

AN EXPLORATORY STUDY OF ELDER ABUSE IN TANZANIA

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CHAPTER 1

EXECUTIVE SUMMARY

Increasing reports of elderly women being killed has made elder abuse more visible in Tanzania now than it was a decade ago. Older persons are experiencing the following kinds of abuse: physical abuse that is demonstrated by harm and injury to the body. Material abuse that includes theft and loss of property. Emotional abuse is experienced when older persons go through experiences that make them stressed, make them have suicidal thoughts or in some cases ran away from home. Neglect occurs when the older persons have nobody to take care of them or are lonely and isolated because their caretakers are not available to help.

These incidences of abuse are not taking place in a vacuum but in a society that is already ravaged by inequalities in the socio-economic arena. The reality of an older person in both urban and rural areas is that they are faced with numerous challenges such as Lack of basic necessities, lack of adequate healthcare, The HIV/AIDS burden and Loneliness brought about by the routines of life.

Older persons are faced with competing choices in their daily lives; do they walk away from abusive situations and be isolated or do they stay and at least have somebody with them providing the basics, though these basics may be meager. To a large extent, most of the abuse older persons are facing is due to poverty. They are unable to take care of themselves making them dependent on caretakers. Changes in the socio-cultural dynamics of Tanzanian culture: Family & kinship, education and housing have left the older person vulnerable to abuse. The traditional caretakers of the older persons especially women are no longer available to take on

this role due to urbanization and modernization. The community has not put into place other mechanisms of taking care of the older persons such as long-term care facilities.

The community is not aware of the extent of elder abuse or how to recognize abuse and the older persons and caretakers lack means of amusing themselves outside the daily routines of life. When older persons do not involve themselves with outside activities, it becomes more difficult to detect abuse and neglect.

To be able to reduce and prevent elder abuse in Tanzania, there is need to implement intervention programs focused on both the elderly and caretakers. The intervention should:

- Be tailored towards the elderly especially those affected by the HIV/AIDS epidemic and should focus on assisting the older persons with obtaining steady sources of income.
- Programs developed to assist the elderly population need to implement ways of recognizing the elderly and their contributions in society.
- The intervention program should be all encompassing, targeting the socio-economic and psychological needs of both the elderly and the caretakers. When designing strategies to combat poverty, it is important to view the target groups as a resource pool rather than victims.

This community has very limited resources to support any intervention hence funding would have to come entirely out of the organization. The community does have strengths such as an able and willing human resource and a lot of goodwill towards non-profit organizations.

Project Description

The client, Centre for Injury Prevention and Community Safety (CIPCS) in Dar Es Salaam, Tanzania indicated an interest in addressing the issue of Elder Abuse in Sub-Saharan Africa with a focus on Tanzania. Though elder abuse is widely acknowledged as an area of public health concern in Low-income countries (WHO, 2006), this is not the case in Tanzania. With the exception of a few countries such as South Africa and Ghana, this issue has not been significantly addressed in Sub-Saharan countries; there is a resultant lack of data to inform theoretically driven prevention interventions. The client had requested an exploratory study of the issue of Elder abuse in Tanzania to inform the development of future health related interventions.

The assessment focused on providing a general picture of the occurrence of elder abuse as well as an outline of the community's strengths and resources to support future health interventions by the client. In addition, the client indicated an interest in obtaining data that addresses potential barriers and challenges to the implementation of a nationwide data collection survey that would later inform the efforts of a health intervention. The primary purpose of this practicum was to obtain data on the occurrence of elder abuse for the client and to expand academic knowledge regarding this issue, specifically in Tanzania.

The research was carried out in The United Republic of Tanzania, in East Africa from June 1st to August 31st, 2010. Specifically the researcher focused on two main administrative regions in the country: Dar es Salaam and Nzega. Dar es Salaam is a major commercial, administrative, and tourist center along the Indian Ocean. Nzega was selected due to the availability of some limited and anecdotal data of the area having incidences of witchcraft

related killing. The local communities were selected with help from key informants and on-site Peercorps Trust Fund employees with knowledge of local activities.

Research Questions and Questions

The objectives of this community health needs assessment are to document and understand the following:

1. What forms does elder abuse take?

Δ How is the abuse manifested in the community?

Δ Where does the abuse occur; home based settings versus institutionalized settings?

2. What are the community perceptions and attitudes towards elder abuse?

Δ Do community members consider elder abuse a health problem.

Δ What factors do community members perceive as causing elder abuse?

3. Why does elder abuse occur?

Δ What are the risk factors associated with elder abuse in the community?

Δ Does the rate of elder abuse vary with socio-economic status, gender and geographic differences?

4. What community resources exist to support a health intervention?

Δ Does the community have expertise, other strengths and assets to address this issue?

5. How can an intervention be best realized?

Δ What development models can be used to address the needs of abused older persons?

Delimitations

The research was delimited to the elderly adult population (over 55 years) within the geographical areas of Dar es Salaam and Nzega. It also involved caretakers of the elderly

population who were their children or relatives. All interviewees were over the age of 18 years or older.

Limitations

- As the interviews were conducted face-to-face with the participants and their caretakers, there was a possibility that the interviewees withheld information or may not have been honest due to fear, shame, embarrassment or other reasons.

- There was a language barrier due to the fact that though the researcher is familiar with the most commonly spoken language in Tanzania-Swahili-, there is a dialectal difference. The researcher used a liaison that is proficient in both Swahili and English to ensure that there was no misunderstanding or loss of information during the interviews. Peercorps Trust Fund provided an onsite member of its staff to facilitate this communication.

- The presence of a researcher from another culture and of a younger age may have influenced behaviors and responses in interviews. The researcher was well aware of the need to respect cultural norms and behaviors when addressing the elderly in Africa, especially those of the opposite sex.

- Interviews carried out among caretakers may have been influenced if they perceived a threat to their wellbeing and safety if they revealed instances of abuse among the population of study. The researcher respected the confidentiality of every participant interviewed and the nature of information obtained.

Assumptions

- All participants; the elderly population and their caretakers were honest in their answers to their fullest ability.
- The researcher was able to achieve rapport and a level of cross-cultural competency sufficient to meet the research objectives.
- Research methodology is appropriate and accurate for the intended purpose.
- The issue of elder abuse can be addressed by the collection of scientific data and a culturally sensitive intervention.

Deliverables

The *form* of deliverables will be a final report and presentation to Peercorps Trust Fund-CIPCS, which may be used to inform future nationwide studies and possible interventions to address elder abuse. The *content* deliverables will include an understanding of the issue of elder abuse as well as recommendations for possible culturally relevant interventions to address the issue.

Definition of Terms

Abuse: An act and or lack of appropriate action, that causes harm or distress. (World health Organization, 2006).

Community: in this study community refers to: local inhabitants of Dar es Salaam and Nzega regions.

Elderly/Older persons: persons aged 55 years and older. (Ferreira, 2003).

Jamaa-Society/family (Oxford Swahili-English dictionary).

Kijiji-A village (Oxford Swahili-English dictionary).

Kudharau- To hate (Oxford Swahili-English dictionary).

Maltreatment: acts of commission or omission that result in harm or threatened harm to the health or welfare of an older adult. (WHO, 2006).

Mistreatment: Any behavior, within a relationship of trust, which harms an older person. (UN, 1991).

Mjini-A city (Oxford Swahili-English dictionary).

Mzee-An elderly person/old person (Oxford Swahili-English dictionary).

Neglect: insufficient care or attention to meet an older person's need; it may or may not be a conscious or intentional attempt to inflict physical or emotional distress. (Help Age International, 2002 and WHO 2003).

Swahili: A Bantu language, spoken in most East Africa countries, that has its origins in the Arabic language. (Merriam-Webster dictionary).

Vijana Wazee- street term for old people who act young.

Younger generation-in this study the term refers to persons below the age of 45 years.

Importance of the Study

With a growing elderly population and limited in-country research data on the incidence and prevalence of elder abuse, this study aims to potentially add to the development of community based health interventions that are backed by culturally relevant and socially specific data. This research will add to the limited data available on family structure and functioning among the elderly population, with a view to contributing to knowledge and raising awareness about the issue of elder abuse, not only in Tanzania but also other parts of Sub Saharan Africa.

This study will also add on to anthropological research findings on the cultural beliefs and practices of the elderly in Tanzania, and the impact of modernization and urbanization on the family unit, which is a major component of kinship structures. In the field of public health, it will contribute to the key public health functions of assessment and documentation of a health issue; in this case elder abuse and its associated health complications. This assessment and documentation will contribute to future prevention programs.

CHAPTER 2

BACKGROUND AND CONTEXT OF RESEARCH

The concept of aging or being old is problematic, as there is not a single universally accepted definition of what constitutes old age. Old age is not only a biological reality but also a cultural and societal (construction), whereby each society defines its own markers for who is “old” (Heslop and Gorman, 2002). In many low and middle-income countries, old age is considered to begin when an individual can no longer contribute actively to the welfare of the family and community. Lack of active family and societal participation is marked by physical decline and its associated health problems and in some instances loss of status such as widowhood (Heslop and Gorman, 2002).

The elderly in Africa are so defined within the context of their families, which are formed by domestic groups, marriages and kin networks. They are also identified by their productive and reproductive roles. Being an elder means that one’s (social status and roles are) shaped by cultural norms and values, and molded and constrained within specific economic, demographic and socio-political systems (Oppong, 2006) Recent research in Africa suggests adopting age 55 and over as a baseline definition of old persons (Ferreira, 2003).

Various types of abuse are classified under the general category of elder abuse. In general, elder abuse has been defined as “a single or repeated act, or lack of appropriate action that occurs within any relationship where there has been an expectation of trust, and this cause distress or harm to an older person” (WHO, Elder Abuse and Alcohol fact sheet, 2006). Various forms of elder abuse have been identified ranging from physical, psychological, sexual abuse, to neglect and self-neglect, medication abuse, verbal abuse and harassment, financial

exploitation, abandonment, scape-goating and marginalization of older people in institutions of social and economic policies (WHO, 2006).

Some types of elder abuse such as allegations of witchcraft and its consequences may be particular to the African region, (Ferreira, 2005), though this is uncertain. This type of abuse is considered far more violent than the type of abuse prevalent in the developed countries (Ferreira, 2003). In an African context, elderly persons are more likely to experience abuse in a family setting, as opposed to abuse in the few institutions available for the old (since most elderly persons remain at home). Abuse in Africa is done collectively; in most cases it is perpetrated by members of the family, community or society, as opposed to individual abuse done by strangers or caretakers in an institutionalized setting (Ferreira,2004).

Though Sub-Saharan countries have the lowest pace of population ageing in the world, the overall population numbers of old people are on the rise (Mba, 2007). The average life expectancy at birth with the exception of the effect of AIDS is projected to rise from the current 45 years to about 63 years by 2050 (UNPD, 2005). The absolute numbers of older people are expected to rise from 36.6 million to about 141 million in 2050 (UNPD, 2005). Africa's population is characterized as more youthful than elderly, hence the rate and pace of ageing is slower than in other parts of the world (Population Reference Bureau, 2006). As a result, problems that result from the ageing process have received less focus from policy makers and the research community than problems that are manifested among the youthful population (Mba, 2006). With an ageing population, there has slowly arisen awareness that many older adults in Africa are facing or will face abuse, without the customary expected social safety net (Mba, 2007).

Africa has a long tradition of being a society that reveres its old citizens. In some traditional societies older persons have been given respect and honored and have been a source and resource of a community's traditions. As women and men undergo the process of maturation, they are expected to take on the roles of advisors, they also guide and support the younger generation. It is not old age in years per se that is revered but the maturity and wisdom that comes from a lifetime of experience obtained while raising new generations (Oppong, 2006). A majority of Africa's population lives in the rural areas, in villages with large compounds and many co-resident relatives. With the changing realities of daily life, social and economic changes have resulted in rapid urbanization, resulting in exclusion of older person from socio-economic and political affairs at the rural levels (Mba, 2007). The welfare and support of the elderly has always been left in the hands of the extended family networks. The extended family has provided a system of social security which is rapidly eroding due to urbanization, economic recessions, HIV/AIDS epidemics and modernization, leaving the older person vulnerable to abuse (Ferreira, 2005, Mba 2007).

Elder abuse in Africa has been blamed particularly on inadequate economic resources, but also on social and political factors that not only condone but encourage the abuse at family, community and societal levels (Ferreira, 2006). For example, older women are especially vulnerable to abuse as they live longer, hence are considered a bigger burden on the family. Women are considered physically weaker and lack economic resources to provide for themselves and protect their rights (Ferreira, 2006). Elderly women in Sub-Saharan Africa are the most likely of anybody to live alone, increasing their vulnerability (Oppong, 2006). The

problem of living alone occurs more in women than men because women live longer and men who are widowed remarry. Remarriage is less common for women (Kibuga & Dianga, 2000).

Two major international policies have been formulated to aid in the design and implementation of abuse prevention strategies in an African context: 1) the African Union Policy Framework and Plan of Action on Ageing and 2) The UN Madrid International Plan of Action on Ageing. Both of these policies call on signatory governments to develop policies across social and economic sectors that would improve the quality of life of older citizens (Aboderin and Ferreira, 2009).

These policies have not had a significant impact on the overall health of the older populations and prevention of Abuse. In Tanzania, the female elderly population is more than that of men. In 2006, the life expectancy at 60 for women was 17 years, but only 15 years for men (UNDESA, 2006). In 2006 there were 79 men for every 100 women over 60, but only 63 men per 100 women over 80 years. The number of older people in Tanzania over the age of 60 will have increased from about two million in 2006 to over seven million in 2050 (UN, 2006).

Cases of elder abuse especially among women are acknowledged as prevalent in Tanzania and Mozambique (Help Age International, 2002). Annually, 500 witchcraft related killings among elderly women, are reported in Tanzania (Ageing and Development, 2000). When events befall a community that cannot be easily explained such as drought, floods and deaths, the community will seek someone to blame. In most instances widows, whose children have moved away or have no children and are more likely to be isolated from the community are the ones who are blamed. The widow will end up being chased from the community, losing

her assets. In many cases, the widows may be lynched or burned by relatives or villagers. (Ferreira, 2005).

Women who are not under the protection of men fall prey to individuals who want to acquire their assets. In most instances, the individuals who start these forms of “witch-hunts” are family members who are in conflict with the older person over property ownership. Elderly men are also at risk of abuse but older women are at a disadvantage because of their low social and economic status, compared to that of men; lack of patriarchal protection does place women at an increased risk of being targeted for abuse.

Laws have been passed to criminalize some customary practices that place elderly populations and other vulnerable groups such as women and girls at risk of abuse, but one of their shortfalls is that they do not focus specifically on the rights of older persons (Mba, 2007, Ferreira, 2004). In instances where there is legislation to protect the elderly population such as in South Africa, these laws are not applied systematically. Existing laws in Tanzania that govern widows’ inheritance rights are contradictory to laws that govern access to land and rights related to marriage. The laws are also discriminatory as different laws apply to different people (Help Age International, 2008). If you are wealthy and have social and political connections you will not be treated the same as someone who does not have the wealth or connections. Married women are granted more rights to inherit land and property upon divorce, than on the death of their husbands. In some villages, the individuals in charge of upholding the law may choose to ignore instances of witch-craft related violence, hence the instigators of the abuse may continue without punishment (Kibuga and Dianga, 2000).

CHAPTER 3

RESEARCH METHODS

The study described in this report developed from discussions on injury prevention and community health between the author and the Peercorps Trust Fund. The methodological plan for the project included the following components.

1) Formative work: this began with online research and examination of databases on elder abuse in Tanzania and Africa. This work was carried out between March and April 2010. Additional input was provided by the coordinator of Peercorps through his observations of the lifestyle of the Tanzanian people. Beginning in June 2010, frequent meetings were held with Peercorps members on site and key informants, who contributed to the design of a culturally relevant research tool by refining the interview questions. They also helped to arrange meetings with local gatekeepers (local leaders, religious leaders). This work was intertwined with participant observation of the lifestyles of the local people and situations where elder abuse was likely to occur.

2) Qualitative data collection. A purposive sample of 33 local residents comprised of the elderly, caregivers and religious leaders was interviewed in Dar es Salaam and Nzega. Dar es salaam (means house of peace) is an urban center along the coast of Tanzania with a population of about 2.8 million people. It is also the largest city and most important economically. Nzega is a rural town in the North-central part of the country. It is an administrative district of the Tabora region with a population of about 500,000 people. A religious leader was selected in each location because they are a strong part of the local administration hence they have access to local information and lifestyle. Targeted group

conversations were held with six (6) caretakers, in total. Key informants were used to recruit the participants. A translator was used for interviews done in Nzega with participants who did not speak English or Swahili. Based on a semi-structured interview guide, consenting participants (as approved by the University of North Texas/Health Science Center Institutional Review Board) were interviewed concerning forms of elder abuse, community perceptions and attitudes towards elder abuse, community resources that existed to support prevention efforts and development models that could be used to address the needs of abused older persons. All interviews were held at locations convenient to the participant.

Sample Characteristics

There were a total of 33 participants interviewed for the entire study. The researcher made an effort to interview an equal number of men and women, though this was not entirely possible because convenience sampling was applied. A total of 15 women and 8 men were interviewed.

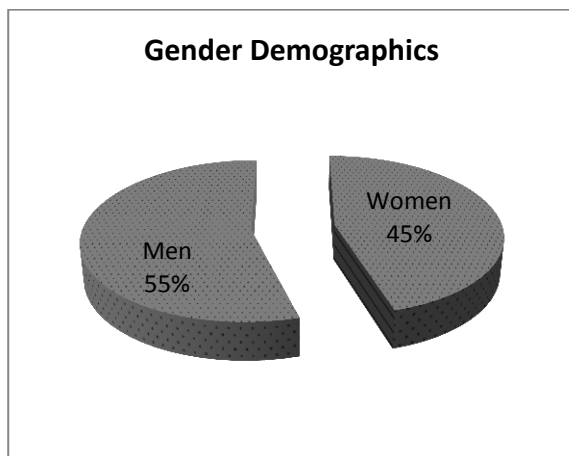


Figure 1: Participants according to Gender.

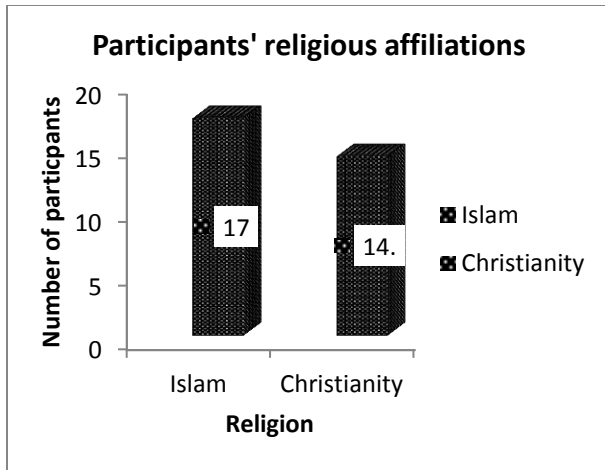


Figure 2: Participants according to Religion.

In terms of religion, the majority of participants were Islamic. Of those who professed the Christian faith, 9 of them were Roman Catholics and 5 were protestants-Baptist.

It was necessary to estimate the age of some of the participants. This was done for those who could not remember their date of birth as they were too old. Historical dates such as the colonialism period and significant periods such as elections or administrative periods of presidents were very useful in age approximation.

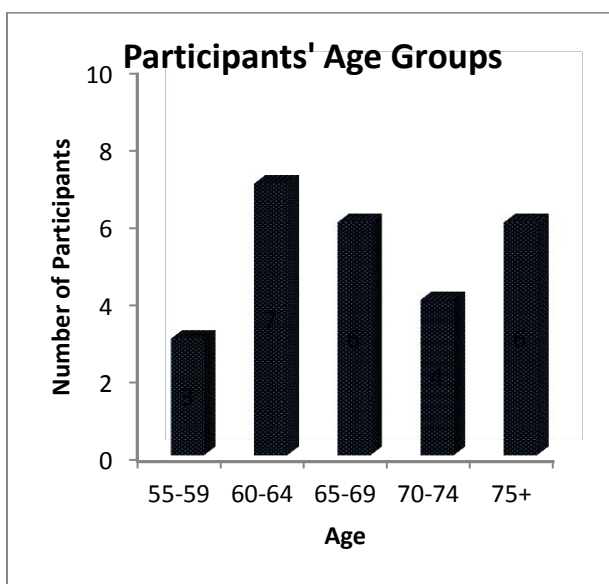


Figure 3: Elderly According to Age-group

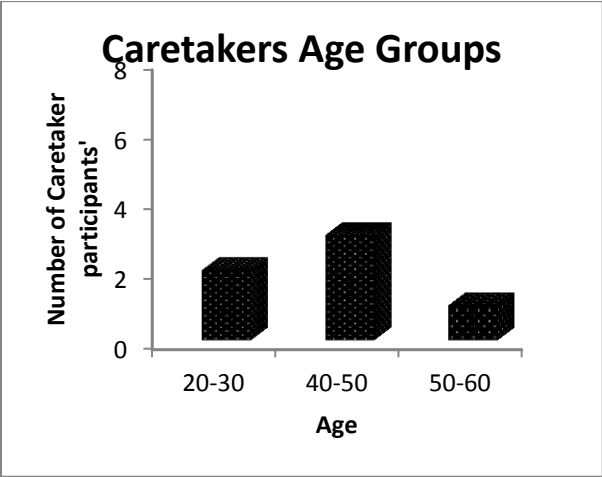


Figure 4: Caretakers' according to age groups.

CHAPTER 4

RESEARCH FINDINGS

1. Being Elderly in Tanzania: The Cultural Context

(a) Lack of basic resources

Participants expressed their constant inability to provide for their basic needs especially food, clothing and housing. They lack an income to purchase these things for themselves. In both Nzega and Dar es Salaam, some participants stated that they had gone for a couple of days without eating. Some had only one “meal” a day, which could be simply cup of tea without sugar in some cases.

“The problems that I have are lack of an income. Before, I could work to earn an income. To move about like I want is difficult now that am old. Now I have become dependent on my children. Healthcare is very expensive and I must have somebody to help me with money. Health problems become worse when they are not properly treated but economic problems are the hardest” (Man.78).

Some of the elderly interviewed were wearing old clothes. Some were clean and patched up but none were tattered. Some participants were dressed in the traditional wrap around cloth and one could see that the cloth had undergone years of usage and washing. Some of them had no shoes and the ones who had shoes were wearing sandals. Wearing no shoes or open sandals exposed these elderly persons to the cold and risk of being hurt by stones or thorns.

Participants interviewed had a diverse standard of living. Some lived in brick houses, with electricity and water. Some lived in mud thatched houses with dirt floors and exterior latrines. Others lived in shanty houses with drainage flowing outside their houses. For those

who did not have flowing water in their houses, they had to fetch the water at a communal tap. In Dar es Salaam the communal taps were located a short distance away. In Nzega, the elderly had to walk a long distance to fetch water at a well or communal tank. Electricity was not a reliable service and participants complained about its constant shut off. For those who were able to afford it, they had electricity generators to supply their houses.

Some of the elderly shared their homes with their children and grandchildren. This was especially the case in Nzega where the elderly were in an extended family compound. They lived in a one roomed structure either brick or mud thatched surrounded by one or two houses for their children and grandchildren. In Dar es Salaam, most of the elderly lived alone in their brick or shanty rooms and if they had any relatives living nearby, the relatives would be in an adjoining room.

The infrastructure is at best minimal with small grocery shops where the inhabitants can buy groceries. Most of the areas where the elderly lived were undeveloped with tarred main roads and smaller dirt roads; both roads were in bad condition. The schools, police stations, entertainment centers and other forms of infrastructure are far from the neighborhoods' where the participants lived.

(b) Lack of Adequate healthcare

In Tanzania, healthcare is a basic need but most of the elderly go without. They are focused on obtaining food and shelter and they are faced with having to suffer any health conditions for as long as they can. Healthcare facilities are few and when they are available, they are expensive. Some participants who were ailing said that they could not go to the hospital as they could not afford the fees needed to consult a doctor, pay for the medication

and for the subsequent follow-up care. Participants also complained about the long distances that one had to travel to get to the hospital. In Dar es Salaam, one had to pay for the bus and in most cases one needed to connect using several buses. Most of the elderly did not have sufficient amount of money and they did not have anybody to ask.

Participants complained of numerous physical ailments that grew worse over their aging period because they did not receive proper medication or they could not rest as ordered by their doctors. Poor health among the elderly could be related to both biological and environmental factors. Some of the diseases affecting the older persons and increased their mortality rates could however be mitigated with adequate preventative health care that consisted of faster access to health care facilities.

“My health bothers me. I need rest because the doctor says I need to relax. I have stopped chasing after my pension because it is too stressful and I should not be stressed as the doctor says it’s not good for me” (Woman, 68).

Some of the most common ailments expressed by the participants were heart and respiratory problems. Some participants complained of aching hands and feet. For some of them it was difficult to walk or they walked with a limp or hunched over. Some participants were suffering from arthritis that was made severe by old age.

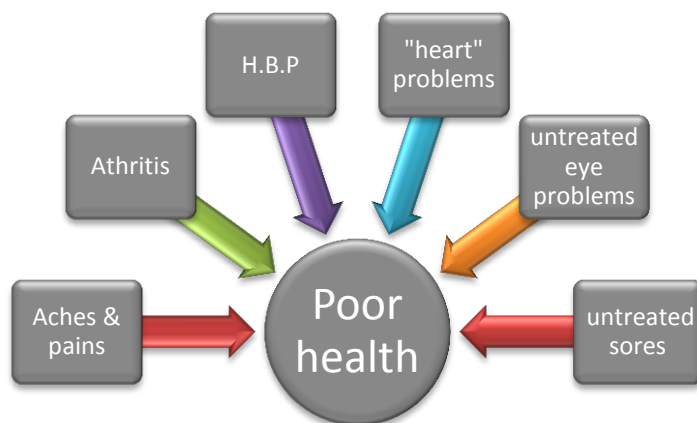


Figure 5: Common Health problems.

(c) The HIV/AIDS Burden

The HIV/AIDS epidemic has had a devastating effect on the physical and psychological health of not only the younger people in sub-Saharan Africa but also the elderly. The adverse effects experienced by the elderly has not been well investigated and subsequently rarely addressed. The prevalence rate among the sexually active population of 15-49 is about 5.3% with women's prevalence rate at 6.6% and men's' at 4.6% (Tanzania Commission for Aids). Although current prevalence rates for the elderly are non-existent, the population most affected are the women..

HIV/AIDS has made the elderly population switch from being the ones taken care of to the caretakers. The elderly parents have had to take care of their ailing children who fall within the upper levels of the 15-49 age groups which is the most affected group. The elderly people are caretakers of their grandchildren who have lost their parents to the disease and others who have not. Participants stated that having to be in charge of their grandchildren was also a psychological burden as it reminded them of their sick, dead or absent children. The elderly were concerned that their children did not listen to their advice and that is why the children kept on dying of the disease. The elderly expressed their fear that if the younger population did not listen to their words of advice and not respect their-(Younger generation) - bodies, they would keep getting sick and the final consequences were felt by elderly parents.

Some participants stated that they were frustrated and tired of having to attend funerals of their children. This generated stress and a lot of sadness among the elderly. Participants affected by HIV/AIDS stated that it was heartbreaking to attend funerals and not

weddings of young children. They were also not sure who would take care of their children and grandchildren when they (elderly) died.

(d) Daily routines/Loneliness

Participants were grateful to have somebody visit them even if it was to ask them questions. Some said that they had not had contact with anyone outside their family for extended periods; others who lived alone they had not spoken to anybody for at least a week. Some participants complained that life had become a routine. They woke up early and carried out the household chores such as cooking breakfast, milking cows' or gardening. For the women who had to take care of their grandchildren, life revolved around cooking and washing. For them men, it involved trying to carry out an activity that would make them an income. They would then come home, eat and sleep and if they had a radio or television, they would listen or watch news.

"I don't do anything at all day. I don't do anything other than taking care of the grandchildren" (Woman, 70.)

Interviewer: How did you come to live here?

Woman: "I came to live here when I got married. These are my husband's people. Mine are in the Tabora region; I am here all alone" (Woman, 65).

Participants stated that once one gets old, life became boring. They were not able to visit their friends as they wished because they were ailing, or lived too far. Some said that they did not have friends anymore as their friends had died and all they did was attend funerals. The participants expressed a need to be more involved in community events such as weddings, political rallies and church activities. They stated that they could not do this due to their health or sometimes they were not invited or acknowledged.

Interviewer: Have people changed in the way they treat the old?

Man: "Yes people have changed. People treat the old differently and it's because of the changing world. Many new things are coming in (modernization). The government has a role to play in that different political parties preach different things to the old and the young creating a separation. For example the parties actively recruit the young ignoring the old hence the value of the young goes up while that of the old goes down"(Man,75).

2. Forms of Abuse Articulated

Abuse in Tanzanian society is a manifestation of the widening gap between the accepted standards of behavior, morals, values and norms between the elderly and the upcoming generations. Abuse in Tanzania and in extension in Africa is a private matter that is not discussed out loud. People interviewed had all heard of incidences of abuse, some acknowledged that they had experienced abuse and others claimed they had not.

The culture in Tanzania can be described as one of immense politeness at all levels of society. The language-Swahili has a polite way of saying each specific thing. Many times when somebody insults you, it is a common joke in East Africa that they will do so with politeness. Crossing over from any Swahili speaking African country, one can clearly distinguish the differences in the manner people address each other and etiquette and decorum distinguishes the Tanzanians from other African Nations. Anytime I spoke to the participants, they would immediately ask me where I was from (The researcher is Kenyan) and most would start a conversation about the impoliteness of Kenyans. They would also discuss what they considered were unfair economic imbalances between the two countries. This allowed the researcher to create rapport by focusing on the commonalities and differences between the two countries.

With a history of Africa revering its elderly, one would think that Tanzania would be one of the countries where this tradition is still practiced. Traditional African society respected the elderly and provided a comfortable retirement full of leisure. It was an honor to be old as

society valued this stage in the life process. Most of the participants that were interviewed thought that elder abuse is defined by the daily social, political and economic events and that the younger generation may abuse the elderly in some instances unconsciously. The definition of abuse from the participant's point of view was the action or state of inaction that occurred in their daily lives and it was inclusive of physical, emotional, economic and emotional/psychological forms of abuse. Some of the descriptions given are:

"To me when you say abuse it is when (I) am on the road and those young children.... they do not greet me, or when they insult me or push me as I pass on the road."(Woman, age 66).

"Well..... Abuse is when nobody listens to me or takes my advice," (Woman, age 64).

"There are many ways to describe abuse.....things like cutting using machetes, being accused of witchcraft then killed or chased from your property, having your house burnt if people want to take your things"(Religious leader,45-Man).

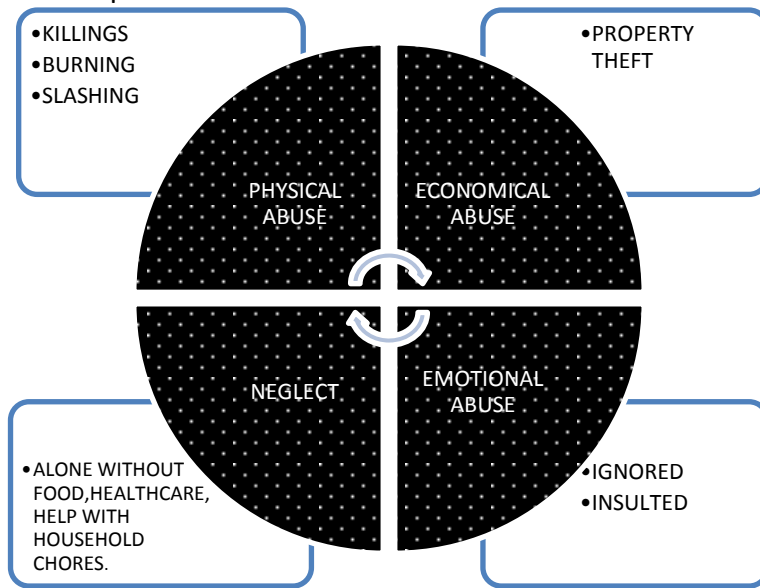
"Abuse means being ignored when (I) am in need by those around me such as these grandchildren or when I am denied money, or food and other resources. It could also be instances of imprisonment by the family whereby I can't leave the house. It also includes quarrelling and insults" (Woman, age 68).

"Abuse is when you undermine me as a person. At my age, when I give advice to somebody to do something, they refuse or act like it's not important. That to me is abuse, as you are trampling on me" (Man, age 75).

"Abuse is.....when you don't mind the wellbeing of the other person. It means when you ignore what they are going through in life, their quality of life, or when the old try to state their needs or things that are important to them and you act like you don't care"(Man, age 70).

The descriptions provided as to the definition of abuse places the act of abuse in a continuum. This continuum cannot accommodate all the various descriptions of abuse and the actions and terms used to describe abuse. The act(s) of abuse are not linear- progressing from less violent to violent but might occur in multiple forms that can take place simultaneously.

Figure 6: Descriptions & Forms of Abuse:



Elder abuse has become more visible in Tanzania and the elderly in Tanzania are not sheltered anymore. In most instances of abuse, multiple tactics are used on the old person and it is common to find various forms of abuse being carried out at the same time. Using the descriptions of abuse that the participants described according to their own understanding, the act of abuse in Tanzanian society can be placed in the following categories:

Physical Abuse: participants described instances of abuse as acts on the body and this includes but not limited to; hitting, beating, pushing, kicking, shoving, burning and cutting.

“When they get angry with me.....am beaten up or insulted by them (Grandchildren) woman, age 68.

“Around this area, types of abuse that happen the most are being beaten, being burnt or killing people who are accused of being witches”.(Man, age 60).

“Yes it has happened to me”. Things like insults, hateful acts. Lock you inside the house and you can’t eat or go to the toilet, bad comments like “You have nothing in your house” (Woman, 75).

Participants often referred to comparisons between neighbors and relatives on their material possessions. For example; the presence of a television in a house was considered a sign of being well off so if one did not have a television or a nice pair of couches or something

material that is considered important in that community, they could receive hateful comments or beatings.

Material/Economic Exploitation: with this form of abuse, the elderly are preyed on in regards to their finances or their means of obtaining an income. Most of the elderly in the community are the gatekeepers of sources of income such as agricultural products, livestock or land; the most valuable source of wealth and income in traditional African societies. The elderly, particularly the men, are the people in charge of dividing up the economic resources.

With increasingly difficult economic conditions, the younger generation is finding it harder and harder to gain access to white collar jobs and hence set their sights on the traditional sources of income. The elderly are living longer in Africa and the older they are: a) the longer it takes for the transfer of property from father-son or from the old to the young. b) The weaker they get both mentally and physically making it easier to forcefully loosen their reigns on their sources of income. The following examples describe this situation.

“I can give you an example of what my brother’s children tried to do. They stole property from me. They tried to sell a prime property and house in Dar es Salaam and they did this by changing the lease. I have been going to court for a while and I finally won the other day” (man, 78).

“I experience a lot of theft just because I am weak” (woman, 80).

“Land is stolen from old people by gangs of young men who are in collaboration with people who have money in the community. They do this by taking the old person into the village from the city, take away his land at a deflated price if he is lucky, and build a simple house for him in the village, then sell his land at an exorbitant price.”(Religious leader, 45).

“Some of the examples that I consider abuse are the snatching of land and the frustration and stress that is experienced driving some old people to commit suicide” (Man.70).

“I have heard of acts such as hateful acts like chasing them away, not giving them food, locking them up in the house, burning their houses. It could also include accusing somebody of things that they haven’t done which could lead them to be beaten up or in the case of up North (Mwanza) being accused of being a witch and you are burnt or isolated from your family and community”(man,65).

Emotional/Psychological Abuse: the infliction of mental anguish on the elderly makes their lives more difficult and unbearable. For some of the older persons, this leads to the worsening of existing old age mental conditions such as dementia. Some of the participants who admitted to being victims of psychological abuse complained of increased levels of blood pressure and heart conditions. As most of the older persons are faced with declining health conditions, the stress and anguish they go through may make them commit suicide, run away from their homes and sometimes beg on the streets to support themselves.

“Abuse is when a child or a neighbor becomes an irritant or an annoyance. It is when a ‘*jirani*’ (neighbor) or ‘*mtoto*’ (child) ‘*anamkerakera*’ (irritate).Woman,66.

Abuse is “when you are not treated fairly. For example when you go to get the free eyeglasses you have to wait all day, they do this so that you become frustrated and you do not come back again. You can do this every single day and not get the eyeglasses. This becomes abuse” (Woman, 72).

“I can’t ask anyone for help. I have to help myself out. My sister left me a big house but my brother took the lease papers and is getting all the money out of it. He does not give me any money. When I ask he gets mean and insults me, and I am the one who helped him through school. I think he is selfish and he is my brother, what about others out there that am not related to?”(Woman, 68).

“It means.....instances of imprisonment by my family whereby I cannot leave the house. It also includes quarrelling and insults” (Woman, 75).

“Some examples of abuse are.....when you don’t like somebody because they are old, you discriminate on them because of their elderly age. At the table you put food for him/her and ask them to go eat outside or elsewhere” (Man, 67).

Neglect: This is considered a conscious or unconscious refusal, act or failure to fulfill a care giving obligation that will inflict distress on an older person. Many of the older persons,

especially the ones that lived alone complained of incidences of neglect. In Dar es Salaam, the neglected elderly lived alone in small, one roomed dwellings and had to do everything for themselves. In Nzega, the elderly could be seen living in relatively large compounds in grass thatched houses surrounded by an oblivious society. If lucky, the elders in the rural area were more likely to obtain help from their children or neighbors who lived a distance away than elders in Dar es Salaam. In both cases, they did not have enough food to eat and lacked adequate healthcare because they did not have the money, transport or somebody to accompany them to the health care facilities.

"I have heard of instances where the old are ignored and where the caretaker does not mind what they eat or how they live. They simply don't care" (Caretaker, 46).

[She is quick to point out that she is not maltreated]. In her opinion "abuse is when an old person is beaten up, chased from home, left all alone by themselves, when they are not given food or all instances of meanness"(Woman,64).

"Abuse is when you mistreat somebody. It involves denying somebody food or there being no food at all. It also involves lack of healthcare when you are actually denied treatment when sick" (Man, 57).

3. Elder Abuse: The Risk Factors

(a). Economic hardship/poverty

With Africa experiencing tough economic conditions and high unemployment rates among the youth, Tanzania is no exception. Participants interviewed stated that it was rather difficult to obtain a well-paying job in both the urban and rural areas. The majority of the elderly live in the rural areas; where poverty levels are at their highest. Rural areas have high levels of poverty and low levels of human and economic development (UNDP, 2001).

Some of the caretakers interviewed were of the opinion that they would be better placed to take care of their elderly if they, the caretakers, had a source of income. They

admitted that they were forced to take care of their elderly relatives because there were no other alternatives available.

“Well.... it is difficult to provide food and shelter when I lack a stable and adequate source of income. It is hard to provide for my family and to also for my old parents” (Caretaker, 48).

“The difficulties I face are that my mother is ailing. I am all alone and life is difficult. I need help from others but I can’t get it” (Woman caretaker, 46).

Work, when they can get it, is a way of life for the able bodied elderly men and women in Tanzania. Most of the elderly are often denied employment making them dependent on their families. For those who can work and have work, retirement for many is no longer an option as the elderly and their caretakers are shouldering so many more responsibilities than earlier times. With bigger families to support, the income obtained at casual jobs, from selling garden products or livestock and small-scale businesses is never adequate.

“The elderly are poor though they have been the backbone of the Tanzanian economy over the years”. The old are shouldering heavy responsibilities in their old age. Their grandchildren are becoming a burden” (Religious leader, 52).

The elderly are viewed as an economic and physical burden on their family members. These dependency leads to stress on the part of the elder and also on the caretaker. In most cases, the stress and frustration are taken out on the elderly who in most cases are weaker physically or simply helpless with nowhere else to go or seek out help.

“I depend on my family to support me. Right now it is my brother -in-law as I do not have any means of obtaining any income. I cannot carry heavy stuff or be out in the sun for too long. This limits what I can do to maintain myself” (Woman, 60).

“I live with my daughter as my son has too much on his hands. He has a family and dependents so it’s not easy for him to care for of me” (Woman, 68).

Due to the difficult economic conditions, the elderly in Tanzania are in most cases entirely dependent on outside sources to provide for their basic needs. Without a retirement

plan, the elderly do not have means to support themselves. Combined with tough economic conditions, it gets harder and harder to take care of the elderly in society. This has made the old person vulnerable to abuse. Older persons can be abused, neglected, mistreated or abandoned as individuals try to meet their own basic needs.

“I rarely see my children or grandchildren. My children built me a house and they used to help me but now out of the three that are alive, 2 have died recently and the one(1) remaining has his own children and his own responsibilities and busy with his own life. I do not work at all so I depend on my son for everything”
(Woman 70).

(b) Socio-cultural Changes

(i) Globalization: Like many other African countries, Tanzania is in a transitional period between a past that could be described as collective to a future that is characterized mainly by individualistic tendencies and one that is diluting the power of kinship values over the daily lives of both the young and the old. Various changes have occurred over the years that have affected the structure and values of the Tanzanian culture. There is a state of tension and confusion between the traditional family structure which was a source of knowledge and stability with the emerging family customs that are tearing the old social fabric.

The family unit, be it nuclear or the extended format has always been the primary social support system for the elderly. Women who have always been the traditional caregivers are moving out of the homes to seek education and careers. With their time spent outside the home, nobody has stepped in to fill the vacuum they have left. This increases chances of older persons being neglected.

Men have always been considered the head of the households with their role that of providing for the family. The younger generation is living in a climate where without stable

employment or access to means of generating income, they have left their homes to seek employment in industries. The income they receive is not enough for everybody in their households and they are forced to take care of only their immediate families. The family has transformed from a collective unit into an individualistic unit. One elderly man thinks these kinds of abuse happen because the elderly are weak and they don't have any help or anyone to help them. He says that in life "*maisha ni kutafuta sio kutafutana*" (one has to look not be looked for). He basically stresses that everyone is really alone and they have to survive by their own efforts (Man, 78).

With the elderly being unable to provide for themselves and their families, they are left with only one role in society: advisory which has been slowly taken from them. The elderly feel worthless and feel that they are treated as such by the family and society. With their traditionally given niche in society no longer available to them, the elderly are left without a purpose in the society. When society considers the elderly as not being useful, they are less likely to care for them.

"Old people are taken as people who have no more use in this world and they have been 'passed' by the times in spite of them being very important people" (Man, 75).

It is not only the behavior of the younger generation that has changed; the elderly over the years have changed in how they carry and behave themselves in private and public. Participants interviewed stated that respect was a key indicator of the kind of treatment an elder received. If an older person was respected, he or she would be treated well both at home and in the community. Some participants pointed out that the elderly had changed the way they carried themselves in the community. An older person is considered worth of respect if he acts as an "old" person and in no way should not try to pass himself off as young. This prohibits

him from associating himself with the activities of the young such as sitting out in the community with the young people, trying to dress like them or participating in excessive public behavior such as being drunk.

“The elders who are not respected are the old people who pretend to be ‘young’. It becomes difficult for them to earn respect. The old who pretend to be young hang out in the neighborhood with the same young people that they want respect from. They also lose respect from other elders and the young” (caretaker, 48).

“Some elderly people are not respected due to their behavior (drunkenness, witchcraft). They get disrespected by the people in the community” (Woman, 65).

The manner in which children are brought up has changed over time. Children were brought up by the entire village and one could punish another persons’ child and that would be considered normal. With the changes in the education system, children have been exposed to a western way of living that allows children to be more outspoken of their needs and rights. The government has also implemented laws and regulations that guide the disciplining of children at schools. Children in both urban and rural areas are growing up without “fear” of their parents. Some participants thought that the way the parents were bringing up their children had an effect on the way the children treated them on later in life.

“I believe the parents are responsible for their children and how they behave, as this has an impact on how they carry themselves later on in life. The society is changing but it should also do something about the behavior of their children to stop such activities” (Woman, 75).

“That is the way the youth are nowadays. We try to work hard and take care of them but they just insult you. They can do this because the old man is weak” (Man, 78).

(ii) Urbanization and modernization. Urbanization; the movement of people from rural areas to urban centers has increased the mobility levels of the younger generation. They leave the rural areas to seek out employment leaving their elderly relatives unattended with the

promise of sending back money. With the difficult conditions in the urban areas such as unemployment and high cost of living, sustaining oneself in the urban center and being able to sustain a family in the rural areas becomes increasingly difficult with time. Most of the young people who move to live in the urban areas are the able bodied men and women who are educated. This leaves the elderly with nobody to take care of them physically.

It also leaves the elderly vulnerable to abuse from others member of the society who view them as easy targets as they do not have their sons and daughters to “protect” them. In such cases they can be economically and physically abused. The elderly in the urban centers are also experiencing the effects of migration. When they moved into large urban areas and left their relatives in the rural areas, they are now left without a support system. Growing old in the city is difficult for them without anybody to help them. They also find it difficult to go back to their original hometowns as they do not feel a connection after having been away for so long. They also might not have any resources to start life over such as a piece of land to build.

“I do not have any relatives living near here. My relatives live in Tabora which is a distance away” (Woman, 67).

Modernization: modern health technology and mass modern education are clashing with the traditional way of life especially norms and values. With the advent of western forms of education, the younger generation would rather seek the counsel of professionals rather than that of the elders. The elders in the community view their role as that of advising and guiding and when nobody seeks their counsel anymore, their value in the society is reduced. If people feel that the old are no longer of importance in society, they are less likely to take care of them increasing chances of them being abused or neglected.

With modernization and globalization, the role of the elder in society has undergone transformation. Elders controlled the resources in the family and the community. They also controlled labor and knowledge. The older men acted as community leaders and dealt with leadership and resolving disputes and quarrels. Women watched over the social activities of young children, adolescent girls and their daughter-in-laws. Men and women were also considered spiritual leaders and were considered healers (*'waganga'*). Due to their age, they were considered to have wisdom and knowledge accumulated over the years and through experience. As an elder remarked;

“The old are respected because once you give somebody good advice, they will come again and they will talk to you politely, bring you things and treat you well. These kinds of people live well with their neighbors and they receive good treatment”. (Woman, 69).

In current society, laws and regulations govern the distribution of property using inheritance laws. Conflict resolution is done by local government with the help of police and courts. Children are being raised by individual family units hence the role of the grandmother is no longer needed. The reality of elder power or the power of spiritual sanctioning of improper behavior is no longer strong enough to guarantee protection of the older persons in society.

(c) Lack of awareness

Some of the participants were of the view that elder abuse was going on but they did not know its exact causes. The elderly are unaware of the resources such as savings and retirement schemes that are available to them from the government and non-profit organizations to be able to improve their lives and reduce their risks of being abuse. For the caretakers, some are unaware that how they treat the elderly could be considered abuse and they also do not know if there is a proper way to handle older persons. The caretakers are also

not adequately informed of the mental processes of aging that may make taking care of the older persons a challenge generating conflict.

Being old in the urban or rural areas takes its toll not only on the elderly but also on the caretakers. The manner in which the caretakers were able to look after the elderly was different for each family dependent on their economic resources and ability to deal with the mental and physical breakdown present among the elderly. Taking care of the old is dependent on each individual family, which is influenced by their way of thinking, their education and their level of income. One caretaker thought that the caretakers need to be patient as they deal with the old as the old become like babies as they age.(Caretaker,48). Having to help the old with the personal day to day activities such as going to the bathroom or cleaning up after them may be difficult on caretakers who are not mentally prepared or aware that this may lead to stress and frustrations- which are taken out on the old person- and how to handle it.

“Abuse happens because the old are “old”. They are weak. When you are young, you go back in time and become like a baby” (Man, 80).

The elderly do not know their rights and what they can get from the local government in terms of support and protection. The old persons do not have adequate levels of education or awareness into newly constituted laws meant to protect them. Participants admitted they did not know of any new laws instituted to protect the elderly. Most of them do not read the newspapers as they do not know how to read or they have poor vision. For those who can afford televisions and radios, they admitted to there being too much information for them to understand what applied specifically to them. This makes them vulnerable as they will only know and understand what they are explained to by people who may twist ideas to their own benefit.

“They abuse us because they think we do not know our rights and I am Weak” (Man, 75).

Some of the elderly believed that abuse was going on because the younger generation did not consider them as important and they wanted to get rid of them. Some Participants felt that the younger generation was too caught up with the happenings of the world and they viewed the old as a distraction or burden that did not allow them to enjoy their lives. The young generation forgets that life is a developmental cycle and everybody moves from one stage to another. If they were truly aware of the life cycle, they would treat the older persons well as they would want to be treated in well in the future.

“I think that some elderly people do receive some measure of respect but others are hated because young people forget that they will eventually become old like the elderly now”. (Caretaker, 46).

“There is enough knowledge out there for people to know that the family is not complete without the elderly. Being old is a process/ or a step in growth. As a young person, “you don’t stay young forever. If the young people know this, it will make them provide help to the elderly as they know they will too get old” (Religious leader, 52, Male).

(d)Lack of affordable amusement facilities

The elderly and their caretakers lack a means to entertain themselves and be able to relax and get their stress levels down. Both groups are limited to in-house activities all day and year long. For some old people, due to poor health or because they live far from other families, they go for long periods of time in isolation. For the ones who can afford it, they have radios and televisions which are limited in the number and variety of choices they offer. Caretakers have a schedule between going to work or being at home and taking care of the older persons. Most of them do not have interactions with people of their age-groups as they feel that they

have nothing to offer. This self-isolation is not mentally healthy for the caretakers and the old people that they take care of. A caretaker explained that she did not have time to interact with her neighbors. They did not mean anything to her. Her normal workday includes doing house work. She liked to watch TV especially soccer (Caretaker, 44).

“My normal workday includes going to work or simply being home. I like to watch soccer on TV and anything to do with sports” (Caretaker 48).

Entertainment venues in Dar es Salaam such as cinema halls and restaurants are far too expensive for most of the older persons or their caretakers who live below poverty lines. A movie in Dar es Salaam is about 4 US dollars, which is far much more than most people can afford. Other entertainment activities such as golf or tennis playing are an activity for the wealthy. In rural areas such as Nzega, the most common forms of entertainment are school or church theatre/plays which are carried out on occasions. Marriage ceremonies are also an opportunity for entertainment but they have become increasingly rare.

Older persons acknowledged that they did not participate anymore in activities outside of their households. If they were in relatively good health, they would go out to their gardens or sell in the kiosks. Most Participants stated that due to their poor health, they were not able to go out as much as they wanted anymore. Some found it too expensive to be able to contribute to functions such as marriage ceremonies, which were previously free, but due to tough economic conditions, people were expected to contribute if they were to receive invitations.

When the elderly are not able to interact with others, they lose a sense of what is going on in the society. They feel burdened by their problems with nobody to share them with. In cases where they are abused, other people will not notice as they do not come into frequent contact with the rest of society. Incidences of abuse can perpetually go on if nobody notices

what is going on and the abusers do not feel that their actions would be discovered. Examples of participant comments include:

“No, I don’t involve myself with any social events as most of them require Contributing some money. Nothing is free and fun anymore” (Woman, 60).

“I do not have any contact with others anymore. I used to go to weddings and funerals but not anymore as I am weak” (Woman, 65).

4. Attitudes and Perceptions Towards Elders: A Generation Gap. (a) Powerless/Weak

Elderly participants described some of their interactions with the younger generation as filled with conflict and power struggles. The older persons expressed sentiments of being left out in community events and interactions such as political events; previously a strong hold for the elderly. Some blamed new forms of education and modernization on their (elderly) loss of status in society. Where the elderly persons’ provided education and advice; modern schools and vocational training have taken over. Where the elderly provided conflict resolution; the law, local courts and police have taken over. One woman said things were very different. She said that “we used to respect the elderly a lot. Nowadays if somebody does you wrong you take them to court immediately. There is no talking about it or allowing the elderly to play an arbitrating role”. She said this could be because life is difficult and also as a result of globalization-utadawazi. (Woman, 70).

“Life is difficult, tough and complicated. It’s hard to be old” (Man, 75).

“I believe elders have an advising position but it has changed. Nobody listens anymore which has led to the elders to stop talking” (Woman, 75).

The younger generations as represented by the caretakers tend to view the older persons as hard to get along with, weak and stubborn. They felt that the older people were very

set in their ways and did not want to accommodate a changing generation. Some young participants felt that their customs obligated them to be respectful of their elders, but they did not think that this respect was to be given without question. Participants felt that the older persons had put them in categories of a generation that was 'lost' or could not be saved. This in turn elicited reluctant respect from the younger generation who felt that the older persons in society had lost their power and could no longer justify being respected without question.

“Well.....people have changed in the way they treat older people. They feel that older people no longer have time. They think that older people have no purpose - *muda umewapita*”-these are no longer their times (Man, 59).

(b) Burden/Responsibility

Most of the participants were entirely dependent on their children or outside sources for their sustenance. The traditional roles versus the modern roles expected of the elderly have led to polarization whereby the older persons fall into an either/or category. If an older person is in the traditional role, they are expected to provide advice and act in an advisory role.

Comments made during the interview were paraphrased as follows:

[The difficulties he faces are him feeling that he is a burden to his family. He has found himself dependent on his children and this makes him feel heavy hearted. Sometimes he would rather leave as the family looks upon him as nothing and the local government doesn't listen to the opinions of the old anymore]. (Man, 70)

In the modern society they are expected to provide for the family and as such be a source of income for their family which is an obligation they are unable to fulfill completely due to lack of needed education, inadequate healthcare and market opportunities. This polarization makes it difficult for the elderly to be seen as participating members of society as they will be normally associated with their traditional roles.

“The old are not treated very well especially if they have nothing of their own” (Caretaker, 49).

“An elderly person is hated/disliked by the society. They are neglected and looked upon as nothing” (Caretaker, 45-M).

From the interviews and observations, the younger generation does not seem to appreciate the knowledge of the older persons. Most of them do not think or feel that is it relevant to them. They do not see a practical application to older people’s knowledge in current society. Most of them felt that obtaining a western education and the knowledge that comes with it would be their key to success. If they listened to older persons, it was out of obligation or so as not to appear rude.

“An older person is considered a burden, a responsibility. The role of the old is to provide advice and leadership to the younger generations but we cannot do that anymore. Some people hate the old but some treat the old with values” (Woman, 68).

(c) Respected vs. disrespected

Some elderly participants expressed that they were respected and loved in the society but there were times and in some situations they felt completely the opposite. Participants were quick to note that in many cases, respect and love came more from outside the family than it came from inside the family. The people closest to an older person were less likely to accord them respect and love than a stranger in the community or an individual not closely related to the older person.

“Some people are respected and others are not. This is dependent on the family. Some people have family that asks for advice and this is a sign of respect to the old person in the house”. (Man, 79).

“The old are respected “because once you give somebody good advice, they will come again and they will talk to you politely, bring you things and treat you well”

this kind of people live well with their neighbors and they receive good treatment” (Man, 75).

“I feel that some people outside of my family respect me. My children insult me and because I don’t like quarrelling, am silent. My neighbors are nice to me and they stand up for me” (Woman, 68).

“They might not be respected if they act ‘young’. They might not be respected if they don’t carry themselves with respect; if you carry yourself with respect people act respectful” (Man, 72).

“I think that the elders who are not respected are the old people who pretend to be ‘young’. It becomes difficult for them to earn respect. The old who pretend to be young hang out in the neighborhood with the same young people that they want respect from. They also lose respect from other elders and the young.”(Woman, 65).

The qualities of an old person that are venerated and revered by society are wisdom, life experience and the ability to offer advice into future occurring events. Older persons in the society that manage to hold on to the wisdom and knowledge and impart it to the younger generation are more likely to be respected and loved. If the advice an older person gives is received and things turn out well, the older person will get more and more younger people asking for his/her opinion certifying the older persons role as advisory in that society.

Respondents expressed these opinions in the following paraphrased comments:

“The social value of the old is determined by how they carry themselves. Nowadays, old people carry themselves differently. They do not carry themselves in the proper way bringing shame onto the rest of the elderly society (*vijana wazee*)” (Man, 85).

“It’s very different and things have changed a lot over the years. I think the changes are due to the difficult times people are experiencing. Hard times make people change and money has very little value nowadays. The elderly are sometimes taken with respect and in my case I feel that I have a purpose.] (Woman, 70).

Older persons felt that respect from family members' and the community defined their status in society and this was used by some as a benchmark to gauge how they were treated.

(d). Isolated

Several elderly participants stated that they felt ignored by the community or the people living around them. Feeling left out and alone was just not a physical issue, but they expressed the feeling that being isolated was so much more than not being visible to others. Participants felt that they were excluded from society once they were categorized as old, and when they stopped contributing towards the family upkeep. They felt ignored in relation to being able to give out advice and to have the advice willingly accepted, and in some cases followed. A participant's comments were paraphrased as follows:

[The role of the elderly is to educate the younger generation. She says but the children ignore the elderly. They think that because the old don't have education/certificates it looks like they don't know anything] (Woman 72).

Being ignored, for some participants' amounts to being regarded as ordinary people in the society. The traditional status of the elderly was being at the top of the hierarchy in all matters: social, political and economic. As depicted by a comment made by one old man, being treated as ordinary in society was equal to being disliked. The following thoughts were expressed by the old man and paraphrased.

[He thinks that the old are looked upon as ordinary or normal and there is no difference between them and the younger generation in terms of social status. He thinks that the current generation discriminates/segregates the old and just has dislike for them] (Man, 80).

A common expression used by the younger generation is that old people's times have passed and they really do not have any use in the current times. To some elderly participants,

these expressions that are casually thrown out by the young makes them believe that they do not have a place in society. Their age given niche was no longer important to the society.

“The old are not treated well.” The young say that: “the old people’s times have passed them”-wamepitwa na wakati-”. Today’s world takes old people like they do not have use, they are worthless. Old people can do well if they are helped” (Woman, 65).

5. Attitudes and Perceptions Towards Elder Abuse

(a) Shifting responsibility-blaming the victim

When the participants talked about the issue of elder abuse, all had varying thoughts on why it happened. Some elders blamed their fellow elders for bringing the abuse upon themselves by the way they behaved in public. They attributed abuse to behavior by older persons who did not want to grow up and acted like young people. When an elder who was regarded as not behaving well was abused, it became his fault.

“How they are taken care of in terms of their health and also how they carry themselves out in public shows that they are respected.”(Caretaker, 48-Male).

“I think that the elders who are not respected are the old people who pretend to be ‘young’. It becomes difficult for them to earn. The old who pretend to be young hang out in the neighborhood with the same young people that they want respect from. They also lose respect from other elders and the young] (Caretaker, 49).

When participants talked about the issue of witch craft related killings, some felt that it was the older person’s fault that they ended up being beaten up, slashed with machetes or chased from their homes. Respondents stated that older persons who were accused of witchcraft may have drunk too much; hence they always had blood-shot eyes. Some of these older people had more material wealth than others in the community, so how could they afford all this while others suffered? Speculation over this wealth led to conclusions that the older persons obtained their wealth through suspicious means, or how else would they be so well

off? Some respondents accused such older persons of being mean and not sharing what they had with the community, hence the reason they were abused.

“The society hates-*wanadharau*- the older people. Life is difficult as an older person. In some cases older people are regarded as witches especially when they have red eyes and that could simply be from drinking alcohol” (Man, 60).

Some caretakers thought that it was the fault of the older persons that they (older person) were being abused. They gave examples of elders who were stubborn and did not want to change their ways. Some felt that the older person should be more helpful around the house and contribute by cleaning up after themselves or not making too much of a mess.

(b)Denial of Risk/Seriousness

Denial was expressed in various comments made by both caretakers and the elderly. Some elderly participants denied being abused but in later comments gave examples of abuse that they had experienced. Caretakers were quick to point out that they did the best they could to help out their elderly. Caretakers did not think that the elderly were at a high risk of abuse. The elderly did agree that the abuse was present and they also felt that the administration had not accorded incidences of abuse the attention and seriousness they deserved.

Some of the elderly participants and caretakers felt that the killings were serious but they did not think that it was getting out of control. A majority of participants did not know if the abuse could be prevented or stopped and if it could, they did not know how that could happen. A participant referred to all the media attention on the witchcraft related killings in the Northern part of the country as just a way of diverting attention from the politics of the day.

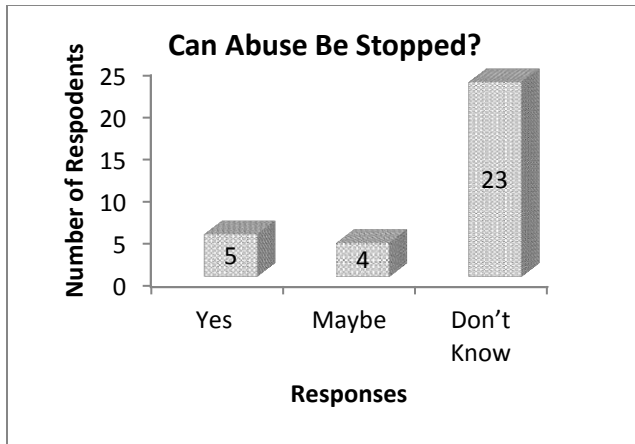


Figure 7: Can abuse be stopped?

(c) Frustration:

Older persons expressed frustration in the manner in which they were treated. Participants expressed dismay that nothing was being done by anyone to address their plight. They felt that no development projects were specifically targeted towards the old. They did not feel it was right that any help that was being given to the society focused on women and children, but the old had been forgotten. They also did not feel that the situation would be able to be changed soon. Older person felt that that reasons abuse continued was because they lived with the abusers and the abuse was sanctioned by the local governments.

“Abuse will always be there but the local government cannot do much. The elderly are respected publicly but abused in private”. (Woman, 75).

“Nobody has tried to stop it because the abusers are part of the local government” (Man, 80).

“Well....When the government says that is against abuse of the elderly, cases are reported to the local government but that only lasts for so long, and you never hear anything being done” (Woman,75).

“Nobody will help. Unless you move from that area where you live it won't stop. And where you go you find the abuse somewhere else and from somebody else” (Woman, 65).

CHAPTER 5:

CONCLUSION

A quick glance at elderly people in Tanzania reveals a traditional picture of reverence towards older people. It reveals an older generation that has and is being accorded the respect and care due to them as the keepers of a household, family's or community's wisdom and knowledge. Their children listen to their advice and obey their instructions, they are greeted and given way on the road, they are allowed to go to the front of the line at queues. Many African proverbs and sayings praise older persons in society and exhort the importance of listening to their advice to be able to live a good life full of blessings. This is the image we have of elderly people not only in Tanzania, but also the rest of the African continent.

This study uncovered the following issues: (a) there are diverse meanings of the terms abuse. (b) There are acts of abuse. (c) Poverty is the main risk factor associated with elder abuse. (d) There are limited community resources to support a health intervention.

(a) The understanding of the term abuse in Tanzania has variations, from the widely accepted definition of abuse as described by The World Health Organization, 2006 that states "a single or repeated act, or lack of appropriate action that occurs within any relationship where there has been an expectation of trust, and this causes distress or harm to an older person". This study reveals that older persons believe that abuse can range from people not listening to them or their advice, to being pushed or shoved on the roads or to killings and cuttings that occur in cases of witchcraft related accusations.

(b) Though the Tanzanian conception of abuse is a bit broader and more inclusive, most of these acts of abuse fall into the categories of physical, economical and emotional abuse and

neglect. The acts of abuse can be viewed from two perspectives: system abuse and personal abuse. Living conditions in the community are influenced by the social-economic and political system that may lead to unemployment and lack of infrastructure which will influence how older persons are treated. Personal abuse may be influenced by the mental conditions of individual caretakers and older persons, stress management by older persons and caretakers, education levels and family structures. These two systems merge to form a cycle of negative conditions that contribute towards abuse of older persons.

(c) The main issue that affects and impacts on the aging population in Tanzania is the lack of resources within the context of poverty. Older persons and their caretakers were candid about the impact lack of stable or adequate incomes had on their quality of life and subsequently increased chances of abuse on elder persons. Economic and social dependence on children or caretakers has resulted in the old losing their self-esteem and their voice as equal members of society. Other risk factors identified include lack of awareness, socio-cultural changes and lack of affordable amusement facilities.

(d) Reversed roles and lack of a retirement seem to be the plight facing many of the elderly who have to assume the positions of caretakers to their children and grandchildren. With the HIV/AIDS epidemic still a major killer in Africa, the elderly are faced with the responsibility of taking care of their infected and affected children and grandchildren and they do this difficult task with limited incomes.

With the family and community faced with tough living conditions, their attitudes and perception towards the old and the issue of elder abuse may be described as one of avoidance and denial. For many, the basic act of getting food for themselves and their families is difficult

enough without taking into account additional mouths to feed in the form of their elderly parents who in many instances cannot contribute in material form. In the process, the non-material social-economic contributions that the elderly provide are overlooked.

Though most people had no idea if abuse could be stopped, they did request assistance in improving their lives as they did not have any material resources in their community. Older persons felt they if they could contribute towards the household income they would be better treated, caregivers felt that if they could access stable means of income, they would be better placed to take care of their parents.

Future Research

During the research, I discovered that there were other factors that influenced or affected elder abuse. Reflecting on the conversations with the participants, there is need to research further the following subjects:

i) An in-depth study into mental health problems affecting the elderly in Tanzania and their influence on increased elder risk of abuse. Some participants were very advanced in age and appeared to be suffering from “old” age diseases and their associated symptoms such as memory loss, and difficulty getting around which might make dealing with older persons a challenge.

ii) An examination of the new forms of family organization and social structure and their impact on the quality of care given to older persons. Conversations with the elderly brought to the surface the issue of a family and social structure that had previously been considered strong. Stories of the strong family structures in Africa with individuals growing old in the comfort of their homes surrounded by their many children and wives have been told for years.

This may not be the case with increased urbanization, modernization and individualization of families.

iii) An exploration of experiences of informal caregivers (be they old or young) to older persons with HIV/AIDS and alternative appropriate and acceptable models of support for caregivers. In many cases, the elderly have been caregivers of their children infected with HIV/AIDS. There has not been an in-depth exploration of the issue of older persons infected with HIV/AIDS in Tanzania and the experiences of their caregivers.

iv) An examination of the manner in which organizations can develop a nationwide surveillance system to detect incidence and prevalence of elder abuse. With about 3% of Tanzania's 2009 population characterized as 65 years and above (CIA Fact Sheet, 2008), and steadily on the increase, a nationwide system will enable stakeholders to have reliable data to be able to implement intervention programs.

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Appendix 1:

Interview Questions for the elderly:

Forms of Abuse:

- How are you and your family?
- How is your health?
- How do you sustain yourself?
- What difficulties have you faced as you have grown older?
- What difficulties bother you the most?
- Have you ever heard of the term abuse? •What do you understand by the term abuse? Can you give examples that you've heard of?
- Have any of these examples ever happened to you (which ones)?
- Do you know why it/ they happened?

Perceptions:

- What do you understand by the term respect?
- Do you feel respected by the people around you? (Yes/no)
- How do you feel people treat you?
- Do you think people have changed over the years in how they treat older people? Why do you think these changes have happened?

Community Resources:

- Do you receive family/community support to sustain yourself? (Yes/no)
- If yes, how do they help you?
- Who can you ask for help if you need it (Family, friends, others?)
- What would improve your life?
- What do you think the community could do to help older people?

Appendix 2

Interview Questions for Caretakers/Family Members

Forms of Abuse:

- How is it that you are the one who takes care of this elderly person?
- What are the difficulties you face as you take care of him/her?
- Have you heard of situations where an elderly person is/ was not well taken care of? (yes/No)
- If yes, how are (were) they treated?
- Why do you think some older people are not well taken care of?

Perceptions:

- What do you understand by the term respect?
- Do you think old people are respected in the community? (Yes/no)
- If yes, how are they respected?
- If no, why are they not respected?
- What incidences show they are not respected?

Community Resources:

- What would help improve your situation/ability to take care of these old people?
- Do you receive community support as you take care of the old people? (yes/No)
- If yes, how do they help?
- If no, how do you think they could help? How would you like them to? Are there other kinds of support that are needed?

Appendix 3

Group Questions:

- What do you understand by the term respect?
- Do you think the elderly are respected? (yes/No)
- If yes, how are they respected?
- If not, why are they not respected?
- What incidences show they are not respected?
- What do you understand by the term abuse?
- What are some things that happen that you would consider abuse?
- Which ones happen/are experienced the most?
- When do they happen?
- Does anybody try to stop it? Who? What have they typically done to stop it?
- Where are these cases referred to? (Courts, police etc.?)
- What other problems do older people face?
- What can the community do to help the older people?
- Has anything been done here recently?
- What would you like to see done? At what levels in society should this take place?

Appendix IV:POTENTIAL INTERVENTION

PEERCORPS TRUST FUND

OLDER PERSONS ASSISTANCE PROGRAM (OPAP)

Access to a Better Quality of Life

INTRODUCTION

Elder abuse has been defined as “a single or repeated act, or lack of appropriate action that occurs within any relationship where there has been an expectation of trust, and this cause distress or harm to an older person (WHO, Elder Abuse and Alcohol fact sheet, 2006). Various forms of elder abuse have been identified ranging from physical, psychological, sexual abuse, neglect and self-neglect, medication abuse, verbal abuse and harassment, financial exploitation, abandonment, scape-goating and marginalization of older people in institutions of social and economic policies (WHO, 2006).

Some types of elder abuse such as allegations of witchcraft and its consequences occur only in the African region (Ferreira, 2005). This type of abuse is considered far more violent than the type of abuse prevalent in the developed countries (Ferreira, 2003). In an African context; elderly persons are more likely to experience abuse in a family setting. Abuse in Africa is done collectively; in most cases it is perpetrated by members of the family, community or society as opposed to individual abuse done by strangers or caretakers in an institutionalized setting (Ferreira,2004).

In the summer months of June-August 2010, Peercorps trust commissioned a community health needs assessment in two regions of Tanzania: Dar es Salaam and Nzega. The participants provided a diversified description of what they considered elder abuse. These definitions varied in range from being shoved on the road to intentional killings or attempted killings. The community needs assessment identified the presence of physical, economic, psychological abuse and Neglect.

Based on this community needs assessment and existing literature, Peercorps Trust Fund designed an intervention to reduce the rate of elder abuse in these two regions and subsequently increase the quality of life experienced by older persons. This is a pilot intervention and documented success and effectiveness will provide the basis for an extension and diffusion of this kind of intervention to other affected regions in Africa. Constructs from Community organization and social network theory were used to develop a framework for the intervention, and an evaluation model is provided to determine the success of the intervention.

GOALS

1. To reduce the overall incidence of elder abuse.
2. To increase access to a better quality of life.

Objectives

- ◇To increase awareness levels of elder abuse.
- ◇To help older persons & caretakers' access income generating resources.
- ◇To address social isolation among older persons.

BACKGROUND

This intervention is based on three models: Microfinance and micro-credit, health education and home elderly visits. The aspect of microfinance is focused on increasing sources of income accessible to the older person and caretakers with the assumption that the more income they have, the more they are better able to access basic needs such as food, clothing, shelter and healthcare. Independent sources of income will allow older persons to contribute to the household income hence reduce tensions and allow for better family relations.

The health education aspect is meant to inform the older person of their rights in society and where they can obtain help. An informed older person will be less vulnerable to abuse than an uninformed one. For the caretakers, education will expose them to the consequences of abuse on the older person and far reaching effects this has on the family and society. It will also allow both caretakers and older persons to access channels or resources that can help them in their daily lives. If people know that there is help out there and how to obtain, they will not try to handle all the difficulties and stresses of life all by themselves which is one of the risk factors that lead to abuse of older persons. It is generally agreed upon that information is power and in sharing their experiences, older persons and caretakers will be involved in a two way process allowing all parties to gain from sharing information.

The final aspect of home visits is meant to address the issue of loneliness and social isolation among older persons. The visits will bring older persons into contact with people they can talk to and be able to obtain help for simple yet difficult tasks such as having somebody read to you. Most of the older persons have poor vision or cannot read making them feel isolated from the current events. Older persons who are in regular contact with persons other than their family are less likely to be abused as they are chances that somebody may notice or they may talk about it, getting the abusers into trouble.

Microfinance

Microfinance consists primarily of providing financial services including, savings, micro-credit, micro insurance, micro leasing and transfers in relatively small transactions designed to be accessible to micro-enterprises and to low-income households. Microfinance may be

complemented by non-financial services, especially training, to improve the ability of clients to utilize the facilities effectively (Asiama, 2007).

Microfinance has grown into a rapidly expanding global movement to reduce human suffering by providing small amounts of capital to low-income individuals (Woodworth, 2007). The use of microfinance in development has emerged from a number of key factors such as: the realization that low-income earners have the capability to use loans effectively for income generation, to save and re-pay the loans. The fact that micro-finance is viable and can become sustainable and achieve full cost recovery. The recognition that micro-finance can have an impact on issues such as empowerment, reducing the spread of HIV/AIDS and improving social indicators such as health, housing, access to food and education (Asiama, 2007).

Health Education

Although elder abuse may be recognized as a social and health problem, the incidence and prevalence of abuse in family settings is not known. The lack of understanding may be due to the fact that many incidents are never reported and many low-income countries lack surveillance systems. Despite knowing that abuse is wrong, members of the community often empathize with the perpetrator and do not necessarily make a formal report. Some community members may also not be aware of the signs of abuse and they have poor knowledge of procedures when dealing with such situations (Richardson, & Livingston, 2002). To be able to increase awareness of elder abuse, families and members of the community should be educated about various types of abuse and how to recognize abuse.

Home Visits

According to the world health organization, 2002, as the proportion of older people in the population increases, more and more of these older persons are living alone. Social isolation has been defined as “an objective measure of social interaction” and social loneliness or emotional isolation as “the subjective expression of dissatisfaction with a low number of social contacts” (Van Baarsen et al, 2001) in Findlay, 2003. Older persons who had poor or limited social contact are considered at risk of social isolation though some prefer to be alone and suffer no adverse effects on their quality of life (Findlay, 2003). Social isolation has been linked with increased mortality rates for people over 65 years, elevated blood pressure, increased propensity for dementia, depression, rural stress and suicide. (Findlay, 2003).

Home visits structured after the original program called the Gatekeeper program have had documented success. The program utilizes non-traditional referral sources to identify at risk older persons who may be not come to the attention of local support services. this model has several important features: ♦ it utilizes not traditional referral sources such as volunteers. ♦ it allows the general public to take action in helping older persons without getting too involved. ♦ it can be adapted to any community setting such as a rural area and be able to deal with issues other than social isolation. ♦ it opens lines of communication in the community and builds community capacity-it has a community-centered approach. ♦ it is cost effective. (Findlay, 2003).

THEORY

Elder abuse impacts on all aspects of the individual; social, economic, environmental and political. There is need to ground the intervention in a theory that will encompass all these

aspects. Community level theories “explore how social systems function and change and how to mobilize community members and organizations” (Rimer & Glanz, 2005).

Community Organization grew from the field of social work in the late 1800's into a much broader process which involves working with people as they attempt to "define their own goals, mobilize resources, and develop action plans" for meeting the needs they have identified collectively. Community organization has been formally defined as "the method of intervention whereby individuals, groups, and organizations engage in planned action to influence social problems."(Rothman & Tropman, 1987).

The intervention will be based on the locality development model which is a very process-oriented model. Community change is sought through participation of a broad cross-section of members in the community who attempt to identify and solve their own problems. It stresses consensus, cooperation, building group identity and a sense of community. Outside practitioners (coordinators or enablers) help to coordinate this effort and enable the community to successfully address its own concerns by focusing on the key concepts of: empowerment, critical consciousness, community competence and principle of participation. (Rothman & Tropman, 1987).

Figure 8: Locality Development Model



Drawing on the concept of Action anthropology where the “role of the researcher is not just to observe and analyze life in a community, but also to participate in a partnership with change agents in the community in order to help them achieve goals that they select for themselves” (Kiefer, 2007), this intervention aims to include the community in the planning and implementing of the program.

The program will seek to establish a community board in each region with members from various stakeholders such as the local churches, mosques, local leaders, and health and social services. The board will work together to identify a group of older persons and caretakers to be involved in the first phase of the program. The board will also contribute to identifying accessible resources that can be used later on by the older persons and caretakers.

The community board has two objectives: (A) to engage the community in developing culturally tailored interventions to address barriers faced in accessing basic needs such as food,

clothing, healthcare and shelter. (B) to organize informal community gatherings where participants obtain education on the issue of elder abuse, general health education, economic initiatives and any other development issues identified by participants' and deemed important in improving the general quality of life.

Each component of the intervention will be tailored to fit the older persons and caretakers existing cultural framework so as to facilitate easier diffusion of new behavior through familiar channels, symbols and messages. There will be monthly deliberations with representatives of all the stakeholders. The community board will identify intervention strategies for the older persons and the caretakers and potential barriers and how to overcome them. The following methods are suggested based on the community health assessment, literature review and existing interventions focusing on the needs of older persons and caretakers, but will be modified based on the recommendations of the community board and tailored to local conditions and preferences of the community.

METHODS

(A)Community education: low education levels and strong beliefs in witchcraft have been attributed to the killings going on in the Northern part of Tanzania. Low awareness levels as to the causes, risk factors and impact of elder abuse contribute to the continuation of other types of abuse. This intervention will be a broad-based community health intervention to improve skills, attitude and knowledge not only among older persons but among caretakers in the society. The individuals identified to participate in the initial phase of this intervention will be interviewed to find out the locations and time schedule convenient for them.

The intervention will consist of a one week session of about three hours containing a range of topics. The sessions will be based on interactive, participatory discussions and practical exercises and games based on the workshop format. The sessions will be divided into two: for older persons and for caretakers.

Older persons: The First module will provide education on elder rights and policies. The second module will explore the topic of assistance and provide a resource list of information on accessing the available support services. The third module will explore the behavior, attitudes and opinions of the younger generation and address skills that can be used to bridge the generational gap between the older persons, caregivers and their families. The fourth module will address topics of interest to the older persons that they identify and they could include: nutrition, how to talk about sensitive matters such as finances with their caretakers, and the issue of HIV/AIDS.

Caretakers: The first module will consist of sessions that will explore caretakers' knowledge, attitudes and perceptions of elder abuse and provide accurate information. Caretakers will be provided with practical information on how to provide care for the older people. The focus will be on how to provide home based care to sick elderly people, health and nutrition as well as improving compliance to medication. The second module will explore available resources to caretakers and older persons and how to access them. The third module will address the intergenerational gap and subsequent communication challenges posed and skills to better communicate with older persons. The fourth module will address topics of interest to caregivers such as the issue of HIV/AIDS, unemployment and social isolation.

Figure 9: Curriculum Model.

	ELDERS	CARETAKERS
	TOPICS	TOPICS
MODULE 1	Education on elder rights and policies	Explore knowledge of elder abuse Provision of care to older people.
MODULE 2	Explore available support services	Explore available support services
MODULE 3	Address the communication gap	Address the Intergeneration gap
MODULE 4	Topics of interest to the older persons	Topics of Interest to caregivers

(B)Micro-finance & Micro-credit programs

The micro finance program will have two options (1) the first option will begin with the development of a loan center managed by Peercorps Trust Fund. Caretakers and older persons will be given loans to use in the development of income-generating activities such as (opening grocery kiosk, cyber cafés, selling clothes and photocopy and printing kiosks). Individuals will be organized into groups of ten and they will serve as guarantors for each other’s loans. All loans have to be repaid in each group before the group is eligible for more credit. The older persons and caretakers will meet bi-monthly to repay loans and apply for additional credit.

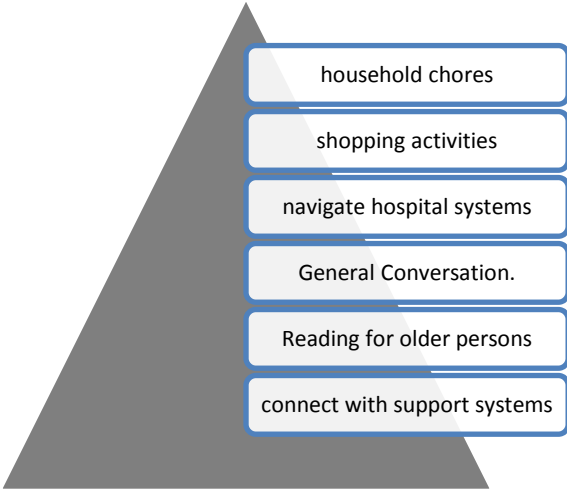
(2) The second option will consist of a Savings and Lending Project that will be composed of self-selected groups of 5-15 people be it older persons or caretakers who agree to come together regularly. The group members will form their own by-laws, savings amount, loan terms and interest rates. Each member of the group will contribute the agreed amount into the collective saving pot. At the beginning only one or two members can borrow from the

communal pot due to the limited availability of funds but they must repay by the agreed on payment period. Loan interest and the regular savings contributions will accumulate enabling most or all members to borrow each month. The members will decide on the length of their groups saving circle, when to add members, change members or dissolve the group.

(c) Home visits to the Elderly

Older persons experience loneliness especially if they live alone, live far from other people or are home-bound as caretakers or because they are sick. This phase of the intervention will connect older persons with volunteers recruited from friends, neighbors, church/Mosque attendees, secondary schools and colleges who can engage in conversations with them, read to them or help them out with household chores. The volunteers will be recruited and trained to identify socially isolated older persons, connect them with support services and provide other services as needed on an individual basis.

Figure 10: Activities for the Home Visits.



POTENTIAL CHALLENGES

◆ Being able to source for adequate funds for the program. This can be overcome with careful planning, beginning early and being thorough in selection of grant funding agencies.

◆ The challenges posed by the bureaucracy present in a country such as Tanzania. This bureaucracy can slow down program activities. There is need to allocate extra time into program activities to account for this and recruitment of staff familiar with local process of doing things to avoid stress and frustration.

EVALUATION

Process and summative evaluations will be carried out and each component of the intervention will have a specific evaluation criterion. Health education: there will be a pretest at the start of the program, a post-test immediately after the program and a follow-up test six months after the end of the program. Micro-finance: the evaluation will be based on data collected from persons coming to obtain loans and from the savings and loans groups. The data will address questions such as the number of people seeking loans, what they used the loans for, what problems they encountered and how satisfied they were with the microfinance programs. Home visits: data will be collected from the volunteers who sign up to do the home visits. Information will address the type of services they provided to the older person on their visits, the challenges they encountered. For the older persons there will be a satisfaction survey to explore the effectiveness of the program.

SUSTAINABILITY

Peercorps Trust Fund will need to invest the initial funds to be used for the start of the program. These funds can be obtained from grants but they will need additional investments to allow for some measure of sustainability. The home visits will be relatively sustainable as they will depend on volunteers. Peercorps can also explore the use of local and international interns to facilitate aspects of the program for education credits.

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Appendix VI: LOGIC MODEL

Problem: ◊ Abuse among the Elderly in Tanzania.

Goal(s): ◊ To reduce the overall incidence of elder abuse.

◊ To increase access to a better quality of life.

SUB-PROBLEMS	OBJECTIVES	INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	LONG-TERM OUTCOMES
<p>◊ Poor health among the elderly and lack of accessible health services.</p> <p>◊ Lack of basic needs such as food, clothing, and housing.</p>	<ul style="list-style-type: none"> • To increase awareness levels of elder abuse. • To help older persons & caretakers access income generating resources. • To address social isolation among older persons & caretakers 	<p>Funding.</p> <p>Time.</p> <p>Educators.</p> <p>Transportation</p>	<p>◊ Provide elder abuse awareness/education to the elderly and caretakers.</p> <p>◊ Develop micro-finance businesses (grocery stores, cyber cafés,)</p> <p>◊ Develop a resource list for caretakers and the elderly with information on where/how to obtain needed support.</p> <p>◊ Develop a community elder support network</p>	<p>◊ Number of elderly & Caretakers attending health education classes.</p> <p>◊ Number of requests to help in starting micro-finance businesses.</p> <p>◊ Number of volunteers signing up to carry out home visits to the elderly.</p>	<p>◊ Increased awareness of issues related to elder abuse.</p> <p>◊ Increased home visits to the elderly.</p> <p>◊ Increased use of micro-finance programs.</p>	<p>◊ Increased access to basic needs.</p> <p>◊ Reduced rates of elder abuse.</p> <p>◊ Reduced instances of social isolation among older persons</p>

