sociable, and warm. However, negative perceptions tended to predominate. People often constructed their perceptions of older people based on stereotypes, which tended to be fixed beliefs which were assumed to apply to all older people. Although these stereotypes tended to be twofold, it was evident from the literature that negative perceptions of older people outweighed the positive.

2.7 LITERATURE ABOUT THE AGED IN ZAMBIA

In Zambia, Mapoma and Masaiti (2008) carried out a research to investigate perceptions of and attitudes towards the aged and ageing in Zambia by members of the communities who, by definition and chronologically were not classified as aged (i.e., not yet 60 years and over). Their findings concluded that people rarely discussed ageing and where such discussions were made, they usually reflected pessimistic views, attitudes and perceptions towards the aged. They said that the discussants indicated that while older people faced serious challenges, there seemed to be no commitment in terms of policies and programs on how to address the question of ageing.

Mapoma and Masaiti's (2008) study has a point of convergence with this study. However, whereas Mapoma and Masaiti (2008) researched only on the perceptions and attitudes towards the aged and ageing in Zambia, they did not address the issue of knowledge, and practices. In other words they did not research on the full (KAP) studies of the members of the communities who, by definition and chronologically, were not classified as aged (i.e., not yet 60 years and above).

During the pre-colonial days of early Kingdoms, children were taught the correct modes of greeting and addressing other members of the tribe, how to respect the old people and how to extend hospitality even to strangers. Older people had a mandate in the communities they lived in to teach all the young ones and not only their children. Every child of the community was regarded as their daughter or son or grandchild. They gave them instructions in the history and tradition of clan and tribe. They taught them songs, wise

sayings and their hidden meanings and religious beliefs. Learning took place through apprenticeship in particular skills; young men would either accompany their elders or fathers or any other relatives on hunting expeditions and whilst in the bush, the older men would teach the young boys or young men how to set traps, follow the spur of game, kin land and dismember animals. They were taught about herbs and how to use them. Today these are known as medical doctors, black smithing, pottery flooring of the hut, bark cloth makers who produced ornaments such as rings from copper and iron, fishhooking, tobacco pipes and fishing baskets. Very old people were taken care of by the communities where they lived (Tiberondwa, 1998).

Kamwengo (2004) posited that the coming of colonial rule to Zambia, the country underwent the process of modernisation. As the process of modernisation proceeded, it was found that the status and treatment of older people changed. The modern market economy, communications, education and urbanisation introduced by colonial rule and strengthened in post-colonial Zambia weakened traditional forms of social security and reduced the power, authority and status of older people. Modernisation theory proved to be a useful theoretical framework for explaining the erosion of the status of older people in Zambia.

2.8 SUMMARY OF REVIEWED LITERATURE

In summary, the literature reviewed established that as people age, some body parts wear and tear making it difficult for such people to function as they used to function and that their behaviour change because some body cells die. It also established ageing is programmed within each individual's genes and that genes dictate cellular longevity. It further revealed that as the process of modernisation proceeded, it was found that the status and treatment of older people changed. It weakened traditional forms of social security and reduced the power, authority and status of older people. The literature ascertained that there was no precise stage in life at which ‘‘old age’’ begins. Although there were commonly used definitions of old age, there was no general agreement on the age at which a person becomes old.

In addition, the literature revealed that the aged were being abused and discriminated against and that the phenomena were not only in Zambia but were worldwide. It was first described in the developed countries. The literature reviewed showed that the effects of negative perceptions about the aged and the ageing process had a negative impact on the aged, the people and the society where such activities were happening. On the aged, the effects were that they no longer valued ageing because they always associated with ageing to sufferings. On the people, the effects produced fear of getting old and frustrations when they started discovering that ageing was catching up with them. On the society, peace was disrupted affecting the productivity of society in many areas.

A common theme throughout the literature was that public perceptions of older people could impact both positively and negatively on the lives of older people including their access to social and employment opportunities, as well as access to health services. There was evidence in the literature of positive attitudes towards older people across a number of domains. However, overall, the vast majority of studies identified at least some high levels of negative attitudes towards ageing and the aged and the consequences of these negative views were most significance. Negative perceptions of older people, especially in the form of stereotypical behaviours and ageism, could result in social exclusion, isolation and ultimately the abuse of the aged. The most pervasive forms of ageism could lead to the marginalisation and degradation of the aged.

Furthermore, the literature established that fundamental to progress in changing the knowledge attitudes and practices of the people towards the aged would be an improvement in the educational system. The education system that would promote positive attitudes towards ageing and older people at all levels of curriculum. Consequently, tackling negative age stereotypes would not just reduce prejudice but would create better outcomes for people and would reduce problems associated with ageism. People needed to change their negative perceptions towards the aged.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methods that were employed in data collection and analysis. It gives a description of the research instruments, validity of instruments, and data collection procedure, research design, target population, sample size, sampling produces and data analysis.

3.1 Research Sites

The research was done in Chipata and Ng'ombe compounds in Lusaka District in the Lusaka Province of Zambia. Chipata Compound is 11.6km from town centre to the North of Lusaka District and Ng'ombe compound is 12.9km from town centre to the East of Lusaka District. Chipata Compound is segmented into 3 segments namely, Chipata Compound, Chipata Overspill and Chipata Site and Service. However, the research was carried out in Chipata Compound only which, according to CSO, (2000) Census Report, had a total number of 6364 households. Ng'ombe is segmented into 2 segments namely Old Ng'ombe and New Ng'ombe and the research was carried out in both segments which, according to CSO, (2000) Census Report, had a total number of 6044 households. The study used the CSO, (2000) Census Report to get the total number of households because the CSO, (2010) population report on residents and households was not yet done at compound level. Lusaka Province has a total number of those aged 60 and above as 56,238 both males and females. The males are 27,482 while the females are 28,756. Those staying in Lusaka Urban are 41,918 both males and females. Males are 20,514 while females are 21,404 (CSO, 2010).

3.2 Research Design

A research design is a systematic plan to study a scientific problem. The study used mixed research design at descriptive survey level combining information from a survey questionnaire and semi-structured interviews. This design provided the researcher an

opportunity of describing the state of affairs as it existed. A descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals and it allows one to collect information about people's attitudes, opinions, habits or any of the variety of education or social issues (Orodho, 2003; Kombo and Delno, 2010). A descriptive design also allows data to be listed or even grouped in order to assess how often they occur, that is, their frequency is determined. These frequencies can be illustrated or represented graphically in various ways such as tables, graphs and diagrams (Bless & Kathura, 1993).

3.3 Study Population

The researcher targeted four sets of population: the adults (male and female) aged 16 and 59 years, the aged (male and female) 60 years and above, the known organisations dealing with the affairs of the aged, and the Ministry of Community Development Mother and Child Health.

3.4 Study Sample

A total of 100 respondents was surveyed. The sample comprised 72 community members, 24 members of the aged, 2 Officers in-charge from the two known Non-Governmental organisations dealing with the welfare of the aged, namely Senior Citizens Association of Zambia and the Retirees Welfare Bureau of Zambia, and 2 Officers from the Ministry of Community Development Mother and Child Health.

3.5 Sampling Procedures

Random sampling and non random sampling methods were used. In random sampling method all members in the population have equal chances of being picked while in non random sampling method not all the members in a population have equal chances of being picked. The 72 community members (36 members from each community comprising equal number of sexes) were randomly selected using systematic random sampling. Systematic sampling is a statistical method of selecting sample members from a large sampling frame by dividing the total members of the sampling frame by the required sample. What you get is the interval figure which you use to pick members in a sampling frame. The first

member in a sampling frame is picked randomly then you follow a periodic interval. This is where every nth member is picked. The nth member is called the Kth unit. In this case, all the households in Chipata compound were listed and found the interval which was the Kth household and the same thing was done in Ng'ombe compound. In Chipata Compound, the Kth household was every 177^{th} house and in Ng'ombe compound the K^{th} house was every 167^{th} house. The aged (12 from each community comprising equal number of sexes and those who were household heads and those who were being kept) were selected using chain non-random sampling method. The chain non random sampling method is where you start with one member who leads to another member and another until the required sample size is reached. This method is also called snowball. The 2 Officers from the two Non-Governmental oganisations (Senior Citizens Association of Zambia and Retirees Welfare Bureau of Zambia) dealing with the welfare of the aged, and the other 2 Officers from the Ministry of Community Development Mother and Child Health were selected using expert non-random sampling. Expert non-random sampling is a method where you chose only those with the knowledge you require.

3.6 Data Collection Methods and Instruments

Primary data was collected using the researcher administered semi-structured questionnaires containing both open and closed questions and face to face semi structured interviews using interview guides (Appendix II). Both the questionnaires and the semi structured interviews gave the researcher an opportunity of clarifying and asking probing questions respectively. The researcher used semi structured questionnaires consisting mainly of open-ended questions and very few of closed-ended questions to collect data from the 72 community members aged 16 to 59 years old. The semi-structured interview schedules were used to collect data from the aged, the two Officers from the two NGOs dealing with the welfare of the aged and the two Officers from Ministry of Community development Mother and Child Health. A survey questionnaire was administered to the respondents so as to cater for both literate and illiterate respondents.

3.7 Data Analysis

Data from open-ended questions as well as from the interviews were analysed by putting them into identified themes and categories and presented in narrative form and matrix tables. Data from closed ended questions were quantified manually and presented on frequency tables and bar charts for the sake of clarity.

3.8 Data Quality

Data quality was enhanced using the process of data and environmental triangulation. Data triangulation involved using different sources of information in order to increase the validity of a study. Feedback from the stakeholder groups was compared to determine areas of agreement as well as areas of divergence. Environmental Triangulation involved collecting data from two communities located in different places of Lusaka District. This was done in order to identify whether there could be some environmental factors in one community that could have influenced the information received during the study. Triangulation increases reliability and validity. Validity further examines the extent to which the results of the study can be generalised to the real world (Bless and Achola, 1997). A pilot study was also conducted in Kabanana site and Service in Lusaka District before the actual study was undertaken. The pilot study was undertaken in order to do a feasibility study which was a "small scale version, or trial run, done in preparation for the major study" (Polit et al., 2001: 467). It was also used to pre-test the research instruments and also give advance warning about where the main research project could fail (Baker 1994: 182-3).

3.9 Ethical Considerations

Ethical consideration was observed in that before the researcher embarked on data collection, the researcher obtained the ethical clearance letter from the University of Zambia Research Ethics Committee and a letter of authorisation from the Permanent Secretary, Ministry of Health. During the data collection, the researcher observed confidentiality and assured the respondents of confidentiality by not taking their names down. The researcher was also getting consent from the participants before interviewing

them or giving them a questionnaire. Some respondents were able to sign the consent form.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

The Researcher went out to assess the knowledge, attitudes and practices of Chipata and Ng'ombe communities in Lusaka Urban District towards the aged and to determine the factors that influence the abuse of the aged. This chapter, therefore, presents the findings according to the research questions that guided the study. The research questions were derived from the following objectives: to assess the knowledge that people in Chipata and Ng'ombe compounds have on the ageing process; to ascertain their attitudes towards the aged; to establish their practices in relation to the aged; to determine the factors that foster the abuse of the aged by community members; and to identify ways in which knowledge, attitudes and practices towards the aged can be improved in Chipata and Ng'ombe compounds.

The findings of the study have been presented with a combination of narration, charts and frequency tables. Respondents from Chipata and Ng'ombe compounds gave similar answers which were quantified and presented together, except where they gave different answers.

The study started by first capturing the ages and gender of the respondents. This was done in order to establish which age range included the majority among the respondents and whether age range or gender could have had an effect on the responses of the respondents. Table 1 below shows the gender of community members selected.

Table 1: Gender

Compound	**Sex**		**Frequency**	**Percentage**
	Male	**Female**		
Chipata	18	18	36	50
Ng'ombe	18	18	36	50
Total	36	36	72	100

Source: Field data

Equal number of sexes where interviewed in both communities.

Table 2 below shows the total number of respondents in each age range for both Chipata and Ng'ombe compounds.

Table 2: Age range

Age range	Compound		Frequency	Percentage
	Chipata	Ng'ombe		
16 – 23	6	10	16	22
24 – 31	12	8	20	28
32 – 39	8	7	15	21
40 – 47	5	5	10	14
48 -55	4	2	6	8
56 -59	1	4	5	7
Total	36	36	72	100

Source: Field data

The highest number of respondents 20 (28%) was in the age range of 24-31 and the lowest number five (7%) was in the age range 56-59.

Table 3: shows the both Gender and age range of the respondents for each compound.

Table 3: Gender and Age Range

Compound	Age range	Male	Female	Frequency	Percentage
Chipata	16 – 23	4	2	6	8
	24 – 31	5	7	12	17
	32 – 39	3	5	8	11
	40 – 47	3	2	5	7
	48 -55	2	2	4	6
	56 -59	1	0	1	1
Ng'ombe	16 – 23	5	5	10	14
	24 – 31	3	5	8	11
	32 – 39	2	5	7	9
	40 – 47	4	1	5	7
	48 – 55	1	1	2	3
	56 – 59	3	1	4	6
TOTAL		36	36	72	100

Source: Field data

The highest number of respondents in Chipata Compound 12 (17%) was in the age range of 24-31 while the lowest was in the age rage 56-59. In Ng'ombe compound the highest number of respondents 10 (14%) was in the age range of 16-23 while the lowest was in the age range 48-49.

4.1 COMMUNITY MEMBERS' KNOWLEDGE ABOUT THE AGEING PROCESS

The study sought to know how the respondents from both Chipata and Ng'ombe communities defined the aged and the findings were as shown in table 2 below:

Table 4: Definitions of the Aged by Community Members

Community Members' definition of an aged person	Chipata	Ng'ombe	Total	Frequency	Cumulative %
40 years and above	0	1	1	2	2
50 years and above	4	4	8	14	16
55 years and above	6	0	6	10	26
60 years and above	9	8	17	29	55
65 years and above	10	0	10	17	72
68 years and above	0	2	2	3	75
70 and above	1	11	12	20	95
85 years and above	0	2	2	3	98
90 years and above	0	1	1	2	100
Total	30	29	59	100	100

Source: Field data

Using cumulative percentage, 44 (61%) respondents defined the aged as one who is at least 60 years and above. However, 13 (18%) respondents did not define old age numerically. Some respondents, five (6%) from Ng'ombe and two (3%) from Chipata compounds defined an old person as one who has lost strength due to many years lived; of the four (6%) respondents from Chipata compound two (3%) said an old person is one who has grandchildren while the other two (3%) said an old person is one who is full of wisdom

because of experience. The other two (3%) respondents from Ng'ombe said an old person is one who has no teeth in the mouth and one with wrinkles.

In order to assess the knowledge of the community members of both Chipata and Ng'ombe compounds regarding the process of ageing, a number of questions were posed to the respondents both males and females. The findings are as presented below.

4.1.1 Community Members' Knowledge of the Ageing Process with Regard to Physical Changes

All the 72 respondents stated the physical changes as: hair becomes grey, they lose teeth, they lose sight, their skin becomes wrinkled and therefore lose their beauty, they have difficulties in walking and talking, they become physically weak so that they depend on the young ones to help them do things and they are always in pain. Some respondents, a total of 25 (35%) out of 72 in the age ranges from 16-23 to 32-39 years said that when people become very old, they look fearful, they change in weight, some lose weight and others gain weight. They further stated that old people urinate and defecate on the bed and give a lot of problems to the people keeping them. Further description of the aged included becoming dirty and using walking sticks. Those aged between16-39 had the most negative descriptions. This could probably mean that the young people are the ones who mostly do not understand the aged and the ageing process.

4.1.2 Community Members' Knowledge of the Ageing Process with Regard to Thinking Processes.

All the 72 said that the aged lose memory and become slow in thinking. Furthermore, 15 (21%) out of 72 respondents said that their reasoning capacity becomes like that of a child and they think only of dying. They further described them as people who like crying for no reason and they become vulnerable. Nonetheless, all the 72 respondents said that the changes vary from person to person and also the ages at which the signs start showing also vary.

4.1.3 Community Members' Knowledge of the Ageing Process with Regard to Interaction with other People

A total number of 32 (44%) said that the aged like isolating themselves and have difficulties in understanding the young ones, while 30 (42%) respondents in the age range of 16-39 from both compounds said that they like giving advice to the young ones, they like telling stories about their experiences and are short tempered, are liars, irritable, quarrelsome, they like talking to themselves and are not easily controlled, they also start practicing witchcraft and others become community herbal doctors. The remaining 10 (14%) in the age ranges 40-59 said that when people are ageing they fear to socialize because they are always suspected to be witches, they are usually misunderstood but they relate normally like anybody else in the community.

Respondents from the age group of 40-59 reflected the most positive perception of the aged in terms of their interaction with other people. This could be probably that these people had already started experiencing some changes in their bodies which made them understand that when people are ageing there are some behavioural changes that take place in them.

4.1.4 Community Members' Knowledge of the Ageing Process with Regard to Eating Habits

All the 36 female respondents said that when people are ageing they lose appetite and become choosy with regard to food, they only want to eat sweet things like biscuits, sweets, a lot of sugar in tea or coffee and do not want to eat vegetables but meat. A total number of 20 (56%) male respondents out 36 said that they would not know much because meals are mostly prepared by females. However, nine (25%) male respondents out of the remaining 16 male respondents said that when people are ageing they do not want to eat vegetables but meat. The remaining seven (19%) male respondents said that when people are ageing they do not demand for food but eat whatever is given to them.

Although all the 72 respondents had knowledge of the ageing process and were able to state the observed changes in the ageing process, only 21 (29%) understood the behavioural changes that come with those observed changes. The other 51 (71%) respondents could not link those changes to some behavioural changes such as an old person forgetting his/her house and going to the neighbour's house or an old person undressing him/herself in public or defecating and urinating where they are or on bed. Out of the 51 (71%) who could not link the observed changes to the behavioral changes in the ageing process, 22 (31%) respondents interpreted the behaviour of an old person finding himself/herself at the neighbour's house as witchcraft. The other 15 (21%) respondents interpreted the behaviour of urinating or defecating where they are or on the bed as stupidity and wanting to give trouble to those keeping them because they are frustrated with life. The remaining 14 (19%) interpreted the behaviour of an old person undressing himself/herself as total madness coupled with witchcraft behaviour.

4.1.5 Community Members' Knowledge of Institutional Homes for the Aged

The study sought to find out the respondents' knowledge about the institutional homes for the aged. The findings revealed that only 25 (35%) out of the 72 respondents knew something about the homes for the aged and they said that institutional homes for the aged were places where they keep old people who had no relatives to take care of them. The rest (i.e. 47 = 65%) of the respondents showed ignorance about such a phenomenon.

4.1.6 Community Members' Knowledge about Age Eligibility for Institutional Homes for the Aged

Out of the 25 (35%) who knew something about homes for the aged, seven (10%) respondents stated that all the aged were eligible to be taken to the homes for the aged but more especially those who had no one to take care of them. The remaining 14 (19%) respondents stated that they did not know what type of the aged were taken to the homes for the aged while four (6%) said that it was only those who are disabled are taken to the homes for the aged.

4.1.7 Knowledge of the Aged about Institutional Homes for the Aged

The aged were interviewed to find out if they had the knowledge about institutional homes for the aged. The findings revealed that all the 24 aged respondents did not have any idea about institutional homes of the aged. One of the aged in her mid 80s, a household head who keeps a great grandson said:

> "I stay alone with this (pointing at a boy who was lying on her laps) 3 years old boy who is my great grandson in this (*pointing at the house*) empty, as you can see (*opening the door wide to indeed an empty room with only few things which looked like clothes hanging on a rope*) one roomed house left to me by one of my late sons. I have no one to look after me. If I knew about the homes of the aged I would be more than willing to go there. I really want to be kept".

Another woman who is in her late 70s and is being kept by her daughter had this to say:

> "I am being looked after by my disabled daughter who is not in formal employment but goes to town every day to beg for money and that's the money we use to feed here at home. I feel bad to see my daughter suffering to feed me. If I knew about the homes for the aged and how to go there, I would be so much willing to go there. I came from the village because I had no one to take care of me in the village. All my children died except this one I am staying with and she suggested that I come and live with her."

Another old lady in her late 70s living with her grand-daughter said:

> "I came from Kitwe farms. My husband died and my son came to get me. I had six children and five died except this one son who came to get me from Kitwe. The farm we were staying at was not ours so the owners wanted me out of the farm after my husband died and that's why my son came to get me. However, when I came here, I just stayed with my son for two months and he and his wife ran away from me and went to Kitwe leaving me nowhere with no one to look after me. The one I am staying with is my grand-daughter and she is the one who came to my help. She took me to stay with her but she does not work. She earns a living by prostituting. We stay in a one roomed house so when she brings a man she asks me to go outside up to the time when the man goes away that's when I would go inside the house. I feel so bad and embarrassed with what my grand-daughter

> does but there is nothing I can do. If I knew about the homes of the aged and how to go there, I would definitely go there."

Out of the 24 aged respondents, 16 (67%) showed some willingness to go and live in the institutional homes of the aged. Only eight (33%) said that they would not accept to go to the homes of the aged unless they are forced to.

4.1.8 Community Members' Knowledge about Government Provisions towards the Aged

The study sought to find out the respondents, knowledge about Government provisions towards the aged. The findings revealed that 50 (69%) of the respondents expressed ignorance about government's provisions towards the aged. Only 22 (31%) had some knowledge about governments' provisions towards the aged. Nine of these said that they give them free medical care when they go to the hospitals, eight respondents said that government provides food and clothes to the aged, while the remaining five said government provides cash transfer to the aged.

4.1.9 Knowledge of the Aged about Government Provisions towards the Aged

Only one 1%) out of the 24 aged respondents said that he had knowledge of governments' provision because twice he was given some money by the Social Welfare. The rest 23 (96%) aged respondents expressed ignorance and were even surprised to hear such a question because they said that they had never heard that government provides something for the aged. These also showed some ignorance about the existence of the Social Welfare Department of the Ministry of Community Development Mother and Child Health except the one who admitted having been helped by the department.

4.1.10 Community Members' Knowledge about Ministry of Community Development Mother and Child Health

A total number 40 (55%) out of the 72 respondents were ignorant about the existence of the Ministry of Community Development Mother and Child Health. Only 32 (45%) had knowledge about the existence of the Ministry of Community Development Mother and

Child Health. However, 14 (19%) of these said that they only knew about its existence but did not know what it does.

The two Community Development Mother and Child Health staff interviewed did not agree with the members of the community that they did not have knowledge about Community Development Mother and Child Health because every year towards the time of commemorating International Day of the aged, they sponsor some programmes on radio explaining the work of the Ministry towards the aged. The staff, however, agreed that they may not have just been very much effective in doing so.

4.1.11 Necessity of Education on the Process of Ageing to Community Members

The researcher wanted to know if the respondents felt education for the members of communities regarding the ageing process was necessary and why it would be necessary. The findings showed that all the 72 respondents strongly indicated that education concerning the process of ageing was a necessity for community members and gave reasons such as, people should understand why old people behave the way they behave. In addition, 40 (35%) out of the 72 said that educating the communities would lessen the abuse of the aged and dispel the myths people have concerning the aged.

The officer in-charge of Retirees Welfare Bureau said that the communities need to be educated but the education should be introduced starting from basic schools so that children start understanding the process of ageing whilst they are young and that as they grew they would be appreciative of old people. They would also have the knowledge that they are also growing towards getting old. This would even help to dispel the myths people hold against the aged. However, this can only be done if government would come up with such education policy.

The officer in-charge of Senior Citizen Association of Zambia said education is needed but the nation should have good policies regarding the welfare of the aged so that the aged are protected in every area of their lives.

However, the Ministry of Community Development Mother and Child Health staff said that the education that would be needed is to change people's mindset. The Staff admitted that sensitisation programmes have not been effective especially that there was no national policy for the aged. The national policy came out in January 2013 and had not been disseminated to the communities yet. The researcher could not have a look at the copy because the staff said it was not yet made available to them.

4.2. COMMUNITY MEMBERS' ATTITUDES TOWARDS THE AGED

4.2.1 The Positive Characteristics of the Aged as Stated by Community Members

The respondents were asked to state the things they liked about the aged if at all there was anything they liked and the findings revealed that the respondents from both compounds had a variety of things they liked about the aged. 68 (95%) of the respondents stated such things like old people are friendly and helpful; they teach the good ways of living; they warn you of the bad ways of living; they teach social and cultural values; they are full of experiences to learn from; they are full of wisdom, loving, kind and approachable; they tell you the history of traditions; they are good counsellors; they know how to keep secrets; they add colour to life and they take care of the sick and orphans. Only four (5%) had nothing to say about the good things they liked about the aged.

4.2.2 The Negative Characteristics of the Aged as Stated by Community Members

They were also asked to state the bad things, if any, they didn't like about the aged and the findings revealed that 51 (71%) out of the 72 respondents in the age range between 16-39 years reflected most of the negative characteristics of the aged such as: as old people are witches, they behave like children urinating and defecating where they are or on the bed; they are quarrelsome, short tempered, liars, not appreciative to the people taking care of them; they have bad eating manners, they become easily angered and irritated and shout or insult others; they disregard the youths and force them to behave in the old fashioned way; they like sending others to do the work for them, even simple things which they can manage to do on their own; they become easily manipulated, hence they become witches; they are very choosy when it comes to food, they refuse to take medicine when they get

sick or to be taken to clinic or hospital; they are a burden and a nuisance to keep or stay with. Only 21 (29%) said that they had nothing bad to say about the old people.

4.2.3 Considering the Aged as Witches by Community Members

The researcher wanted to find out if the respondents agreed with some people who regarded the aged as witches and the findings revealed that 23 (32%) of the respondents in the age range between 16-47 agreed with people who regarded the aged as witches and they gave their reasons as shown in table 3 below:

Table 5: Community Members' Explanations of why the Aged are Considered Witches

Reasons given by those who considered the aged as witches	Frequency	Percentage
Because what old people say will happen, it does happen; and when they curse you, the curse holds.	5	22
Because even though they don't work, they still survive.	4	18
Because they like using herbs.	3	13
Because sometimes they are found naked.	2	9
Because they talk to themselves.	2	9
Because young people die while the old remain.	2	9
Because they like practicing magic and some are truly witches	1	4
Because they look ugly, fearful and have bad behaviour.	1	4
Because only old people practice witchcraft and make people have bad dreams.	1	4
Because they like keeping pets like cats.	1	4
Because they have bad behaviour towards others and like shouting at others	1	4
Total =	23	100

Source: Field data

Respondents in the age ranges 48-55 and 56-59 were among those who did not agree with those who regarded the aged as witches, representing 49 (77%) of the total respondents as shown in table 4 below.

Table 6: Community Members' Explanations of why the Aged are not Witches

Reasons given by those who were not of the idea that the aged were witches	**Frequency**	**Percentage**
Those who regard old people as witches are just ignorant of the fact that every person has a potential of growing old and when they themselves become old, will they start practising witchcraft?	9	19
The people just associate old age with witchcraft because old people lose their beauty and look ugly and others talk to themselves. Otherwise they are not witches.	7	15
Old people are good and full of wisdom.	6	12
People just lack understanding of old age.	5	10
Witchcraft is not only practised by old people; even young ones practice witchcraft.	5	10
Practising witchcraft starts when one is young and grows up like that. Its not that they start practising witchcraft when they grow old.	4	8
When people grow old they lose their mind and act in a funny way, so people think they act like that because of practicing witchcraft. It is just not being knowledgeable of the behaviour of old people.	4	8
Some people just want to grab the things owned by the old people so they accuse them so that they instil fear in the old people and grab their things.	3	6
Some people just don't want the responsibility of taking care of the old people.	3	6
Most young people die of HIV/AIDS leaving their old behind and when people see that the old people remain, they start suspecting them to be responsible for the deaths of the young ones.	3	6
Total	49	100

Source: Field data

4.2.4 Acceptance of the Aged in the Communities

66 (92%) of the respondents said that the aged were not easily accepted in communities and gave reasons as shown in the table below.

Table 7: Community Members' Explanations why the Aged were not Accepted in Communities

Answers from the respondents	Frequency	Percentage
The aged are not easily accepted by community members because they think that the aged are witches and most members are scared of them, especially those who talk to themselves.	19	27
The aged are mostly rejected by the youths who are the majority and they are only accepted by people who are above 40 years who are a minority.	11	17
The aged are difficult to look after, they are an eyesore, a thorn in the flesh and those who take care of them are at pains. Therefore they cannot be easily accepted	9	14
Most of the aged behave like children, they cry for no reason, they tell lies, they undress themselves in public and they need special attention, so it is difficult to accept them.	8	12
Most of the aged need special attention; as a result not many people can give them that special attention. Hence most community members don't accept them.	8	12
The aged are not accepted because people feel shy of them because of the way they look, eat and dress.	5	8
They are isolated and marginalised.	5	8
When people grow old, the devil influences them to do bad things like killing other people.	1	2
Total	66	100

Source: Field data

Only six (8%) of the respondents from both compounds said that the aged were easily accepted in the communities and gave reasons such as: the aged are regarded as good counsellors, full of wisdom; they are the ones who take care of the sick and orphans and every person has a potential to grow old.

The aged were asked to state whether they were accepted in the communities where they reside and the responses from all the 24 members of the aged revealed that they were not accepted in the communities. They said that they were being called names and that they were ignored, isolated and were regarded as witches. One of the aged from Ng'ombe compound, a man, said that at one time he was bitten for no reason by some young men. He said he was walking in the street and found some young men along the road who got hold of him and said "old man, why not go to the village, what are you doing in town?" (Using Nyanja, they said, *"utu ndito tu mfiti tomwe tumalodza usiku")* meaning these are the ones who bewitch others in the night.

Another woman aged 86 years old and a household head, was abandoned by her relatives saying she was a witch because she lost all her children. Her relatives suspect that she bewitched her children. Another man was abandoned by his own children and was sleeping in a house which had no door but all his children were working. The community calls him a mad person but he said that he was not mad, he just had no one to help him and was fired from his job as a security guard when he was attacked by thieves and ended up in the hospital where he stayed for a long time. Almost every one of the aged had a story to tell about how they were being shunned and insulted by their relatives and members of the community.

4.2.5 Abuse of the Aged by People in the Communities and Relatives of the Aged

A total of 49 (68%) out of the 72 said that they had seen community members and relatives of the aged abusing the aged by calling them names, fearing and shunning them, accusing them to be witches. A total of 23 (32%) out of 72 accepted that they don't like the aged because they urinate and defecate where they are and on bed, they called the aged

witches and ill-mannered, liars, problematic and they would be happy if the aged were taken to the homes of the aged because that would help to rid communities of witches. All the 24 aged respondents indicated that they had been mistreated by the community members.

The officers from the two Non-governmental Organisations were asked to explain what they knew of the attitudes of people in communities towards the aged. They stated that, though they had not carried out any study concerning the attitudes of community members towards the aged, from the media reports they could tell that they had negative attitudes towards the aged. The officer from Senior Citizens Association of Zambia said that the media also contributed to the negative attitudes of community members towards the aged because they only reported things about old people when they were found in disoriented situation but they did not report the good things old people did in communities. The officer said that old people take care of orphans, the sick, they are marriage counsellors, they keep and teach traditions and they also get involved in some community developmental projects. The officer form Retirees Welfare Bureau of Zambia said that the negative attitudes came up because the extended family system had been eroded in Zambia, hence the aged were now looked at as a burden.

4.2.6 Community Members' Attitudes Towards Taking the Aged to Institutionalised Homes for the aged

The respondents were asked whether they felt that it was a good idea to take old people to the homes for the aged and the findings revealed that only 22 (30%) out of 72 felt that it was a good idea and gave the reasons as shown in table 6 below.

Table 8: Community Members' Approval of Institutionalised Homes of the Aged

Reasons given by respondents who accepted the idea of taking the aged to institutionalised homes.	**Frequency**	**Percentage**
Because they would be free from harassment and abuse by the people who keep them or community members.	6	26
Because they would receive good care at the homes of the aged by experienced workers who work in these institutionalised homes.	4	25
Because they would find companionship	3	13
Because they no longer work to fend for themselves.	2	8
Because they are not cared for and loved in the community.	2	8
Because they become like children, they need a maid to attend to them when you are at work and also some old people don't like children nearby.	1	4
Because they are a burden to those who keep them and are also difficult to keep.	1	4
Because old people practice witchcraft, they are selfish and don't like Sharing	1	4
Because they urinate and defecate where they are or on the bed.	1	4
Because they like crying for no reason.	1	4
Total	22	100

Source: Field data

However, 50 (70%) out of 72 respondents both from Ng'ombe and Chipata compounds felt that it was not a good idea to take the aged to the homes for the aged and gave the reasons as shown in table 7.

Table 9: Community Members' Disapproval of Institutionalized Homes for the Aged

Reasons given by respondents who felt that it was not a good idea to take the aged to institutionalised homes.	**Frequency**	**Percentage**
Taking the aged to institutionalised homes would mean isolating them from their family members.	11	22
Relatives can take good care of them than at the homes for the aged and they may even contract some diseases there because of using communal things.	8	16
Because they need attention and love from their relatives and community members.	6	12
It is against tradition and it's not normal. Only those old people without families can be taken to homes for the aged.	5	10
At the home for the aged, they may not be given food and they need to feel part of the wider community.	4	8
It shows that you don't love them and it is against our African norms.	3	6
There is no proper care in the homes for the aged and government gives very little support.	3	6
People should learn to take care of their old folks.	3	6
They are the ones who take care of the sick and the orphans.	2	4
Children should plough back into their parents.	2	4
It is like removing wisdom from your midst.	1	2
They need to get involved also in the developmental projects of the community as part of community members.	1	2
Old people are not refugees to be isolated.	1	2
Total	50	100

Source: Field data

The two organisations dealing with the welfare of the aged namely the Senior Citizens Association of Zambia (SCAZ) and Retirees Welfare Bureau of Zambia (RWBZ), were asked whether taking the aged to institutionalised homes was a good idea. It was revealed

that SCAZ already started a project in Lufunsa of encouraging people to build houses for the aged instead of moving them to homes of the aged. According to SCAZ, moving the aged from their communities and taking them to institutionalised homes would not be a good idea. However, coming up with a project of encouraging the communities to build houses for the aged within their residential communities so that the aged do not feel like they are abandoned would be good. SCAZ said that when the project in Lufunsa was completed, it enabled the aged to be looked after from within the confines of their community and the people contributed food to the aged. However, SCAZ said the idea has not yet been sold to the Government but their organisation feels that it would be of great help to the aged if such an idea would be adopted by government and other NGOs because it is working well in Lufunsa and it has given the community members a sense of responsibility.

The Retirees Welfare Bureau of Zambia said that taking the aged to the institutionalised homes is not a good idea as it makes the aged feel isolated from their own people but that Government should empower those community members who are taking care of the aged with means of keeping the aged. The aged who should probably be taken to the homes of the aged should be those without relatives to keep them. But even then, if the communities are sensitised on the importance of keeping the aged and recognizing how helpful the aged are to the communities, and the importance of coming together as community members and helping each other in looking after the aged, even those without relatives to take care of them would be taken care of by community members.

4.3 COMMUNITY MEMBERS' PRACTICES RELATING TO THE AGED

4.3.1 Experiences Encountered by those who Stayed with or Kept the Aged

The researcher wanted to know the experiences of those who kept or stayed with the aged and it was revealed that only 62 (86%) out 72 kept or stayed with the aged. The other 10 (14%) did not stay with or keep the aged.

Out of the 62 (86%) who kept or stayed with the aged, 16 (22%) had positive experiences and 46 (64%) had negative experiences. Those who had positive experiences said that the aged are interesting to interact with; they are amusing, entertaining, full of wisdom, love and care and are very supportive. Those who had negative experiences with the aged also gave varied reasons as shown in table 8 below and they said they don't like the aged and don't even want to stay with them.

Table 10: Negative Experiences with the Aged as reported by community members

Negative experiences	Frequency	Percentage
Old people are difficult to keep because they behave like children and are too troublesome.	14	31
Old people are short tempered, moody and too demanding	9	20
Old people don't appreciate, no matter how good you try to be to them they still complain that you don't keep them properly.	7	15
Old people are difficult to control.	5	11
Old people like sending a lot.	3	7
Neighbours always accuse them of practising witchcraft.	2	4
My grand mother used to go out and beg for food while she was given all the food she needed at home including sweets and biscuits but she would leave all those and go out to beg.	1	2
I was forced to employ a maid to keep my father when I am gone to work because he had memory lapses. When he goes out he would go away and not come back. Then you would start looking for him.	1	2
My mother wanted to eat meat only and when you give her vegetables she would refuse to eat and get upset.	1	2
My mother runs away from home for no reason and she is fond of telling lies so that people believe I am ill-treating her; that's why she runs away.	1	2
I used to get hurt when my grandmother would shout at me for no reason. Sometimes she would misplace her things and then accuse you of having stolen them but when she finds them she would not even	1	2

apologise.		
My father urinates and defecates wherever he is. He doesn't tell his grandchildren to take him to the toilet and once you try to talk to him he gets upset and says you are ill-treating him. I am tired of his behaviour but there is nothing I can do.	1	2
Total	46	100

Source: Field data

A total of 14 (20%) respondents admitted that they would not tolerate the aged who would misbehave like urinating or defecating where they are or on the bed because some of the aged do it deliberately for the reason that they are frustrated with life and they want to take it out on those keeping them. The 58 (80%) stated that they observed the aged being ill-treated by their family members as well as community members.

The 24 aged respondents indicated that had been ill-treated by community members but only eight (33%) members of the aged out of 24 indicated that they had been ill-treated by those keeping them and these were from the group of those being kept. They also gave reasons such as: sometimes they are beaten more especially by their grandchildren; they are insulted; sometimes they are not given food; they are shouted at and they are ignored when they need help. Those who are household heads said the ill-treatment they get from their family members is in the form of "calling them names" that they are witches and neglecting them.

4.3.2 Community Members' Perceptions of the Required Conduct towards the Aged

The respondents were asked to state what they would say is the required conduct towards the aged and a variety of answers were given as shown in table 9 below.

Table 11: Community Members' Perceptions of Required Conduct towards the Aged

Answers	Frequency	Percentage
They should be loved, cared for and dignified.	15	21
They should be treated with fairness like any other member of the family	10	14
We need to understand them.	9	12
They should be treated like children because they behave like children.	8	11
You need to be calm and understanding because old people easily lose their temper.	7	10
They should be treated with respect and appreciation.	7	10
You need to do what they tell you to do and treat them the way they want to be treated.	7	10
Don't treat them like they don't know any thing, like they are good for nothing.	5	7
Give them good diet, bath them and give them nice clothes.	4	5
Total	72	100

Source: Field data

The findings revealed that the community had positive perceptions of the required conduct towards the aged but were not just implementing them.

4.3.3 The Actual Conduct of Community Members towards the Aged

The researcher asked the respondents to state whether the aged were treated well by community members and the findings revealed that the aged were ill-treated. Table 10 below shows that 56 (78%) of the respondents admitted that the aged were being ill-treated by their fellow community members and family members of the aged. Only 16 (22%) of the respondents said that the aged were treated well.

Table 12: Community Members who said the Aged were Ill-Treated

Answers from respondents	Frequency	Percentage
Most of the aged are not accepted by the community members due to suspicions that they are witches.	14	25
Most of the old people are not accepted in the communities simply because of their ugly looks.	11	19
Old people are rejected, isolated and are usually insulted by the young ones. Sometimes even by their own family members.	11	19
Young people don't accept the aged but those who are over 40 years and above do accept them.	7	13
Old people are difficult to keep and their behaviours are so unbecoming	5	10
Old people are too troublesome as a result people don't like them.	4	7
Old people are treated well but the old people themselves are always complaining because they don't appreciate.	4	7
Total	56	100

Source: Field data

The 16 (22%) who said the aged were treated well gave reasons such as: the old people were the ones who took care of the orphans and the sick so they were needed in the communities; they were cherished as the custodians of wisdom and traditional history; they were treated with love, care and tenderness especially if they were being kept by their own children.

The researcher also asked the aged as to whether they would say the community accepts them. The findings revealed that the aged were not accepted in the communities. All the 24 aged lamented and said that the community members as well as their families treat them unfairly. They also said that, nowadays, traditional values had gone down. In the olden days, community members as well as relatives were able to take care of the old people with

no problems. Only in a few cases in the olden days, were old people being accused of being witches. Now it's almost every old person is said to be a witch. They continued to say that with the coming of HIV/AIDS, a lot of young people die and the suspected killers are often the aged. Most of the aged are killed because of accusations, they are being burnt to death or beaten to death. Communities call them names. When they take a walk in the communities, they are not free because anyone could pounce on them and beat them to death. They said "you even fail to look at the young ones for fear that they would say you want to bewitch me". Old age has become a painful thing to bear. "You find yourself complaining to God as to why he has allowed you to live this long instead of being thankful that God has given you long life."

4.3.4 Senior Citizens Association of Zambia and the Retirees Welfare Bureau of Zambia

The staff interviewed from SCAZ and RWBZ stated that the aged lose respect because they are no longer able to do things on their own as they used to do. They need the help of the young ones but these young ones are failing because they are also struggling in life. So community members need to be empowered financially in order for them to take good care of the aged. The government should come up with a deliberate initiative of empowering those who are keeping the aged financially. Our nation should learn to appreciate the aged because they are the ones who have contributed so much to make the nation where it is today.

4.5 FACTORS THAT FOSTER THE ABUSE OF THE AGED

The researcher wanted to know the factors that foster the abuse of the aged. Community members stated poverty, the influence of Western culture upon the society, myths and the erosion of traditional values and beliefs as the major factors that foster the abuse of the aged. Other factors were the people's perceptions as stated below in table 11.

Table 13: Factors that Foster the Abuse of the Aged by Community Members

Factors	Frequency	Percentage
The aged are abused because they are suspected to be witches	14	19
The aged are abused because they lose strength and depend on the young ones to help them so they become a burden to those taking care of them.	10	14
Some of the aged are abused because people would want to grab their property so they start accusing them to be witches.	9	13
The aged are abused because they become vulnerable.	8	11
The aged are abused because they lose their beauty and start looking ugly so people start fearing them, as a result they would want to get rid of them.	7	10
The aged become troublesome and they do not understand others. They insist doing things their own way even when it is wrong.	7	10
The aged are abused because they insist that people should live the way they used to live in the past, they forget that things change and the people's minds are progressive.	6	8
The aged are abused because of their bad behaviour. They urinate where they are sited or on the bed, they defecate anywhere even in the house even when they know where the toilet is. They do bad things deliberate to annoy people keeping them because they get tired of life and they just want to die.	6	8
The aged themselves become frustrated in life so they start behaving in a way that attracts the abuse from people around them.	5	7
Total =	72	100

Source: Field data

The aged stated that poverty, influence of Western culture upon the society, myths and the erosion of traditional values and beliefs are the factors that fostered the abuse of the aged.

The two members of staff of the two NGOs cited poverty, lack of policies for the aged, influence of Western culture upon the society which has caused the erosion of traditional values and beliefs and myths as the major factors that fostered the abuse of the aged.

The 2 staff from the Community Development Mother and Child Health stated that poverty, influence of Western culture upon the society which has caused the erosion of traditional beliefs and myths are the factors that influenced the abuse of the aged.

Some of the myths which were stated by community members which people of communities held were: the belief that, for a person to grow old, it means that person has fought other witches who wanted to bewitch him or her, therefore, that person is a big witch with powerful charms and that is why he or she has managed to grow old. For those aged who lose their children, the myth is that, some spirits haunt them wanting to take them away but they instead surrender their own children; others bewitch their children because they can't work anymore to find food so they opt to kill their own children and eat. For the aged with businesses, the belief against them is that they kill their children and use them in businesses.

4.5 SUGGESTIONS ON HOW KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS THE AGED CAN BE IMPROVED.

4.5.1 Community Members' Suggestions

Community members suggested that education and good policies would help to improve knowledge, attitudes and practices towards the aged. They said that people in the communities need to be educated on the ageing process and how to keep and care for the aged in order to understand how people behave when they grow old or when they are growing old. The aged need to be educated also in order for them to accept old age because

some of them don't accept being old so they become frustrated and give problems deliberately. They still want to be regarded as young. The ageing process should be taught on radio, TV, Schools and Clubs. Government, NGOs and community members should hold workshops to educate the young ones to accept the aged and not to look upon them as witches. The community members need awareness of the rights of the aged. Education on the ageing process should start from childhood. People should also be educated on the rights of the aged. stiff punishment should be meted out to those who abuse the aged. The government should put up developmental schemes for the aged and come up with many homes for the aged. Churches should take a keen interest in educating people about loving the old people.

4.5.2. The Aged suggestions

The aged suggested that government should take care of them by looking into their plight regarding shelter, food, clothing and medication. They said this would make them independent and the people in the community would, to some extent, respect them. They suggested that government should also give them a listening ear.

4.5.3. The Senior Citizen Association of Zambia

The Senior Citizen Association of Zambia (SCAZ) stated that the knowledge, attitudes and practices towards the ageing and the aged can be improved by teaching the aged skills appropriate to their age. The aged also need literacy skills and knowledge in health matters. Government should design good policies concerning the aged and also some strategies of how the aged can be taken care of. SCAZ felt that the initiative of cash transfer the government has embarked on is good but it is not consistent and not all the aged are catered for. Government needs to do a lot more concerning the aged. The communities also need some education on the process of ageing and an understanding of the changes that result from the ageing process.

4.5.4. The Retirees Welfare Bureau of Zambia (RWBZ)

The RWBZ said that the communities need sensitisation; they need education in order for them to have an understanding of the process of ageing. The government needs to establish a curriculum concerning the aged in schools so that children could learn and understand the process of ageing and not only the physical changes which they see. Young people need to know that every person has a potential of growing old and when people grow old they need to be respected, loved, helped and cared for. RWBZ said that there is need to establish a policy that takes into consideration all the issues of the aged in relation to the communities. The media also needs to educate the communities of the good work the old people are involved in and be commended for that. Children need to be taught the importance of taking care of their old folks. Government should also come up with a deliberate policy to see that children take good care of their aged parents and not neglect them.

4.5.5. The Ministry of Community Development Mother and Child Health

The Ministry of Community Development Mother and Child Health said that they have been trying to solve the problems of the aged. Although they could not say that what they have done has helped to solve all the problems of the aged, nevertheless, to some extent they have helped in a small way. Some of the aged have benefited from programmes such as cash transfer, a project which is being piloted in just a few places. They said that they also have been helping the aged left with orphans to look after by taking those orphans to school. Additionally, the Ministry sometimes provides some funds to buy food stuff and clothes to give to the vulnerable which includes the aged. The Officers said the Ministry may be seen to be doing nothing because whatever they do is just like a drop in the ocean because the problems are so many and the Ministry is involved not only in helping the aged alone but all the vulnerable people.

CHAPTER FIVE

DISCUSSION AND ANALYSIS

This chapter discusses and analyses the findings as presented in chapter four.

5.0 The concept old age

The study revealed that the concept old age is defined differently by different people or societies. The Council of Europe (1991) stated that where "old age" starts from is not precisely defined and this makes comparisons between studies and between countries difficult. This is also evidenced by how community members defined old age. 59 (81%) of the respondents defined old age chronologically. However, they still, could not come up with one definite year which could be said to be the beginning of old age. The other 13 (29%) respondents defined old age by the observable features such as loss of strength and teeth due to long years lived by one, being full of wisdom and experience and having grand children.

These 13 (20%) respondents were in agreement with Levy and Banaji (2002) who talked about age categorisation as a process of classifying people as belonging to a certain age group and by implication not to the other. The respondents who looked at loss of strength and teeth due to many years lived for instance, mean that all those people in this group should be classified as old people. The problem with this classification would be that, signs of ageing do not appear at the same time in all people who are ageing. Some people experience the signs at an early age while others at a very advanced age. For example, some people, especially men would reach the age of 80 or 90 with full of energy and their teeth intact. Some respondents classified old age by one having experience and wisdom and one having grandchildren. Those who looked at wisdom and experience are in line with what Kamwengo (2004) said that to some people old age means being full of wisdom, more knowledgeable, more skilled and more experienced. The problem with this definition is that, we are now in the technological era where knowledge progresses very fast. By the time one advances in age, a lot of things would have changed tremendously leaving one behind in knowledge. Similarly, modernisation theory explained by Cowgill (1974) stated that a shift towards industrialised modes of production (or more broadly,

production that do not require individual expertise and skill) undermined the societal status of older people. Modernisation devalued older people's experience-based knowledge. Classifying those with grand children to be old people would still be problematic because some people have grand children at an age when they are still regarded as youths. For instance, a girl who gives birth to a child at age 12 is likely to have a grandchild at the age of 24 or 25 years old if a similar thing happens with that child.

However, chronological age is the most useful and much easier way of determining old age although it also has some flaws. These flaws have made it not possible to have a universal numeric figure which can be said to be the beginning of old age. In agreement to this, Davies (1999) stated that several countries set 65 years as an age at which an individual might enter old age. While HelpAge (2009) stated that United Nations set 60 years to be the year at which one is considered to have entered old age. Nevertheless, setting chronological age, though may differ from country to country helps in the formulation of policies and social security planning. Lack of the definite definition of old age contributes to the difficulties people experience in understanding the process of ageing. The chronological ageing do not usually tarry with the signs of ageing. To some people the signs of ageing come much earlier than the given age at which one would be considered old. While to some they go beyond that given age before signs could start appearing. However, the most cardinal thing is to link the signs of old age to the behavioural aspects of old age.

5.1 Lack of understanding of the behavioural changes

The study established that the community members of both Chipata and Ng'ombe compounds were able to see some changes in a person who is ageing but they lacked understanding of some behavioural changes that resulted from the ageing process such as loss of memory, were an old person forgets his/her own house and goes to the neighbour's house and is accused of being a witch. The ageing process can be explained better by looking at the wear and tear theory of ageing, as postulated by Weismann (1982) who explained that, as an individual ages, body parts such as cells and organs wear out from continued use. Wearing out of the body can be attributed to internal or external causes

whereby cells lose their ability to regenerate. Consequently, the body loses its normal functionability. Due to this malfunctioning of the body when a person is ageing, it causes some of the aged to urinate and defecate where they are or on the bed, forgetting their own house and ending up at any house in the neighbourhood, talking to themselves or undressing in public and other behaviours that cause them to be suspected as witches. These negative behaviours by the aged cause community members to be full of suspicions towards the aged and have negative perceptions which bring about the abuse of the aged. Lack of understanding of the ageing process brings about fear of ageing.

However, very few community members could link the observable changes to the behavioural changes that result. Some of the causes to this is what Schwartz (2006) highlighted about cultural embeddedness that some cultures value embeddedness while others value autonomy. Embeddedness emphasise traditions and social ties to the social group. The socialisation of the old people and the young adults made the young adults to understand the behavioural changes of the old people. In agreement to this is Kamwengo (2004) who postulated that the elders in African societies, especially grandparents, parents, uncles and aunts played a major role in passing on to younger adults and children essential knowledge, skills and values. In addition, Shiundu and Omulando (1992) noted that lifelong learning in traditional African societies was accomplished through peer alliances, as well as through interaction with older people deeply familiar with the various aspects of community laws, values and mores. Cultural autonomy existed only in the Western cultures, hence older abuse was first discovered in the Western countries as stated by WHO (1989). Cultural autonomy causes older people to be often isolated and excluded in the communities.

In this case, one can be permitted to believe that because of the education the young adults received as they socialised with the old people, cases of suspicions and abuse of the aged were minimised. Old people live in fear and this can be evidenced by the old people's responses. This hinders them from actively participating in the community's developmental projects. It also causes them to withdraw from society. Older people are later regarded as having no knowledge to offer to society. In agreement with this, Cowgill

(1974) in elaborating modernisation theory said that, modernisation devalued older people's experience-based knowledge, disintegrated traditional family structures through urbanisation. When people live in fear, you do not expect much from such people because they go into culture of silence. The devaluing of older people's experience-based knowledge, the disintegration of traditional family structures through urbanization has also caused the aged to be isolated and has created a gap in the knowledge of the process of ageing.

5.2 Knowledge about governments help towards the aged

The findings revealed that respondents had very little information about the support government gives to the aged. Most respondents, both the aged and community members seemed ignorant about the help that the Zambian government offers to the aged as well as the existence of the Ministry of Community Development Mother and Child Health. These findings could mean that the Zambian government value the extended family for the social security needs of the aged. However, this set up has been weakened by social and economic pressures such as the HIV/AIDS and poverty among others. Furthermore, government did not have a National Policy for the aged until January 2013. This policy, by the time this report was being written, had not even been disseminated to the stakeholders yet. The lack of policy hindered those who could have been interested in coming up with intervention programmes to the problems the aged are facing.

In the same vein, the two non-governmental organizations felt that government lacked commitment towards addressing the challenges that the aged were facing, citing an example of that they have been operating without a National Policy until January 2013. Furthermore, SCAZ said the initiative of cash transfer the government embarked on was not consistent despite catering only for a few old people.

Similarly, Dumingu et. al (2007) carried out a study on Social and Economic challenges faced by the aged in Zambia and their findings revealed that the government or society at large was doing nothing to help the aged who had become breadwinners. In addition

Dumingu et. al (2007) stated that the situation of the aged in Zambia could not be adequately addressed due to lack of policy on ageing.

The lack of or very little care for the aged by the government could mean that the government itself does not value the aged. This is in line with what Abrams *et al.* (2009) studies which were done in Europe. They reported that because of the increase in Europe's elderly population relative to its workforce posed a number of challenges to the European Union as a geopolitical region and also to the United Kingdom (UK). Age discrimination prevented the social inclusion of elderly people. Many older people were excluded from opportunities because of negative attitudes and age stereotypes. In the same vein was Australian Psychological Society (2004) which conducted a survey and their findings revealed that the Australian Government raised concerns about the ageing of the Australian population and the impact of this on the general quality of life of the wider community. The productivity presented the ageing population primarily as a burden, particularly economically, and as a looming crisis.

The argument of the Australian Psychological Society (2004) would also in some cases apply to our Zambian nation. The Australian Psychological Society (2004) argued that older individuals made not only positive social contributions that should have been recognised, but also economic contributions such as workplace productivity, leadership in innovation and change management, and older persons' investments in industry. Older people could also be a valuable resource to their families. While recognising that older individuals might have increased health care needs than when they were younger, it was important to acknowledge their ongoing contributions to the community, both economically and socially.

In the same vein, Mapoma and Masaiti (2008) carried out a study about perceptions of and attitudes of the members of the communities who, by definition and chronologically were not classified as aged i.e. not yet 60 years and over towards the aged and ageing in Zambia. Their study concluded that people rarely discussed ageing and where such discussions were made, they usually reflected pessimistic views, attitudes and perceptions towards the aged. They said that the discussants indicated that while older people faced serious

challenges, there seemed to be no commitment in terms of policies and programmes on how to address the question of ageing.

Furthermore, despite the many challenges old people are facing, especially now with the advent of HIV and AIDS were the young adults are dying leaving the old people with no one to take care of them, government has no home for the aged in Lusaka. It has only a transit home in Matero which is not specifically for the aged but to help the people who are in transit and want to be assisted by the government to transport them to their destinations or those who are lost and are waiting for their relatives to recover them. The people who are kept there are not supposed to be there permanently but only for a while. The only home for the aged in Lusaka is run by the Roman Catholic Church in Chawama which has a capacity to accommodate only 20 people. The findings from the aged respondents revealed that those who did not have anyone to take care of them were willing go to the homes for the aged.

5.3 Myths promoting witchcraft

The study revealed a lot of myths among community members such as that death does not occur naturally. In whichever manner death strike, there is still a belief that a person dies because he/she has been bewitched. Another belief is that if a person grows old, it means that, that person has fought other witches who wanted to bewitch him or her, therefore, that person is regarded as a greater witch with powerful charms which made him or her to manage to grow old. For the aged who lose their children, community members hold that, some spirits haunt them wanting to take them away but they instead surrendered their own children. While others are believed to have bewitched their own children because they could no longer fend for themselves, so they opted to kill their own children and eat. For the aged with businesses, the belief against them is that they kill their own children and used them in businesses. These myths pollute the minds of most community members and as a result, their attitude towards the aged is full of suspicions. These results in negative practices towards the aged such as not wanting the aged and consequently, abusing them.

The perceptions people hold of the aged can impact on the older people in employment, education, and health services, and in the general treatment of older people. The negative perceptions result in negative practices towards the aged such as shunning them and abusing them. These myths cause most of the people not to understand the process of ageing even though they may be able to see the physical and mental changes. This is in agreement with Palmore's (1988) argument that many people believe numerous myths about the aged reinforcing negative attitudes towards them and towards getting old.

The genetic theory, as explained by Baker, et al (2009) states that ageing is programmed within each individual's genes. According to this theory, genes dictate cellular longevity. Programmed cell death, or apoptosis is determined by a "biological clock" via genetic information in the nucleus of the cell. Over the course of normal development, these genes are expressed or repressed. Environmental factors and genetic mutations can influence gene expression and accelerate ageing. This theory explains why some people live longer than others. It therefore expels the myth that when a grows old then that person has fought other witches who wanted to bewitch him or her, therefore, that person is regarded as a greater witch with powerful charms which made him or her to manage to grow old. The genetic theory makes us understand the ageing process but unless people are given such education would they be able to understand appreciate ageing and the aged.

These myths and negative perceptions hinder the productivity of the aged because they are always living in fear. They even fear to spearhead some projects even though they may have the knowledge because they are scared that should anything go wrong, then the community members would kill them saying they are witches. Nevertheless, this can only be addressed by educating the community members to have positive perceptions concerning the aged. In agreeing with this, Musaiger and D'Souza, (2009) argued that the perceptions the public hold of older people could impact on the elderly in employment, education, and health services, and in the general treatment of older people. Interventions could be developed to ensure that older people could and should live a better quality of life and the recommendations were made for education, better policy and practice.

Furthermore, the study established that the community members' negative perceptions towards the aged resulted into abusing the aged. In order to change the mindset of the community members towards the aged good educational programmes need to be put in place. This is in line with what Abrams et al., (2009) advocated for. 'They advocated for strategies that would increase the inclusion of, and opportunities for the aged as patronizing stereotypes, and tackling people's negative assumptions about the aged. They stated that tackling negative age stereotypes would not just reduce prejudice but would create better outcomes for people.

5.4 Traditional values under viewed

The findings also revealed that community members are shunning the aged and not wanting to take care of them. Zambia upholds the fundamental principles of the family as the main social unit and promotes the role of the family in the care of its older members and protection of their rights. However, due to the poor economic situation in the country, in which about 77 per cent of the population are living in poverty (CSO, 2010), community members seem to be shunning the aged and not wanting to take care of them. Nevertheless, this could just be due to lack of means to take care of the aged.

The problem of elder abuse cannot be properly solved if the essential needs of the aged for food, shelter, security and access to health care are not met. The International Social Security Review (1995) stated that although social security aims at addressing among others these challenges the aged face at such a moment in life, one would be quick to point out that most social security systems in Africa and SADC region in particular leave much to be desired in almost all respects. As the case is in most countries in the SADC, the Zambian social security system is in such a way that it concentrates in the formal sector.

The Zambian government need to take a deliberate effort to create an environment in which ageing is accepted as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where the aged are given the right to live in dignity, free of abuse and discrimination. Additionally, the nation should create an environment where the aged are

given opportunities to participate fully in educational, cultural, spiritual and economic activities.

Comparing the olden days and nowadays with regard to the way the aged are taken care of, Cowgill and Holmes (1978) outlined that in Africa, during the pre-colonial period, older people were highly regarded and respected for their experience, knowledge, wisdom, skills and ownership of land and other economic assets. They were accorded highly valued and respected positions in society. In the same line Hooyman and Kiyak (1996) said that older people managed and distributed the most important economic assets and land to the younger generation members. The control of economic resources gave older people economic power, prestige and high status. They were regarded as custodians of knowledge about tradition and custom, rituals, child bearing, house building, food production methods and other valued economic functions such as canoe making, black smithing, hunting, fishing, trade and herbal medicine. They disseminated this knowledge as historians, instructors, teachers, story tellers, traditional healers and priests.

From the argument of Cowgill and Holmes, (1978) and Hooyman and Kiyak (1996), you can see that the aged were respected because of the knowledge and economical gain they were able to give to the community. However, now it is different because the aged are regarded as not knowledgeable and with nothing to offer to the community. Consequently the aged are not being appreciated even though they do offer services to the community but due to lack of education programmes to the community members to highlight the services the aged offer, very few people appreciate the aged. In addition to this, Zambia's traditional support system for the aged has been seriously eroded. This has been aggravated by the embracing of Western culture which promotes the nuclear family. The cultural values, compounded by the effects of globalisation, are also undermining traditional values of respect and support for older persons. As a consequence, some of the aged are left to fend for themselves, while some are taken to institutional homes by those who are supposed to look after them even though they are economically capable of taking care of and providing for their old. The HIV/AIDS pandemic has also had a negative impact on the well-being of older persons and on support services for them. Older people

who had anticipated support from their children in old age are finding themselves to be the main caregivers and without a family to help them in the future.

In agreement with the above, Kamwengo, (2004) stated that the coming of colonial rule to Zambia, the country underwent the process of modernisation. As the process of modernisation proceeded, it was found that the status and treatment of older people changed. The modern market economy, communications, education and urbanisation introduced by colonial rule and strengthened in post-colonial Zambia weakened traditional forms of social security and reduced the power, authority and status of older people. Modernisation theory proved to be a useful theoretical framework for explaining the erosion of the status of older people in Zambia.

5.5 Need for educational strategies and policies

The study further revealed that the negative attitudes and practices of the community members could be changed by establishing some educational strategies that would increase the community members' awareness of the changes that take place in the ageing process and the expected behavioural changes that result. The education system need to take a more active role in the promotion of positive attitudes towards ageing and the aged as well as taking into consideration differential ageing patterns at all levels of the curriculum. Such education programmes should start as early as one's education life. Additionally, policies need to be put in place that would effectively address the challenges of the aged in order to create an environment which would dignify and honour them. Zambia has had no policy in place for the aged until January, 2013. This resulted into having no direction for those dealing with the welfare of the aged concerning the affairs of the aged. In agreement with the above, Bailley (1991) said that education strategies were needed to increase the community awareness of the changes that take place in the ageing and the aged.

Additionally, WHO (1989) suggested public education and awareness raising as important elements in preventing abuse and discrimination of the aged. WHO (1989) recommended programmes such as those whose efforts aimed to inform practitioners and the general public about the various types of abuse, how to identify the signs and symptoms of abuse

and where help could be obtained. Further suggestion was that the media could be a powerful tool for changing attitudes and reducing stereotyping of the aged and educational programmes which would aim at older people themselves. These programmes would be more successful if the information on abuse would be woven into wider topics, such as successful ageing or health care.

If the pre-colonial African societies represent a particular form of the learning society and if it was the colonial intrusion which disrupted this pattern through separating education from daily activities and locating it in the Western institution of the school, then the error should be corrected by bringing back a form of education that would embrace the activities of the people, education that would allow the interaction between the aged who are deeply familiar with the various aspects of community laws, values and mores and the young, education that taught people how to respect and love old people. This would, to some extent, address the current negative knowledge, attitudes and practices of the members of the communities towards the ageing and the aged. Also people's mindset of holding the myths that every death was caused by witchcraft could be addressed by putting up education strategies that would effectively address these myths.

According to modernization theory, the separating of education from the daily activities and locating it in Western institution of the school contributed to lack of understanding of the ageing process hence bring about the abuse of the aged. This error could then be corrected by bringing back in this very Western institution of school, a form of education that would embrace the activities of the people in communities. Most of the things which they were doing in pre-colonial education (i.e. fishing, counseling, education that would allow the interaction between the aged who are deeply familiar with the various aspects of community laws, values and mores and the young. Knowledge is just improved upon otherwise there is no one who has discovered new knowledge other than the knowledge that God gave to man when He created him. Whatever knowledge there is which we claim to be new knowledge, it has been there before and has just been improved upon. Before one improves on knew knowledge, one has to study the old knowledge and understand the pros and cons of it. Therefore to say that old people have nothing to offer to society is an error that needs to be corrected by giving appropriate education to such people.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Conclusion

The study established that community members were able to see changes in a person who is ageing but lacked understanding of the behaviour that resulted from the ageing process. The study also established that the lack of knowledge of the ageing process led people to hold negative perceptions and myths against the old people. Consequently, these negative perceptions and the myths caused people to have negative attitudes towards the aged which resulted into negative practices.

Furthermore, the study established that most community members as well as the aged were ignorant about the help that government gives to the aged. Some were also ignorant about the existence of the Ministry of Community Development Mother and Child Health, later on its operations. In addition, the study revealed that government did not have a policy in place until January 2013 and at the time this report was being written, the policy had not yet been disseminated to the stakeholders. This made those interested to carry out some programmes which could help in alleviating the problem of the aged, not to have direction and guidance.

The study therefore, concluded that there was need for the education of the ageing process to the community members in order to dispel the myths and negative perceptions community members hold against the aged. The community members need community educational programmes that would aim at promoting positive attitudes, towards ageing and the aged at all levels of curriculum. Such kind of education should be introduced in schools so that as children grow, they have an understanding of the ageing process and the expected behavioural changes in an old person or a person who is ageing.

In addition, the study established that high levels of poverty, lack of knowledge on the ageing process, the negative perceptions and myths among others, were the major

contributing factors that fostered the abuse of the aged. The caregivers of the aged feel burdened to keep the aged as a result, they abuse them instead.

Furthermore the study concluded that the problem of elder abuse cannot be properly solved if the essential needs of the aged for food, shelter, security and access to health care are not met. The nation should create an environment in which ageing is accepted as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where the aged are given the right to live in dignity, free of abuse and discrimination. Additionally, the nation should create an environment where the aged are given opportunities to participate fully in educational, cultural, spiritual and economic activities.

The study concluded that the error of separating education from the daily activities and locating it in Western institution of the school, could be corrected by bringing back a form of education that would embrace the activities of the people in communities, education that would allow the interaction between the aged who are deeply familiar with the various aspects of community laws, values and mores and the young. Knowledge is just improved upon otherwise there is no one who has discovered new knowledge other the knowledge God gave to man when He created him. Whatever knowledge there is which we claim to be new knowledge, it has been there before and has just been improved upon. Before one improves on knew knowledge, one has to study the old knowledge and understand the pros and cons of it. Therefore to say that old people have nothing to offer to society, just shows that knowledge is lacking hence the need for education that would impart such knowledge.

6.1 Recommendations

1. The Government through the Ministry of Community Development, Mother and Child Health and NGOs in conjunction with the Ministry of Education should come up with Education programmes that will teach community members the process of ageing and the behavioural changes that come with the ageing process. This type of education should be introduced in schools starting from basic schools to high schools.

2. The Social Welfare Department should register all the aged in Zambia and start giving them money for upkeep on monthly basis to all those who do not have the means. This will empower the aged and will make them earn some respect from those community members who look at them as parasites and despise them. This will also help dispel the myths that old people bewitch others in order to eat them because they can no longer work.

3. Social Welfare, the NGOs dealing with the welfare of the aged and churches should give a helping hand to those keeping the aged so that they do not feel burdened.

4. The Government through the security agencies like the police should make the aged feel protected by sensitising the community members that stiffer punishment would be meted to those found abusing the aged. Additionally, the aged should be encouraged to feel free to report any form of abuse from either those keeping them or community members.

5. The University of Zambia, School of Education, Department of Adult Education and Extension Studies should include, in the gerontology course, teaching the process of ageing and the expected behavioural changes that come with the ageing process.

6. Government should come up with policies and programmes that will effectively address the challenges of the aged in order to create an environment which will dignify and honour the aged.

7. Media reports should also publicise the developmental projects the aged are involved in, so that the thinking of the aged being a liability is dispelled. Some TV adverts should also feature the aged positively so that people know that being old does not mean being useless in society. Media should also come up with educative programmes to the nation on the ageing process and its outcomes.

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APPENDIX I: QUESTIONNAIRE FOR COMMUNITY MEMBERS

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES
DEPARTMENT OF ADULT EDUCATION

QUESTIONNAIRE FOR THE COMMUNITIES

Serial number____

Dear respondent,

I am a post-graduate student at the University of Zambia, School of Education doing masters in education. I am currently carrying out a research on the topic "Assessing the knowledge, attitudes and practices of different communities towards the ageing and the aged'.

You have been selected to provide information for this research. The information you will provide will be used for academic purposes. The source of information as well as the answers will be treated with maximum confidentiality. Do not write your name.

Your cooperation will be highly appreciated.

Yours faithfully,

Febby Finch

INSTRUCTIONS

Please answer all the questions in all the sections. Put a [√] against the answer of your choice or write your answer in the spaces provide.

SECTION A

1. Residential area ----------

2. Gender Male [ ] Female [ ]

3. Age range 16 – 23 [ ] 40 - 47 [ ]
   24 – 31 [ ] 48 – 55 [ ]
   32 - 39 [ ] 56 - 59 [ ]

SECTION B: KNOWLEDGE

4. Who is an old person ----------

   ---

5. What changes do you know take place when one is growing old? ----------
   ---

   ---

6. What changes would you say have taken place in a person of 60 years and above ?

   (a) with regard to the physical ----------

(b) with regard to the way of thinking ----------

(c) with regard to way they relate with other people ----------
---

(d) With regard to eating habits ----------

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7. What behavioural changes do you know that result from the changes you see in an old person?

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8. What do you know about the homes of the aged? ----------

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9. Who qualifies to go the homes of the aged?

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10. What kind of government's provisions towards the old people are you aware of?

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11. Are you aware of the Ministry of Community Development Mother and Child Health

Yes [ ] No [ ]

12. If yes to question 11, would you state some of its work you know with regard to Community Development Mother and Child Health ----------
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13. Do you think the people in the community need to be given education concerning the process of ageing? Yes [ ] No [ ]

14. If your answer is 'Yes' to question 13 why do you think they should be given education?

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15. If your answer is 'No' to question 7 give reasons for your answer.

SECTION C: ATTITUDES

16. What are the things, if any, you like about old people? ----------
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17. What are the things, if any, you don't like about old people? ----------
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18. Do you think it is a good idea to take the old people to the homes for the aged?

Yes [ ] No [ ]

19. Give reasons for your answer to question ----------

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18. Do you think old people are easily accepted in the communities or society?

Give reasons for your answer----------

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20. Do you agree with people who say old people are witches Yes [ ] No [ ]

21. Why do think some people think old people are witches ----------
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SECTION D: <u>PRACTICES</u>

22. Have you ever kept an old person or stayed with an old person? Yes [ ] No [ ]

23. If your answer is yes to question 22 what were your experiences? ----------
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24. How do you think old people should be treated and why? ----------
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25. Would you want to stay with an old person Yes [ ] No [ ]

26. Give reasons for your answer to question 25 ----------

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27. How do you think old people should be helped? ----------

SECTION E: <u>WHY THE AGED ARE ABUSED</u>

28. Do you think the aged are abused in communities? Yes [ ] No [ ]

29. If your answer is Yes to question 28, why do you think the aged are abused? ----------
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SECTION F: <u>SUGGESTED IMPROVEMENTS</u>

30. Suggest ways how knowledge about ageing and the aged can be improved ----------
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31. Suggest ways how attitudes towards the ageing and the aged can be improved ----------
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32. Suggest ways how practices relating to the ageing and the aged can be improved ---------
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Consent Agreement signed by one of the community members

I have understood the instructions that Febby Finch has given for her questionnaire of the Master's degree. I agree to participate in answering her questions. I have also understood that I have the freedom to withdraw from this participation and that this material will be destroyed when its purpose has been achieved.

…….Sign

…….Date

THANK YOU FOR YOUR COOPERATION AND GOD BLESS YOU.

APPENDIX II: INTERVIEW GUIDES

SEMI STRUCTURED INTERVIEW GUIDE FOR THE AGED WHO ARE STAYING WITH RELATIVES (GUARDIANS)

1. Residential area ---------- Date ----------
2. Age ----------
3. Gender Male [ ] Female [ ]
4 Level of Education?
5. What do you do for your living?
6. Are you staying with your relative(s)?
7. Why are you staying with your relative(s)?
8. What is your relationship with the one who is keeping you?
9. Do you like staying with your relative(s)?
10. If not what is it that you don't like about staying with your relative?
11. If yes what is it that you like about staying with your relative?
12. Did you choose to stay with your relative?
13. Before you started staying with the one who is keeping you, where were you staying?
14. If you were given a chance would you love to stay alone?
15. What are your experiences of staying with a relative?
16. Are you aware of the homes of the aged?
17. If you were asked to be taken to the home of the aged would you agree? If yes Why? if No Why?
18. People say old people are troublesome what would be your explanation to that?
19. Some say when a person grows old he/she gets annoyed so easily. What would be your explanation to that?
20. Some people think that old people are witches what would you say causes such people to say that?
21. How do you relate with people of the community?
22. What help do you receive from the community?

23. Do you think you are given the respect or treatment you deserve by the community? If 'no' what is it that the community does that you don't like?
24. How would you want the community to treat you?
25. What are the things that you think the community should appreciate you for.
26. In your own opinion do you think it is a good thing to grow old?
27. Are you aware of any government provisions towards the aged?
28. Are you aware of Ministry of Community Development and Social Welfare?
29. What do you think is the work of this Ministry?
30. Do you receive any help from the government?
31. If yes, what type of help do you receive?
32. Do you receive any help from any NGO?
33. If Yes what type of help?

SEMI STRUCTURED INTERVIEW GUIDE FOR THE AGED WHO ARE HOUSEHOLD HEADS

1. Residential area ---------- Date ----------
2. Age ----------
3. Gender Male [ ] Female [ ]
4. Level of education
5. Are you staying in your own house or a rented house?
6. How many people are you keeping?
7. What is your relationship with the people you are keeping?
8. Do you have people who are helping you in terms of buying food, paying rent and all the home necessities?
9. If No what do you do for your living?
10. If nothing how do you manage to run a home?
11. Do you experience problems with the people you are keeping?
12. What type of problems?
13. If you were given a chance would you love to be kept? If Yes. why? If 'no' why
14. Are you aware of the homes for the aged?
15. If you were asked to be taken to the home of the aged would you agree? If yes Why? if No Why?
16. People say old people are troublesome what would be your explanation to that?
17. Some say when a person grows old he/she gets annoyed so easily. What would be your explanation to that?
18. Some people think that old people are witches what would you say cause such people to think so?
19. How do you relate with people of the community?
20. What help do you receive from the community?
21. Do you think you are given the respect or treatment you deserve by the community? If 'no' what is it that the community does that you don't like?
22. How would you want the community to treat you?
23. What are the things that you think the community should appreciate you for.

24. In your own opinion do you think it is a good thing to grow old?
25. Are you aware of any government provisions towards the aged?
26. Are you aware of Ministry of Community Development and Social Welfare?
27. What do you think is the work of this Ministry?
28. Do you receive any help from the government?
29. If yes, what type of help do you receive?
30. Do you receive any help from any NGO?
31. If Yes what type of help?

SEMI STRUCTURED INTERVIEW GUIDE FOR THE NON-GOVERNMENTAL ORGANISATION DEALING WITH THE WELFARE OF THE AGED.

1. Name of organisation ---------- Date ----------
2. Gender Male [ ] Female [ ]
3. What is it that your organisation is involved in?
4. What is your mission?
5. What is your vision?
6. From which age do the aged qualify to be helped?

7 What kind of help do you give them?

9. What type of the aged are you helping?
10. Do you think the communities are aware of the process of ageing?
11. If the answer is'NO' what is your organisation doing to help the situation?
12. Do you think the aged are easily accepted in the society?
13. If the answer is 'no' why do you think they are not accepted?
14. What do you think should be done to make the community accept the aged?
15. What do you think the government should do to help allievate this problem?
16. Do you think the communities need education in relation to knowledge, attitudes and practices towards the aged?
17. If the answer is 'Yes' how do you think this education should be provided?
22. What other information would you want to provide?

SEMI STRUCTURED INTERVIEW GUIDE FOR THE KEY INFORMANTS: MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE.

1. Name of organisation ---------- Date ----------
2. Gender Male [ ] Female [ ]
3. What help does the government provide to the aged?
4. Is there any policy concerning the aged?
5. If the answer is 'no' what is your organisation doing about it?
6. If the answer is 'yes' are the aged aware of this policy?
7 If the answer is 'no' what is your organisation doing about it?
8. Are the aged aware of their rights?
9. If 'no' what is your organisation doing about it?
10. Do you think the aged are being abused in the communities they live?
11. If the answer is 'yes', what do you think are the causes of the abuse?
12. What do you think would be the solution to this problem?
13. What changes would you say take place when someone is ageing?
14. Do you think the communities are aware of the process of ageing?
15. If the answer is 'no' what do you think would be the solution to the problem?
16 Do you think the communities need some kind of education concerning the ageing process and the aged?
17. If your answer is 'yes' what type of education and how should it be given?
18. Do you think the aged need education also?
19. If the answer is 'yes' what kind of education?
20 If the answer is 'no' why ?
21. How do you think the government should look after the aged?
22. What other information would you want to provide?