

Income Support and the Promotion of the Rights of the Elderly in Lesotho

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ABSTRACT

The low economic status of the elderly has been recognized and yet little research has been carried out in this area. The poverty of old people translates into poor health and nutrition, high levels of risk, problems of generating income, acute difficulties in sustaining the burdens brought by HIV and AIDS, migration, conflict, and the loss of land-based assets, violence and psychological pressures. The purpose of the study was to investigate how the rights of older people were realized. It reports on the rights to independence that ensures income security and access to food, shelter etc. The paper reports on a study conducted among a sample of 150 persons aged 60 years and above. The sample was drawn from an urban area (Maseru) and among the rural residents of Berea and Roma (30-40 km from Maseru). A questionnaire was administered by university students and took about one hour to administer.

The main areas studied were the reported cash income and its sources, source of income in an emergency and the respondents' satisfaction with levels of the same. The study showed that slightly less than three-quarters of the rural elderly and slightly more than half of the urban elderly had incomes less than the minimum wage specified then. Urban incomes were higher. Two-fifths of respondents were unemployed, with an equal number mostly employed in manual and low paying jobs. A number largely depended on remittances or charity. There were no significant differences in satisfaction with incomes between the rural and urban elderly in spite of the significant differences in the same. The policy implications of the findings are discussed.

Introduction

Lesotho is the smallest country in Southern Africa and is territorially surrounded by South Africa. Its economy is more dominated by male migrant labour than that of any nation in Africa (Van der Wiel 1977:17). With about half of the able-bodied males away at any given time as migrant labourers, Basotho women are left with most of the responsibility for maintaining the normal course of rural, social and economic life.

Lesotho gained independence from Britain in October 1966. Only 9% of the country's surface area of about 30,355 sq. kilometres is arable. Environmental hazards such as soil erosion continue to deplete this already limited productive land. According to the 1996-population data sheet, the country's population is estimated to be just over 2 million people, 51% of whom are females while, 49% are males. 81% of them live in the urban areas.

In order to understand how the needs of the elderly are met in Lesotho today, it is important to look at the social support systems of the traditional Basotho society. This will provide some insight into the institutional structures which once met the basic needs of the elderly, and which may still do so today. Until the intervention of colonial rule in Lesotho, the elderly were relatively secure in their positions. Respect for the elderly was a core value in the cultures of the people living in Lesotho. According to Nyanguru (1994; 2000), older people had a clear role to play within the rural community and the responsibility of local villages to provide for the physical and emotional security of the aged was recognized. No one in the society would ill treat an elderly person, because he was now considered a living ancestor, as he was soon to join those who had departed before him. The elderly wielded considerable power. Their influence was exercised through their control of land, food, cattle and women. Those who reach the age of 60 find their positions consolidated and elevated and become a source of knowledge and wisdom and are consulted for solutions to many problems.

The former dominant economic position of the elderly in Lesotho has been eroded by economic change, new forms of social and political control, and new religions. State policies aimed at providing cheap labour in the mining, commercial and agricultural sectors in South Africa resulted in the migration of rural able-bodied workers (especially men) to the cities to staff the expanding enterprises. This in turn, resulted in the economic decline of the rural communities. As is the case in Lesotho, Rwezaura (1989) writes that the economic hardships of the elderly have not been fully appreciated in most African countries. It is often assumed that local African communities provided old-age security when, in fact, this is not the case. This assumption has caused hardships for migrant workers within the Southern African region.

The first line of defence for the elderly is the family. Due to social change, the family institution is no longer able to care for all its members, especially the elderly, the sick and the disabled.

As a result of the declining rural economy and the lack of adequate social security system, many elderly Basotho face severe economic hardship. Several respondents who were interviewed by Gay (1980) and Mothebe (1996) were destitute: they had no means to pay their rent, to buy food, clothing and other necessities. Some respondents reported that they had no one to look after them.

Rights, Older Persons and Exclusion

According to Petersen (2000:4) older people are the fastest growing population group. By 2050, one in five persons will be over 60 and for the first time in history, people in this age group will out number children. The numbers of older people living in poverty are high and increasing. Jugessur (2000) observes that the number of older people is growing rapidly in Africa and according to projections, in fifty years, the growth rate, which is currently 4.52%, will rise to 11.32% of the total population. We are also experiencing a demographic "age-quake"- a global transition from high birth and death rates to low fertility and mortality that has led to an unprecedented growth in numbers of older people worldwide. But the developing world faces the harsh reality that

it is growing old before it is rich, with potentially traumatic consequences for older people, their families and societies.

Yet, older people's poverty is still not a core concern in the social, economic and ethical debates of our time. Their right to development is routinely denied, with ageing seen as a minority interest or a case for special pleading. Poverty and social exclusion remain the main stumbling blocks to the realization of the human rights of older people worldwide (World Bank, 1999). According to Hlubi (2000) and Nhongo (2000), for decades older people have been marginalized and have not been recognized and have been subjected to hardships and all forms of abuses. Sadly, this happens within their families and communities. Problems relating to older people have been underplayed and put on the bottom shelf.

Government and other organizations have, over the years, been pre-occupied with issues relating to child and woman abuse and the violation of their rights. It is only now that they are starting to show interest and focusing on the rights of the elderly. Authorities in all countries have an obligation to protect and promote the human rights of every citizen regardless of race, gender, religion, age and culture. The elderly, through life, have acquired skills and their leadership and consultative roles in communities should be honoured. Because they have these skills, it is their right to remain fully integrated into activities of their families, and communities and to participate fully in the formulation and implementation of policies that affect them. The fact that older people have an immense contribution, socially and economically, towards their communities should no longer be ignored (Jugessur, 2000). We should ask ourselves what we would do without them instead of what is to be done with or for them.

Petersen (2000) has divided the United Nations Principles for Older Persons into five key areas. These constitute the older people's rights. They include independence, care, self-fulfilment, dignity and participation. This paper is going to focus on the principle of independence which recognizes older people's wish to be independent as far as possible and is closely linked to ensuring their access to the

basic material rights of food, shelter etc. It is argued in this paper that when the elderly have income security, they have access to all their other basic human needs. The other basic rights principles will be discussed in passing as they are connected to the principle of independence. The principle of care asserts older people's right to support, self-fulfilment recognizes their continuing right to pursue opportunities for the development of their potential, through education, skills training and employment opportunities,. Dignity asserts that older people should not be belittled or treated with disrespect, and participation underpins the wider realization of their rights. They should be consulted about decisions that will affect them.

Methodology

The study on income support, reported in this paper, was conducted among 150 elderly men and women, aged 60 years and above, who lived in two suburbs of the capital city Maseru (Motimposo and Khubetsoana); and our residents of rural areas of Berea and Roma (130-40 kilometres from Maseru). Observations made and discussions held with persons concerned with the elderly in these areas yielded data, which supplemented the survey data.

Of the 150 respondents, half lived in urban areas while the other lived in rural areas. "Elderly" was defined as 60 years and above. Two methods were used to assess the age of a respondent. If a respondent was unable to state his/her age, he/she was asked how the eldest child was at the time of the interview; 20 years was added to the age of the respondent's child. The interviewer was instructed to assess the respondent's age visually.

A questionnaire was drawn up in accordance with the principles of multidimensional assessment. The instrument included sections on household identification, background characteristics, physical health, life style, habits, access to health resources, perceptions of quality of life (ADL), sources of support and nutrition and attitudes towards death and dying. The interviewers were University students who were specially trained to conduct the interviews and to complete the

questionnaire. The questionnaires took approximately one hour to administer. In-depth interviews and observations were also carried out. Qualitative data obtained from observation and open-ended questions were coded for content analysis. Case studies have been cited in the presentation.

Results and Discussion

Basic Characteristics

71.2% were females respondents, while 28.8% were males. There were more female respondents in the rural areas than in urban areas. As is the case in many other societies, women outnumber men. In a similar study in Zimbabwe, Adamchak et al (1991) found out that 59% were female and 41% were male respondents. This shows that there is an over representation of female respondents in the Lesotho study.

In this study, only 25.6% of the elderly were below the age of 65. A surprising result was that two quarters of the sample was over 75 years of age. The elderly population is older than the samples in Nyanguru's (1994) Zimbabwean study. The reason is not so apparent. It is probably because Lesotho lies outside the tropics where we do not find tropical diseases like malaria killing people. It is also possible that the terrain has an influence. People have to walk up and down hills and valleys.

The age distribution has significance for the care and support of elderly people. There is a significant increase of the oldest of the old, who would need more health care and support. A third of the respondents reported that they are married. There were more men who were married than women, 60% and 19.3% respectively. Elderly Widowed constituted the biggest group in the study. They constituted 63.7% of the whole sample. Twice the number of those widowed were women. Nyanguru et al (1994) and Adamchak et al (1991); Folta and Deck (1987) found an over representation of widows in their studies in Zimbabwe.

The Living Arrangements of the Elderly

The available data on household types and composition in Africa do not specifically give the living patterns of the elderly. It is, therefore, difficult to describe in any detail the living arrangements of the elderly in most African societies. However, a look at the household size and composition should throw some light on the residential patterns of most African elderly.

In Lesotho a household may contain both related and unrelated persons. The former group may also constitute one or more conjugal family nuclear consisting of married children and also the head's and/or spouse's sisters and brothers and their children, including grandchildren and in-laws.

The results show that slightly less than half of the respondents had between 1 and 3 children. 13.8% did not have any living children. The average household size in Lesotho was 3.9 to 4.3 persons with the rural average size exceeding that of the urban areas. 30% of the households had four or more members.

Many scholars have noted sex differentials in respect of household patterns. There is by far more female single spouse a household than males ones, especially in Maseru, a phenomenon partly indicative of the higher male mortality rate. One household had two sisters living together. One was 90 and blind and the other was 87 and bedridden. The second had a married daughter aged 67 who lived in the same village. She came to help once in a while. The two elderly women helped each other, but it was not easy. The bedridden would direct the blind to pick up items she wanted to use although the blind had problems in carrying the bedridden sister around. A neighbour helped sometimes. They were very poor and were on public assistance. The blind elderly woman was accompanied to the Department of Social Welfare to collect their public assistance pay cheque. Similar results were found by Johnson (1994) and Nyanguru et al (1991) that a higher proportion of males than females were living alone. This is suggestive of the tendency among unmarried, divorced, and widowed females to stay with relatives than to set up their own households.

The study showed that many elderly Basotho do not live with their children; thus arrangement has a significant impact on the type of support the elderly are likely to receive from their children and communities. One elderly widow from Swaziland lived alone. The villagers knew her as the old lady with her two dogs.

Income and Support

In the majority of countries worldwide, but particularly in the developing countries, older people are typically the poorest members of society and live far below the poverty line (Helpage International, 2002). Whilst the cycle of poverty is hard to break for anyone, the challenges are even greater for older people as society ignores their needs and fails to recognize their potential, thus making it harder for them to change their situation (Tlou (1999) and Tout (1989)). Petersen (2000), Jackson (2002) argue that the poverty of older people translates into poor health and nutrition, problems generating income, acute difficulties in sustaining the many burdens brought about by HIV and AIDS, housing and homelessness, violence and psychological pressures. Access to income and gainful employment would assure the elderly the fulfilment of human needs such as food, shelter, water, health care and transport.

Table 1 % Respondents by reported cash income by urban and rural location

M	Urban	Rural	Total
0 – 50	8.5	33.1	20.4
51 – 100	12.3	38.1	25.2
101 – 150	38.5	15.7	27.1
151 – 300	31.0	10.1	20.1
301+	11.7	3.0	7.2
Total	100.0	100.0	100.0
N	75	75	150

The results show that 45.6% of the respondents earn less than M100.00 per month. The smallest group 7.2% earn more than

M301.00. Further analysis shows that the rural elderly earn less than their urban counterparts. In fact, 86.9% and 59.3% of the rural and urban elderly respectively earn less than M150.00. The official minimum wage in Lesotho is M150.00. This shows that more than four fifths of the rural elderly and slightly less than three fifths of the urban elderly earn less than the minimum wage. People who are over 60 and unemployed can apply for public assistance. The policy is unannounced and most people who qualify do not know. They earn M50.00 per month, but this has recently been increased to M100.00. This amount can hardly buy a 50kg bag of mealy-meal.

Most social services in Lesotho, as in most developing countries, are urban based, yet the majority of our elderly, at least 80%, are to be found in the rural areas (Nyanguru and Peil, 1993); Kaseke (1991). Furthermore, most of the services are of poor quality, inaccessible or non-existent. The terrain in Lesotho makes most services inaccessible. During fieldwork, for instance, we found an elderly woman being carried on horseback to the nearest clinic, as there was no other source of transport. Most destitute people are supposed to be treated free, but there are no medicines in the clinics and hospitals. The elderly are supposed to buy medicines from chemist shops. These medicines are expensive. Hence they cannot afford them and have to go without medicines.

The results also show that thrice as many as the elderly in urban than in rural areas earn more than M301.00 per month. This was probably expected, as many jobs in urban areas pay better than in rural areas.

Table 2 % Financial status of respondents assessed by urban and rural location

Status	Urban	Rural	Total
Poor	38.7	42.5	40.6
Fair	38.0	46.1	42.1
Good	23.3	11.4	17.3
Total	100.0	100.0	100.0
N	75	75	150

Interviewers were asked to assess the financial circumstances of the respondents and place them into three categories, poor, fair and good.

The results show that 40.6% of the respondents were poor, 42.1% were assessed as fair and 17.3% as good. There were very significant differences between the financial status of urban respondents with their rural counterparts. Urban elderly people had a better financial status than the rural elderly.

A study in Zimbabwe by Nyanguru (2001) found different results. In this study 30.6% of the respondents were assessed as poor, 42.1% as fair and 27.3% as good. The differences are not that apparent, but probably it is because Zimbabwe is a bigger and richer country than Lesotho. A comparison of the economic status of the elderly in developed countries would be useful in this discussion. Shanas et al (1968); Townsend, (1962) and Walker (1981) say that, in Britain, elderly people have been shown to be the largest group in poverty ever since such information was collected systematically. Today, just over one in four elderly people have incomes equal or below the poverty line, compared to one in twenty of non-elderly people. Altogether, nearly two-thirds of the elderly, comprising 5.1 million people, live on the margins of poverty, compared with one-fifth of non-elderly people, Walker (1981). In the U.S.A., Hendricks and Hendricks (1977) say that one in every five elderly people has an income below the federally established minimum. In Japan, Maeda (1978) reports that nine-tenths of elderly people have incomes in the lower half of the income distribution.

Studies from developing countries have come up with similar results. Tout and Tout (1985) in a study in Belize found that the economic conditions of their sample were very low; 35% were classified as "extremely poor", with only U.S. \$1.25 per week; 35% had less than U.S. \$2.50 per week; 30% were aided by relatives or friends. Ibrahim (1985) found that income was inversely related to dependency. Where old people existed with most dependency on younger people, those younger people had the least economic resources available to meet the needs of the elders.

A study carried out by the Centre for Social Research in Malta (1982) revealed, on examination of home circumstances, that only 2.3% of over 615 were described as "poor" while the situation of 44.5% was considered "modest", and 9.5% were even observed to be "well-off". In

a study in Barbados, Braithwaite (1986) reports that 31.9% of the elderly felt that they had serious economic problems, and only 42.9% stated that they had no financial problems at all.

Sources of Income

Employment

Walker (1981) argues that the starting point to explain poverty and the dependent social status of the elderly is the social institutions and processes, which distribute resources prior to retirement. This means employment and the labour market, but there are also a wide range of other institutions, for example, building societies, insurance companies and social services, which play an important part in differential allocation of resources to young as well as old people. An important determinant of living standards in old age is employment status and socio-economic group prior to retirement, which in part, rests partly on social class of origin. Those with more money from employment are more likely than others to accumulate savings, property and private pension rights. On the other hand, those in low status jobs are more likely than other groups not only to be lowly paid but also to experience sickness and unemployment.

Table 3 % Present work of respondents by urban and rural location

Employment Status	Urban	Rural	Total
None	42.2	10.2	26.2
Farm	3.2	71.1	37.2
Manual	31.3	8.7	20.0
Trade	20.8	8.5	14.6
Non manual	2.5	1.5	2.0
Total	100.0	100.0	100.0
N	75	75	150

The results show that 26.2% of the respondents had no form of employment. 37.2% were subsistence farmers, 20.0% were formally

employed in manual work, 2.0% in non-manual work, while 14.6% were involved in trade.

Further analysis shows that the largest group of the urban elderly 42.2% is unemployed and 71.1% of the rural elderly are subsistence farmers. A fifth of the urban elderly were involved in trade. These could be the elderly in the informal sector. Most studies carried out in the informal sector have found an over representation of elderly people in this sector. They sell vegetables, herbs and other wares. They do not need a lot of capital and certificates to start a business, Brand (1986); Sagomba (1987); Hampson (1982, 1985); Nyanguru and Peil (1993); Nyanguru et al (1994); Nyanguru (2001).

For the elderly who are formally employed, many are in manual work 31.3% and 8,7% for urban and rural elderly respectively. The reason could be that more casual jobs are available in urban areas than rural areas. One elderly person in a rural village had been retrenched from the mines in South Africa and was now a herdsman, looking after someone else's animals. He felt very bitter about it, but that was the only job available. Manual work is very hard and tedious for their age. Only a few elderly people were employed in non-manual work. These were mostly elderly people employed as messengers and night watchmen. Most were urban elderly.

A comparison with studies carried elsewhere would be useful. A study in Vulcabamba (Valley of old age) by Tout (1989) found that 48.1% of the elderly were engaged in agricultural pursuits, with 53% owing their own plot of land. Some 19.3% gained their livelihood from crafts, sewing or making cigars or cigarettes by hand. A further 20% were involved in miscellaneous activities such as casual laundering, casual hired labour, or petty selling. Only 12.6% said they did not work because of their age.

When not working at their main source of livelihood, 65.2% sought some other activity, mainly to earn a little additional income. Additional activities included breeding domestic animals, bird-rearing, growing of medicinal herbs and domestic help.

Remittances/children

Another source of economic support or income for the elderly is remittances from children and family members. The results showed that 51.7% of the urban elderly and 65.5% of the rural elderly reported receiving remittances from children and other family members respectively. These remittances could be the only source of income for the majority of the elderly, especially the rural elderly. Nyanguru (2001) found similar results in a study in Zimbabwe.

Oberai and Singh (1983) in a study of migration in India looked closely at the ability and willingness of migrants to send remittances to those left at home. Out of 4,700 migrants surveyed, only 55.7% had ever sent remittances home. Strangely, the number of remittances sent tended to increase according to the distance of migration.

The same authors found out that migrants who leave their own country tend to remit larger sums of money than those who emigrate within the country. On the other hand, migrants to other agricultural regions are as generous with their remittances as migrants to urban areas. The size of the remittances tend to vary according to the family's own basic financial circumstances; poor families do not receive more than rich families. However, in many cases, the remittances to the less-well off, although intrinsically low, may constituted the entire income of the home-based group.

Apt (1971) found in a study in Ghana that even though financial obligations to the extended family remained very strong and, on the whole, such obligations were not resented, yet if all children born to the aged in the survey, "only 35% had become what their parents regarded as good providers." In a study of elderly people living in urban, rural and commercial farming areas in Zimbabwe, Nyanguru et al (1994) found that only 48% of the elderly received remittances from children and other family members. Tarira (1983) found similar results in her Mhondoro study in Zimbabwe, with 31% of the rural elderly receiving nothing in remittances.

In another study in 1983 in Potosi in Bolivia, Tout (1989) reports that of the 40 interviewed, 16 stated that they had not worked – and certainly

no pension. Another 15 indicated work of perilous economic prospects, with replies such as "scraping on the mine tip" (for odd spoiling of metal), "street cook", "work sometimes", "casual", or "carrying in the markets". In two of the seven cases where a marriage still existed with dependent children (6 and 2, respectively), the husbands were still of an age when they might have continued. Working (43 and 50) but was totally incapacitated by lung trouble. In another case, the husband (aged 55) was incapacitated to an extent but was able to do some casual scrabbling on the mine tip on his own account in order to help provide for the four dependent grand-children living in the home.

Other sources of income

These sources of income include income from government in the form of pensions or public assistance, pensions from former employers, assistance from international and national non-governmental organizations, churches, clubs and from friends and neighbours. Elderly people also get income from begging on the streets.

The results show that 24.1% of urban elderly and 10.7% of the rural elderly reported that they had other sources of income other than from earnings or remittances from children or other family members. The reason why there are more respondents with other sources of income in urban areas than in rural areas is that most of services e.g. social welfare offices are urban based and accessible to people in urban areas. Again, the plight of most elderly people is more likely to get public concern in urban areas than in rural areas. Again, most rural elderly people do not know their rights or that they are entitled to some services like public assistance or free medical treatment. Furthermore, more elderly people in urban areas are likely to be entitled to a pension because they are likely to have been formally employed than their rural counterparts. Renting out a room in urban areas is yet another source of income for the elderly. A number of international and national non-governmental organizations also usually help the elderly in kind, but, at times, in cash.

Some elderly persons, especially the blind in urban settings, get income by begging on the streets. Most of these people are on public assistance, but they complain that the amount they get from government, as public assistance is not enough to meet their daily needs. Hence, they resort to begging. Many of the elderly people are seen being led along the streets by small school age children.

Table 4 % Respondents' source of income in an emergency

Source	Urban	Rural	Total
Self	10.2	15.6	12.9
Spouse	6.3	13.4	9.9
Children	49.1	53.4	51.2
Other	34.4	17.6	26.0
Total	100.0	100.0	100.0
N	75	75	150

The respondents were asked who was likely to help them with money in an emergency. Over half of the elderly respondents reported that they would expect to get assistance from their children, and slightly over a quarter would get help from other sources. These could include, among others, friends, clubs, churches, burial societies, moneylenders or storkvels. The results show that elderly people still expect their children to help them. However, this is not always the case as some children fail to provide for their parents because they are either unemployed or they have their own families to provide for. Some children could still be in school and expect their parents to provide. In a study in Zimbabwe, Nyanguru et al (1994) found that more than a third of the respondents' children were unemployed and a large number were of school going age. Daughters (14.1%) were better providers than sons (9.7%), most parents send sons to school with the hope of being looked in old age.

The results showed that twice as many elderly in rural areas expected to get help from a spouse than their urban counterparts. This is probably because many elderly in urban areas were either single,

widowed or divorced. Twice as many urban elderly expected to get help from other sources (friends, churches etc) than their rural counterparts. Many urban areas of Lesotho have indigent elderly people who live in rough. They are often called *mekoao*. They are often retrenched miners from South African mines who are too poor or too sick to be accepted by relatives and friends. Most come back to die due to industrial diseases and injuries, sustained during their working days. Most ex-miners do not have a pension. They are given some gratuity in the form of a watch or a bicycle. One elderly respondent was very proud of his bicycle he had been given as gratuity but he could not ride it. The other had a watch, which he could not use because he was illiterate and could not read time.

Housing Resources

Income has an impact on the type and quality of housing for older people. There are no policies in Lesotho to assist the elderly with housing (to keep them in their homes and thus enhance their independence). Most elderly respondents in rural areas owned their houses. A few in urban areas owned their houses, which were often partly rented out and became a source of income. However, a number of the elderly did not have homes because their houses were often tied accommodation. Many older men in the study were ex-miners. They left their hostel accommodation in South Africa when they were retired or retrenched. There is generally a shortage of quality accommodation in urban areas. Many elderly people lived in outer houses or shacks. This created abuse for the elderly as they were often not well accommodated. Some used the kitchen as sleeping space, which causes a lot of inconvenience for the elderly person. The kitchen is used to prepare food late at night and very early in the morning. This could create conflict because of the allocation of scarce resources in the family.

There is no shortage of accommodation for the rural elderly; however, they are of poor quality. Elderly people in rural areas live in substandard houses. The elderly in rural areas, whose homes are

often thatched, have problems in replacing thatch on their houses. Children and relatives are often not around to help. One elderly woman whose house was leaking had this to say, "I love my grandchildren but I wish there was somewhere else I could take them to (for better care). My house is leaking and I am sick. There is nothing I can do for them". Helpage International (2002) reported a similar case of an elderly man. Due to homelessness and lack of proper care by children and relatives many elderly; especially migrant workers now enter old people's homes. There are now four old people's homes in Lesotho, a concept which is foreign among the Basotho. This violates the right of the elderly to care, dignity, self-fulfilment and participation.

Health

Older people throughout Africa often cite health as a priority issue. At an individual level, the capacity to earn a living or participate in family and community life, as well as a sense of personal well-being are all governed by health status (Ageing and Development Report (1999:49). African countries, like Lesotho, have few resources to devote to health care. Progress in health care has, therefore, tended to concentrate on maternal and childcare as well as on contagious diseases. The results from this study showed that older people have problems of high blood pressure, poor nutrition, poor mobility, deafness, and blindness and tooth decay. Discrimination and difficulty in accessing services exacerbate these. For example, a nurse had told one elderly woman that she was old and did not need to worry about getting treatment.

Food and Nutrition

Food is a basic human need that affects people's quality of life and their ability to contribute socially and economically to the family and the community. Helpage International (2002) reports that nutrition research and interventions have traditionally focused on the needs of the under 5's and lactating mothers. It is a fact that very little is known about the specific needs of older people. Malnutrition is one of the factors that contribute to the poor health of older people, hindering their active

participation in different activities. There are a number of socio-economic, cultural and political factors that influence or impact on food and nutrition for older people. Many writers have commented on the decline in food production and consumption in many African countries. Food production in many rural areas in Lesotho, where most elderly people live, has dropped significantly over the years due to many factors.

These include, for instance, droughts, floods, civil wars and the shortage of land. According to Zergaber (2003) of the World Food Programme, Lesotho's ongoing drought will have a dramatic impact on the country's humanitarian situation. He warned that between 600,000 and 700,000 people in a population of just over 2 million people would need food aid in the coming months. Most of these could be elderly people, mostly those living in rural areas.

According to a report by Helpage International (2000), older people living in rural areas who depend on farming for a living find that their capacity to farm the land is restricted. Their lack of capital means they cannot maintain their land and pay others to do it for them. They are unable to raise credit due to their low incomes and lack of collateral. Most credit and loan schemes discriminate against older people. The report further suggests that women are further disadvantaged by the fact that they often have no independent income, no control over fixed assets such as land, and very little exposure to business or the formal sector. Many development programmes do not consider these needs, for example, Nhongo (2000) has observed that the rules of most credit schemes still make it impossible for older people to join.

The study revealed that many old people did not eat enough food and the little they ate was not always nutritious. A number reported that they only had *papa* (maize thick porridge) and cabbage. Many other factors, which affect the nutrition of older people, include seasonal variation in the supply of food, physical or medical aspects of the body. The changes in the sensitivity to smell and taste affect the appetite of older people, for instance. These factors, together with the loss of teeth and the shrinking of the gums due to cell loss, could cause problems in

chewing and fitting of dentures. There are many other problems of swallowing, digestion, constipation and incontinence for old people. Added to this, there is the problem of involuntary release of "wind", which is often very embarrassing for older people. Reports of older people being physically abused and chased away from the community have been reported in Lesotho and many other countries. As has been mentioned in this paper, one elderly woman was chased away from her home because of witchcraft accusation.

HIV and AIDS

The effects of HIV and AIDS on all sections of the society are immense. A lot has been discussed on the effects of the pandemic on the sexually active age groups. According to Mupedziswa (2000) and Jackson (2002) very little has been done to explore its effects on older people. Aids have, and will continue to have a huge impact on older people in Africa. Older people play a major role by caring for people affected by HIV and Aids and then bringing up orphaned children. Many studies have shown that most children orphaned by AIDS are cared for by elderly grandmothers and older siblings (Jackson, 2002). In Zambia, Jackson (2002) writes, more than one-quarter of all children under 15 years are already orphaned, and an estimated two-thirds of rural households look after one or more orphaned children. To be in a household with orphans has become the norm, not the exception. The irony is that the burden of care is falling predominantly on the less well-resourced households, than on the richer ones.

The study found out that more rural elderly were caring for orphans than those living in urban areas. Urban households have fewer orphans, according to Jackson (2002) because they prefer to send the children to other relatives in rural areas where the cost of living is lower. This echoes a finding in Kenya (Saoko et al (1996). In the Kenyan study, the majority of families accepting orphans were living below the poverty line, while, wealthier, often urban relatives did not keep up much contact. The caring role exposes older people to the risk of HIV as they come into direct and unprotected contact with

opportunistic infections and the body fluids of those who are sick. Care giving places a great burden on older people. The physical and emotional pressures placed on them by HIV and AIDS puts their general health at risk. One elderly woman in the study, aged 69, was looking after a 25-year-old son with AIDS. The son was very sick and she did not have any gloves when she handled him. She was ignorant about the importance of using gloves. Even if she knew, she could not afford them. She was looking after 6 grandchildren of two daughters who had already died of AIDS. She reported that she was emotionally and financially drained. She had spent most of her savings from a pension of a deceased husband to treat the sick children and burial costs of the two deceased daughters. Presently, she was worried about the burial costs of her sick son. She also felt emotionally affected by having to bath her own son and he was very heavy to carry to the toilet. She wished she was dead, but she worried about who would look after her orphaned grandchildren. She quipped, "I cannot go to funerals, church or weddings because I have to be with him most of the time. I can't even go to the fields to plough."

The Aids pandemic exacerbates the poverty situation of old people at a time when they should be receiving support from their families. They cannot engage in income generating activities as most of their time is taken up caring for the sick. Acquiring food is a problem with no money. Old people deny themselves the little they get to feed the family. Thus, they themselves become vulnerable to problems of food deprivation.

The emotional impact of a changing family structure contributes to increased isolation and loneliness, and the loss of their carers to AIDS. Old people, according to Nyong'o (2000) also carry social burdens and are subjected to negative societal attitudes. In most African communities AIDS remains a taboo subject. Knowledge of a family member's infection is, therefore, concealed. This adds to the psychological distress of the older carer who cannot seek support from his/her peers. The stigma associated with HIV and AIDS can result in old people being accused of witchcraft linked to the death of young people.

Table 5 % Satisfaction with income by urban and rural location

Level	Urban	Rural	Total
1 - 3	35.8	32.2	34.0
4	18.5	20.8	19.7
5	26.8	23.9	25.3
6 - 7	18.9	23.1	21.0
Total	100.0	100.0	100.0
N	75	75	150

The results show that a third of the respondents are dissatisfied with their incomes. There were significant differences between the elderly in rural and urban areas. Slightly less than half of the respondents were somewhat satisfied with their levels of incomes. Again, the differences between the two groups were insignificant. A fifth of the elderly were very satisfied, more urban elderly falling in this category. This could be because the elderly in urban areas generally earn more than their rural counterparts.

The results are interesting in that there are insignificant differences between the satisfaction of the two groups under study, yet their incomes are significantly different. The reasons for this could be the fact that the standard of living in urban areas is higher than that in rural areas. The elderly in urban areas have to pay rent, buy food, pay for electricity and water and other amenities; items the elderly in rural areas do not have to pay for. It has also been found in the study that more urban elderly are unemployed than their rural counterparts. The majority of the elderly in rural areas are engaged in subsistence farming. This means that they are busy with something rather than just being idle, as is likely to be with the case with their urban counterparts. Studies on elderly people have found that the elderly enjoy doing work for work itself, even if there is no reward for it. They yearn to be involved in the day to day running of their households and not to be disengaged from the mainstream of society.

Death and Dying

According to Till and Gerlock (2003), death is one certainty in life. It is an inevitable and inescapable fact which individuals and societies always wrestled and always will. Ritual and belief systems surrounding death have developed in all societies to help individuals deal with fears and anxiety provoked by death, as well as help them deal with the loss of loved ones. Many of the elderly interviewed were worried about death. Many had seen friends, husbands, children and grandchildren die, more especially of AIDS. They were worried about their own eminent death. The main worry was about burial costs. According to Peterson (2000), many older people want to be cared for at home, and they are. But high levels of depression and fear are common among poor older people, triggered by worries about how the family will cope with their illness, frailty, and death, and with burial costs. One elderly woman was depressed and had never had a visit from her relatives for over 5 years. When asked who was to bury her and where she was to be buried, she reported that when her relatives hear about her death, they were all going to come to take her body for proper and traditional burial at her original home. They were to buy an expensive coffin for her and were going to use the most expensive funeral undertakers. This was wishful thinking as she was using a defence mechanism to allay the fear that probably none of her relatives could be at her funeral.

POLICY SUGGESTIONS

The elderly should be allowed to stay in their jobs as long as they could. Unfortunately, this is against one of the premises of the Economic Structural Programme. However, by keeping their jobs as long as they could, the elderly will be able to meet their basic needs from their earnings. Work can also enhance their self-esteem and self-worth as human beings in their society. They would feel that they are making a meaningful contribution to their families, communities and society at large.

If the elderly cannot be absorbed into the formal employment sector, they could be encouraged to join the informal sector. Many studies in

Lesotho as has been mentioned earlier in this discussion, have shown that the elderly are over-represented in this sector. However, this sector is hostile even for young and able-bodied people. There are no amenities like water, shelter, electricity etc. There is also generally police harassment of operators. Lesotho needs to put in place positive policies for people to benefit from activities carried out in this sector. The elderly might need soft loans, training and markets for their goods when they start income-generating projects. In short, there is need to empower the elderly.

Lesotho should look at the question of pensions for the elderly. The National Insurance Pension Scheme seems to protect those who are already protected, in that it covers those in formal employment. The majority of our elderly are not covered as they are either unemployed or are subsistence farmers. One would suggest that when elderly peasant farmers harvest more than they need for subsistence in any one year, government should buy this produce, which could be used as pension later. Sri Lanka has used this programme. It is also suggested that the amount given as public assistance be raised because this amount cannot meet the daily needs of the elderly recipients.

It is suggested that children or relatives who are looking after elderly people should get tax relief as is the case with those who have dependent children. Many children, most studies have shown, would like to care for their elderly parents, but fail to do so because they lack adequate resources.

Governments and civil society must recognize the role played by old people in the management of Aids. HIV and AIDS policies, strategies and programmes at all levels must include old people. Failure to do so will not only adversely affect the older generation, but also those they care for. Poverty alleviation initiatives must include ageing issues and older people must be included as change agents in actions against HIV and AIDS.

Last but not the least, programmes like those in China, should be put into place where the elderly are involved in activities that benefit the community. These programmes could be the provision of social

services for the elderly by the elderly, educational programmes, where the elderly would fundraise with school children and use the proceeds to help other old people who are less fortunate than themselves. Our challenge is to persuade policy makers to take older people, their experiences, views and contributions seriously. All the evidence is that older people everywhere seek social inclusion as well as economic attention. The question is not what we should do about older people-but what we would do without them. Socially and economically, can their contributions be ignored any longer?

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