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Who takes care of the Elderly in Ethiopia when Reciprocal Relationships Breakdown?

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Abstract

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In Ethiopia social welfare is found at an infancy stage where only people who have been working as public employees are guaranteed with a secured income upon retirement. On the other hand those who never had the opportunity of formal employment and those self-employed individuals do not have a guaranteed income where there is no provision by the state. By exploring care for the elderly in Ethiopia, primarily financial support, this paper sought to grant a better understanding of the challenges elderly people face and how they cope with these challenges when traditional patterns of care for the elderly fail. The findings of this study revealed that access to food, shelter; lack of education, health problems; loneliness and depression as the major problems facing older people. It also illuminated the role of reciprocal relationships in care for the elderly and the importance of family, the insufficient support rendered to the elderly by the Ethiopian government and the role non-governmental organizations can play in the mitigation of the problems of elderly people.

Key words: Ethiopia, family, elderly people, reciprocal relationships, social welfare, social protection, poverty.

List of abbreviation

UNDP	United Nations Development Program
USAID	United States Agency for International Development
UN	United Nations
KAMSD	Kibre Aregawiyen Migbare Senai Dirijit
NGO	Non-Governmental Organization
HAI	Help Age International
MOLSA	Ministry of Labor and Social Affairs
CRDA	Christian Relief and Development Association
FAO	Food and Agriculture Organization

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I would like to thank my God who has been my shield of rock amidst of all the turbulences life threw at me. I have found comfort, perseverance and encouragement in you in the ups and downs of life.

This thesis is dedicated to all Ethiopian elderlies who have directly and/or indirectly contributed to the development of their country. During my brief time with the elderlies, for the purpose of this study, I realized that it is terrifying to be an elderly person at this point in time in Ethiopia. Therefore I dedicate my work to Ethiopian elderlies, especially those who are standing alone and facing sever poverty in the final years of their lives.

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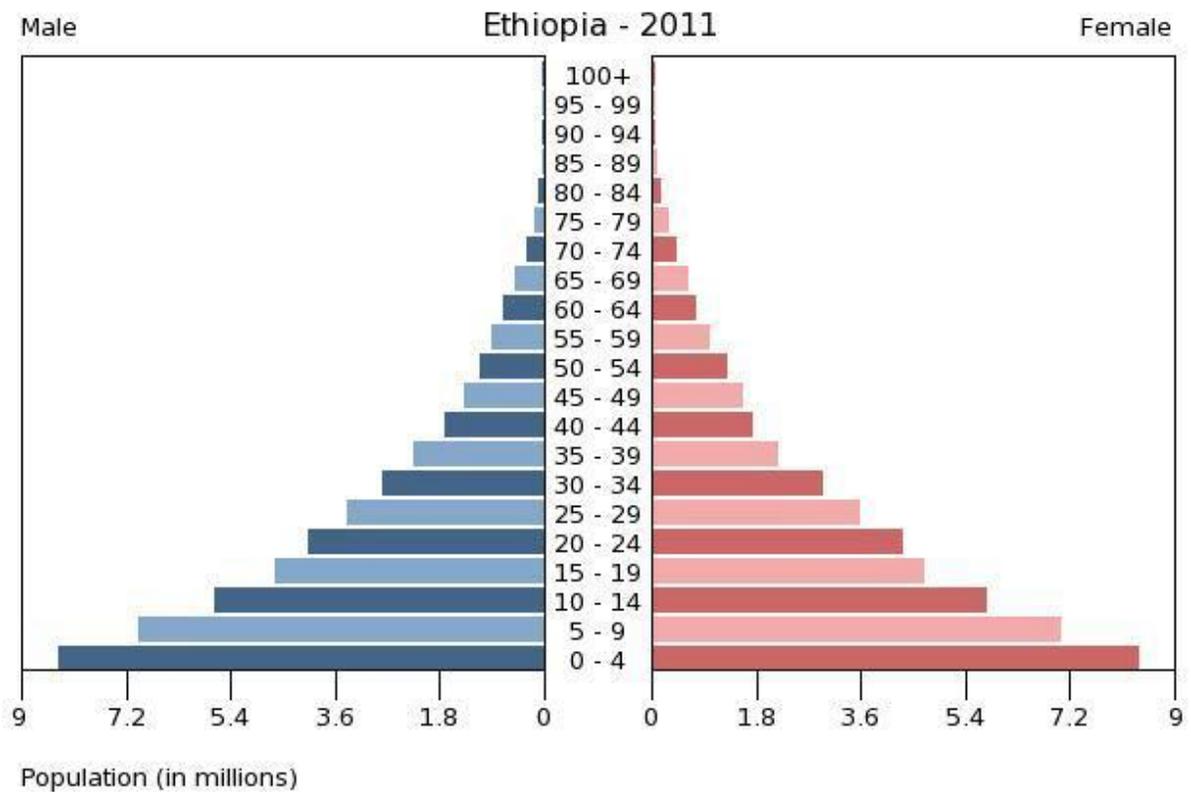
1. Introduction

Old age is not quite unavoidable. There is an old saying “the only thing worse than growing old is dying young.” Therefore in all societies everyone hopes to grow older. In the traditional society of the past old age was no problem. The family provided a guaranteed protection for its elderly (Saxena, 2006, p.125). Traditionally elderlies are looked after by the family. Tradition dictates that fathers and mothers look after their children until they become economically independent. In return, children look after their parents during old age. But contemporary society wrestles with who will take care of the elderly mainly because in recent times there has been a disruption in the reciprocal relationship between parents and children. There are many explanations for this. For example, in developing societies such as Ethiopia, many of the traditional family patterns are breaking down. Sometimes children are unable to look after the elderly people due to their desire for education, due to internal migration or external immigration, working conditions and the hunt for better living, might make them neglect elderly people. Furthermore, young adults may not have the resources to take care for the elderly. In addition, the process of urbanization has and still is contributing to the deteriorating situations of the elderly as it leads to family break ups due to migration in search of jobs and in pursue of education. From demographic point of view, the elderly live longer these days and with that the cost of caring have become higher.

The rates and circumstances under which people are considered old varies, and the age at which they are considered old depends on factors such as chronological age, how they appear, how they are perceived by others and cultural context (Hamilton, 2011, p.342). In Ethiopia, older people often refer to major historical incidents such as war, drought, famine and the like to tell their age due to the inadequacy of birth registration system and lack of other vital statistics. As a result, people in Ethiopia make use of various variables to make out if a person is old or not. For example, change in hair color, hearing problems, health problems, having grandchildren and reaching menopause are considered as traditional indicators of being old.

However, these are quite subjective and may not really indicate old age mainly because these variables could happen to someone due to a number of environmental factors other than age. Nevertheless, the formal retirement age in Ethiopia is 60, which is in line with the UN definition (MOLSA, 2009, p.24).

As one of the developing countries Ethiopia's population pyramid shows that the majority of its population falls under the age of fifteen. In addition the triangular structure (broad base) of the country's population pyramid also reveals the fact that people aged sixty four and above are the smallest age group. Though age data have many uses, it is usually very difficult to obtain reliable data on age in developing countries.



Source: US Census Bureau

In addition in Ethiopia a public pension system has not been developed. Hence a pension from employment, a secured means of income for the elderly, exists only for those that have had government employment. Once they retire former public servants have a small monthly income in the form of pension. Others who never had the opportunity to be a public employee have no

source of income at retirement. There are four sectors of the society that can be thought of as providing income for the elderly. The first sector is the individual himself. The individual can support himself by continuing his employment or by any other informal means. The individual, himself is however vulnerable on the regular job market because of age and diminished work capacity. The second area of support can be kin. As I have mentioned, the kinship relationship has been the traditional manner of supporting the elderly in Ethiopia. The responsibility was seen as a part of a reciprocal relationship within the kinship network. Parents take care of children when they are too young to support themselves and in turn children take care of their parents when they no longer can support themselves. This paper takes as a basic assumption that the reciprocal relationship of kinship as a mutual obligations is breaking down. That leaves two sectors of society available for supporting the elderly. One sector is the government by increasing social service and basic pension schemes. The other is the volunteer sector of Non-Governmental organizations. Their work is a kind of charity helping people in need, including the elderly, by spreading donations to the organization to those in need. Both the government and the informal NGO society can make important contribution to present and future care of the elderly.

By looking at care for the elderly in Ethiopia primarily financial support I attempt to answer the question of how the elderly cope with the challenges facing them when traditional patterns of care fail. My analysis of alternative systems of economic support from the public and private sector includes a particular analysis of one NGO known as Kebere Aregawian Gebere Senay Drijet (KAMSD). This is my research question. The theories I use in my analysis will be discussed later on.

This thesis is organized in the following manner. The first part is the introduction: under this part I have briefly presented what my work is all about. In short this part is the summary of the entire thesis. Background of the study is the second part of my discussion. Here a historical review together with the review of KAMSD is presented. Also in this part, review of related literature is included and relevant theories of aging and welfare systems are introduced. The third part is about the research method for my analysis. In the fourth part I present my analysis which is about how the selected NGO and the public sector are working today regarding care of the elderly. The final part is the conclusion. In the conclusion I will argue for how the combined

efforts of the public sector and the non-governmental volunteer agencies working together is a possible solution for providing protection for the elderly and reducing insecurity. I will also conclude that theories of welfare management supporting a view of mixed economy of welfare are useful for describing situations in developing countries. Furthermore I maintain that active aging theory is strongly used as a survival strategy for the elderly in countries with severe poverty. One of my most important theoretical findings is that reciprocal relationships survive although severely weakened by modernity.

2. BACKGROUND

In 2005, Africa was home to about 47 million people aged 60 and over, most of whom live in rural areas. Those over the age of 60 and 80 represent the fastest-growing population group on the continent. Africa's older population is set to increase by 50% between 2000 and 2015 and by nearly fivefold by the year 2050 (HelpAge, 2005, p.58). The growth in life expectancy presents new opportunities but it is also a challenge in itself for the future. Particularly, in the developing world, populations are now ageing and the proportion of the elderly is increasing at an alarming speed, while most of the poor in this part of the world still live in poverty. In other words, the increase in the number of elderly people in the developing world is not accompanied by real socioeconomic development; consequently, large segments of the population in general and that of the elderly in particular continue to live at the margin. Furthermore, the traditional forms of care and support available to older people until very recently are under threat. But this is not because families no longer care about the elderly; it is in large part the consequence of social changes such as urbanization, geographic spread, the trend towards nuclear families and the participation of women in the workforce (Victoria, 2002, p.112).

With a population close to 85 million, Ethiopia is the second most populous country in sub Saharan Africa. The proportion of young population under the age of 15 is 46.1% while the proportion of population in the working age group (15-64) is 51.2%. The proportion of population aged 65 years and above is 2.7%. Infant mortality rate is one of the highest in the world which is 78.99 deaths per 1000 live birth. About 38.7% of the population live below poverty line and only about 42.7% of the population is literate (World Fact Book, 2011). According to the 2011 human development report of the United Nations, life expectancy at birth is among one of the lowest in the world at 59.3 years (UNDP, 2011, p.2). The same report

mentions that there was a big change in the last three decades or so in which Ethiopia's life expectancy at birth increased from 43.9 to 59.3 years between 1980 and 2011. Despite this leap in terms of life expectancy, Ethiopia faces a critical poverty situation for the majority of its population with one of the world's lowest average per capita income of \$780 per year (USAID, 2009). This is a typical poverty scenario deeply rooted in the socioeconomic condition of Ethiopia.

Poverty is generally considered as a condition in which the poor do not have adequate food and shelter, lack access to education and health services, are exposed to violence, and find themselves in a state of unemployment and vulnerability (Enquobahrie, 2004, p.5). Income and level of consumption are the most common approaches in measuring poverty (Ayenew, 2002, p.45). Hence a person is considered poor if consumption or income level falls below some minimum level necessary to meet basic needs. Here it is worth noting that, the nature and level of basic needs vary from time to time and from society to society depending on the level of development and societal values. Poverty in Ethiopia is generally characterized by lack of or inadequacy of productive means to fulfill basic needs such as food, water, shelter, education, and health (Enquobahrie, 2004, p.6). In fact, the World Bank categorizes Ethiopia as a highly underdeveloped country with widespread poverty. In order to avert this situation, throughout the 1990s, the government devoted ever increasing amounts of funding to the social and health sectors that resulted in improvements of school enrollments, adult literacy, and infant mortality rates. (<http://lcweb2.loc.gov>). Despite the rampant poverty, there is a high rate of economic growth in Ethiopia. According to the January 2011 Standard Chartered Research report as cited in Vaughan and Gebremichael (2011, p.21) 'Ethiopia is one of Africa's fastest growing economies, with seven years of double-digit growth'. Between 2001 and 2010, Ethiopia's real average growth was 8.4% per annum (ibid). Despite the high rate of economic growth welfare is still a neglected issue where the government has paid more attention to agriculture, energy sectors and roads. The government's negligence of welfare has had negative impacts on the lives of elderly people the majority of whom are without secured means of income in the later stage of their lives. Due to this family in the form of reciprocal relationships is elderly people's best hope of survival. Even this arrangement is being threatened and piling more pressure on elderly people.

2.1 The welfare state: a historical perspective.

Welfare state and its development are effects of modernization (Oorschot et al., 2008, p.76). The roots of welfare state go back to the late nineteenth century (Eisenstadt and Ahimeir, 1985, p.12). In 1883, the then chancellor of Germany, Otto von Bismarck, in his attempts to crush the opposition of Social Democrats, expropriated the party's welfare program which came to be known as the world's first compulsory health insurance system introduced (Berend, 2003, p.18). In 1884, compulsory industrial accident-insurance was introduced and in 1889, the world's first system of pensions and disability insurance was established (ibid). These were not done out of the recognition of the rights of citizens, but as a means to curtail the mass movement and only targeted industrial workers. Despite their intentions at the time of origin, these policies had outstanding international impacts. Since then, welfare states have had similar goals, protection of citizens against economic risks generated by old age, sickness, work accidents and unemployment (Korpi, 2001). For example, in 1884 the Swedish government set up a committee to study the German system and Denmark followed suit the following year. Health and accident-insurance were introduced between 1891 and 1913 by all Scandinavian countries and later on a system of old age pension was created. Later, welfare legislation was extended to cover the entire population of the Scandinavian countries. However, the real development of the welfare state gained speed during the Great Depression and during the years of the Second World War. In 1942, in Britain, the Beveridge committee report stated that every citizen should be able to receive free medical care; families must receive child support; the older generation should be able to obtain pensions providing them with a secure existence. This was the origin of the introduction of all-encompassing welfare legislation between 1945 and 1948 and similar welfare institutions were introduced in Belgium, France and Switzerland (Berend, 2003, p.21). Thus, the period from the late nineteenth century up until the Second World War is regarded as the period of welfare state creation (Larson, 2006, p.10). In Africa, the origin of modern welfare dates back to the days of colonial occupation where individuals in the formal sector were provided coverage by the government (Darkwa, 1997, p.57).

2.2 Welfare regimes: the insecurity regime framework

Briggs in Pierson and Castles (2006, p.16) describes welfare state as follows:

“A welfare state is a state in which organized power is deliberately used (through politics and administration) in an effort to modify the play of market forces in at least three dimensions - first, by guaranteeing individuals and families a minimum income irrespective of the market value of their work or their property, second, by narrowing the extent of insecurity by enabling individuals and families to meet certain ‘social contingencies’ (for example, sickness, old age and unemployment) which lead otherwise to individual and family crisis, and third, by ensuring that all citizens without distinction of status or class are offered the best standards available in relation to certain agreed range of social services”.

Esping-Andersen in Pierson and Castles (2006, p.167) distinguishes three basic types of welfare regimes in capitalist society, namely the liberal, the corporatist and the social democrat and within each of these there is the possibility of identifying different species. The concept of informal security regimes per se refers specifically to exemplar conditions as found in South Asia, though we see variants in Latin America and East Asia, while insecurity regimes reflect conditions found in parts of sub-Saharan Africa and elsewhere. I will talk more about the insecurity regime under section 2.4 in together with the theoretical part.

2.3 Ethiopia’s welfare mix

The welfare mix describes the whole pattern of resources and programs that can in principle rectify insecurity and improve wellbeing in a society. These include: local communal practices, non-governmental organizations, informal markets and household livelihood strategies. We label this the welfare mix, though in parts of the world a more accurate term would be ill fare mix (www.bath.ac.uk).

A complex mix of public/private provision is a characteristic which all welfare regimes share throughout their histories (Heitzmann, 2010). Seeleib-Kaiser (2008, p.18) emphasizes this idea with the following point, “the welfare state has always contained a mix of state, private, voluntary and informal elements”. Ethiopia as one of the developing countries is unable to provide social security to its people specifically to the elderly. Despite this fact, it is worth noting that not only in insecurity regimes but in capitalist welfare states too, the state alone cannot adequately satisfy the security needs of its people. This idea is stressed by Seeleib –Kaiser (ibid) who argues that neither markets, nor states, nor communities alone can afford an adequate framework for meeting human needs and hence, it is important to have a more extensive partnership between state and non-state actors.

Ethiopia’s welfare mix comprises of formal markets and government service, humanitarian relief (by donor, international and local NGOs), informal provisions by local institutions and networks that attempt to meet consumption, health and other needs. Even though it is not enough, it is the combination of this mix that tries to alleviate the hardship people face including the elderly. For example when it comes to the care of the elderly, the government, the family and NGOs are the ones that strive to meet their needs. The government provides pensions to employees of the public sector. But this excludes those that are self-employed and those who never had the chance to be public sector employees. In Ethiopia there was no social welfare policy until very recently, and this has negative implications on citizens.

Social welfare policies and programs which provide for cash transfers, social relief, and enabling and developmental services guarantee that people have sufficient economic and social protection during times of unemployment, ill-health, maternity, childrearing, widowhood, disability, old age and so on. Social welfare programs of this nature contribute to human resource development by enabling poor households to provide adequate care for their members, especially children and those who are vulnerable. Ethiopia adopted Developmental Social Welfare Policy (DSWP) only as late as November 1996 (Baleher and Yirsaw, 2003, p.12). In order to safeguard the welfare of older persons the policy counts on and focuses on community participation as its strategy. As a result, only a specific group of elderly people in Ethiopia are guaranteed protection in the form of pension.

According to "Public Servants' Pensions Proclamation No.345/2003", the Ethiopian government social security provision only covers public sector employees; employees of

government owned enterprises, military and police personnel. The insured person contributes 4% of basic salary and the employer contributes 6% for civilian employees and 16% for the military. The scheme also provides old age benefits at 55, disability pensions, survivor pensions and sickness and maternity leave for up to three months (Beva 2006). Those who never held the above mentioned position in the government set up are excluded including the elderly. According to a city wide assessment report that was conducted in September 2010 in Addis Ababa, there are existing programs for older people in the city. There are three government run care and support giving centers for older people in Addis Ababa. These centers provide assistance for 94 older people (44 males and 50 females) and are under the direction of the Bureau of Labor and Social Affairs. In addition, the government also provides institutional care for older persons outside of the capital city Addis Ababa. The first is Beteselehome home for the aged. This institution is located 110 km north of Addis Ababa and provides shelter, food, clothing, free medical care and recreational facilities for more than 250 older persons. The other is Abraha Bahta home for the aged located in the eastern part of the country rendering institutional service for 220 older people (MOLSA, 2007: 87). The government also provides free medical service to the poor including the elderly.

In Ethiopia, it is claimed that poor people are provided with free medical service but there are no clear criteria and guidelines for granting waivers in the free health care system. The eligibility of an applicant is determined by kebele administration (the smallest administrative unit in Ethiopia). A committee of people from the Kebele administration would examine the means of livelihood of an applicant and grant a certificate that allows the individual to get free health care from public facilities. The validity of this certificate is only for a short period of time and eligible individuals can use the certificate for a maximum of three to six months (Engida and Mariyam, 2002: 174).

Names of institution providing care for the elderly	Male	Female	Total
Beteselehome home for the aged	44	50	94
Abraha Bahta home for the aged	-	-	250
			220

Total	564
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Table 1: institution based care for the elderly provided by the Ethiopian government.

But this is just not enough for the elderly who make up 2.7% of Ethiopia’s population and that is why the intervention of non-governmental organizations becomes vital. The advent of non-governmental organizations is an institutional response to the gaps of the market and the state in the provision of the needs of the masses. NGOs first started to appear in Ethiopia in the 1960's and these were mostly of European origin. More NGOs emerged in the 1970's especially in response to the 1973/74 famine and later on in response to the 1983/84 famine. In 1991 the military regime (Derg) was overthrown and the number of NGOs continued to grow. The growth of NGOs in Ethiopia has been robust over the last two to three decades. The number of NGOs, especially local NGOs, has been rising. About 500 NGOs operate development programs across the country today (CRDA 2008, p.6). Any non-governmental organization whether local or international which intends to carry out activities shall produce its written application to “The Charities and Societies Agency”. This Agency is vested with mandate to license, register, and supervise Charities and Societies in accordance with the “Charities and Societies Proclamation No.621/2009.”

The types of NGOs and the activities they carry out in any country reflect the local realities and characteristics of the area (Fonjong, 2007, p.3). By the same token, it was in response to the lapses of the market and the state and the realities of elderly people in Ethiopia that led to the establishment of KAMSD in July 2007 by a private philanthropist Mrs. Workinesh Munie. Before the organization was legally registered in 2007, she has been supporting some elderly people for two years on her own through the provision of food, clothes and other supplies before the organization was legally established as KAMSD. The organization provides support to elderly people in four ways. These are institution based care, income generating activities, house renovation and financial support. Those elderly people who are sick, cannot work, who have no support and who live in the street and engaged in beggary are provided with institution based care where they are provided with food, clothing, shelter and medical service. Those elderly people who live with their families, who can work but have no income, are provided with the opportunity to engage in income generating activities. Those elderly people who live with their

families, who cannot work and have housing problems, are included in house renovation programs. The final group is those who live with their families in rented kebele house and often find it difficult to pay house rents. This group is provided with monthly financial support from KAMSD.

The population of elderly people in Africa is increasing rapidly and many countries are experiencing increases in both the proportion and the absolute number of older people. In East Africa, the number of people over the age of 60 increased from just over 3 million in 1950 to more than 11 million in 2000. And this number is projected to rise to more than 56 million by the year 2050. Unfortunately, these increases are taking place under circumstances where society is least prepared for the challenges that older people are presenting and will present as the demand to meet their needs increases. The range of problems that elderly people in Africa are facing is continually increasing as societies are engaged in on going conflicts, experience enormous economic difficulties, natural disasters, health problems and a weakening of reciprocal relationships among families (HAI, 2006, p.2).

Related literature from these developing countries regarding care for the elderly where there is no welfare provision by the state reveal similar patterns. For example in Kenya, the unemployed and the self-employed people are not included in the employer-based contributory pensions and are left to rely on the traditional safety net of the family support. But this informal support has eroded as countries have developed and urbanized. Furthermore, as family sizes shrunk, population aged and economic pressure intensified family support for elderly people has been impeded. In developed countries formal social support systems exist for those identified as older persons whereas in developing countries this group remains actively involved in fending for themselves and their extended families until one is too weak to. It is even harder if one is an elderly and poor (KNCHR, 2009, p.6).

2.4 Theoretical Framework

Different theories help answer related questions between the young and the old one as to why reciprocal relations are breaking down and how the elderly cope with it. Activity theory emphasizes that in order for society to continue to function it is important to keep old people

active in order to integrate them in to society (Bond et al., 1993, p.32). This theory means that by making the elderly active they will be able to generate their own income and support themselves longer. There is also modernization theory which argues that the status of older people declines as society modernizes. Within this framework, the elderly is not seen as capable of providing his/her own economic support. Even a healthy elderly person would face a reduced status in the job market making it difficult to maintain employment. In addition theories of poverty that focus on economic, political and social structures also help in answering similar question. The thesis focus on how the elderly support themselves in the absence of state guaranteed pension. But before looking in to that, it is important to look at some theories of old age and how they relate to the Ethiopian elderly.

Activity theory asserts that, being active helps people to be happy, psychologically adjust to aging and only by maintaining relationships and roles is it possible to achieve successful old age (Powell, 2006, p.49). In addition, Bengtson et al., (2009, p.32) asserted that, among other things, satisfaction in later life depends on the active maintenance of one's relationship and continuing involvement in meaningful pursuits. Put another way, this means, the more active old people are the more satisfying and fulfilling will be life for them. Hooyman and Kiyak (2008, p.312) showed evidence which further strengthen activity theory by claiming that people experience a positive aging process if they remained engaged in the workplace. In addition, maintaining family relations, friendships and group relations are very important. Brown (1974) argued that having and maintaining relationship with family and friends is very important to the elderly person and if the elderly person is not satisfied with the kind of social activity available, he/she will withdraw from that and replace it with other contacts. In the case of Ethiopia elderlies, it seems that elderly people endeavor to remain active for as long as they possibly can. One way of understanding the activity theory in relation to income support besides encouraging the elderly to stay in the job market is also the importance put on maintaining kin relationships. This makes it easier for the elderly to build up a reciprocal relationship within the kinship network. The elderly can perform services for the young family for example. In exchange the young family can provide housing.

Proponents of modernization theory argue that modernization and its outcomes negatively affect the status and treatment of the elderly; hence the status of older people declines as society modernizes (Morgan and Kunkel 2011). Effects of modernization such as urbanization

and migration would break up kinship ties and disintegrate families (Mengesha 2002). Ethiopia as one of the developing countries is experiencing high rate of urbanization and population movement both within and outside the country.

Some conservative thinkers advocate individualistic theory of poverty in which the individual is considered as a source of poverty but there are other theories that explore how social and economic systems create individual poverty situation (Bradshaw, 2006, p.10). Theorists in this tradition do not point to the individual as a source of poverty, but rather blame the economic, political, and social system which forces people to be confined to limited opportunities and resources with which to achieve income and wellbeing (ibid). This is mainly due to the fact that the economic system is structured in such way that poor people fall behind regardless of how competent they may be while political participation for the poor is either impossible or deceptive (O'Connor, 2001). The economic structural theories would place the blame on the government for not providing a public pension schemes even at a low level. The argument for increasing poverty of the elderly pulls together their declining status from the modernization theory and the development of the economic and social policy which is insufficiently developed and not focused on large groups of outsiders, such as the elderly poor. Unlike elderly people in affluent countries such as Sweden, where economic structure allows the state to take care of its elderlies, the state does not take care of the elderly peoples' needs in poor countries.

In ideal type welfare regimes members meet their security and human development needs through participation in national/international markets through state finance, services and regulation. They have opportunities, formal economic and social rights that can be upheld by the law (Bevan, 2006, p.27). But people (including elderly people) living parts of the world where state guaranteed social security is absent face a greater challenge even to survive. This is especially true in regions that fall under the category of insecurity regimes. Insecurity regimes reflect conditions found in parts of sub-Saharan Africa and elsewhere and embrace extensive non-state institutions in the reproduction of security and insecurity (www.staff.bath.ac.uk). Members of the informal security regimes mainly rely on family and community networks and organizations; and they have 'informal rights' as far as they are part of these networks (Wood, 2004). Furthermore, Bevan (in Gough and Wood, 2004) argues that the framework of welfare

regimes solely focus on the nation-state while the framework of in/security regimes applies at various levels. For example there are not national regimes outside Europe, but, 'differently balanced regime mixes' where the rich depend on international markets, the next tier rely on government services and domestic markets. The third group depends on informal security arrangements and the fourth group is left to battle gross insecurity with no help outside their own efforts. This is a common familiar pattern across much of the world often triggering insecurity.

An insecurity regime reflects a set of conditions which generate gross insecurity and block the emergence of stable informal mechanisms to mitigate, let alone rectify these. These regimes exist in parts of the world as a result of an interaction between powerful external actors and weak internal actors that arise in areas of the world where powerful external actors interact with weak internal actors that engender conflict and political instability. Ethiopia comes under this category of insecurity regime. Under these circumstances the environment is unpredictable and this unpredictability undermines stable patterns of clientelism. In addition, it weakens and can destroy household coping mechanisms. Poor people, operating under conditions of severe inequality, extreme insecurity and hostile political economies (of which Ethiopia is a typical example) have less control over the institutions through which they must seek their livelihood and wellbeing. In insecurity regimes, poor people face daily and frequent humiliation and reminders of their inferiority, lack of worth and respect. They are endlessly forced to act in ways that undermine their personal sense of dignity that brings with it a feeling of shame which can easily translate into other emotional states such as depression (Gough and McGregor, 2007, p.118).

In developing countries like Ethiopia the overwhelming reliance on individuals in households creates gross insecurity and poor levels of need satisfaction mainly because of the unpredictability of circumstances and the severe insecurity. As a matter of fact, there exists a vicious circle of insecurity, vulnerability and suffering for the general mass except for the very few elites and their enforcers and clients. In poor developing countries social security systems do not reach the poor and due to this fact few people rely on social security provided by the state. In Ethiopia's case the situation gets even worse when it comes to the rural poor, women and the elderly. Social insurance and national provident funds accommodate only the industrial urban workforce snubbing the unemployed segment of the population and also the self-employed are

excluded and hence not guaranteed any form social security. In addition those engaged in urban informal sectors are also ignored by the pre-eminent employment based strategies (Dixon, 1999, p.46).

3. Research Method

Selecting research method for a special project depends on the aim of the research, its relation to research question, and the preferred samples (Crabtree and Miller, 1999, p.11). Within the social science qualitative and quantitative methods are utilized to work with both primary and secondary data. For this thesis I will use qualitative method of data collection where semi-structured interview and focus group discussion are conducted.

According to Flick, the uses of semi-structured interviews have been highly increased recently and interviews allow the role of observations while interviewing (Flick, 2009, p.150). In addition, semi-structured interviews are characterized by creating an opportunity for the interviewer to decide the form and the order of the questions and May supports this by saying that, semi-structured interviews allow more latitude to probe beyond the answers facilitating a dialogue with the interviewee (May, 2001, p.111). I interviewed elderlies that were selected using purposive sampling. According to Ritchie and Lewis (2003, p.107) prescribing sample criteria is a key feature of purposive sampling.

Interviews with elderly were conducted to find out how elderlies in the absence of state guaranteed pension support themselves, their challenges, their coping mechanisms, how they see their situation and how they see the situation of other elderly. As discussed in the background section, there are four categories of elderly people being supported by the NGO under consideration (those who get institution based care, those who are in income generating activities, those whose houses are renovated and those who get monthly financial support). I gave more emphasis to those receiving institution based care and these were nine in number (four men and five women). All together I interviewed 17 elderly people out of which 4 were men and 12 were women. I focused on them mainly because they are completely without any support apart from KAMSD. Since there are elderlies with income and elderlies with pension from government it is possible and important to set criteria for inclusion in the interview. I used

the following criteria as the basis for selection of the interviewees. The fact that they have no income and the fact that they are excluded from the government's pension program are used as selection criteria.

I also make use of focus group discussion in my research. In this method, discussion is carried out with selected group of individuals. Thus focus group is described as a method of generating and maintaining conversation with people on different topics (May, 2001, p.120). Focus group also makes use of interview but it is different in such a way that questions are not forwarded to one person as in the case of individual interview, but to the group as a whole. This provides the advantage of engaging people in interactions revealing facts which wouldn't have surfaced otherwise. Focus groups allow exploring group dynamics regarding the issues the researcher wants to explore (May, 2001, p.125). The emphasis of conducting a group discussion according to Flick is the interactive aspect of data collection which is to gain information that would be difficult to come across without the interaction (Flick, 2009 p.203). In order to allow active participation a less formal approach that encourages participants to openly forward their opinion is applied. At the same time it is important ensuring that participants do not get carried away from the agenda with little reference to the issue of the focus group and the study (Flick, 2009, p.204).

In this focus group discussion six elderlies participated. According to Flick "groups are typically six to eight people who participate in the interview for one-half to two hours" (ibid p.195). Selection for inclusion in the focus group discussion is based on similar criteria as for interview. The fact that they have no income and the fact that they are excluded from the government's pension program will be the criteria used.

In addition, how the NGO under consideration is helping the elderly is also investigated. For this purpose, interviews were conducted with those people directly working with the elderly.

The interview was composed and structured in the following way. I organized the interview by question and by theme. In the first where the interview is organized by question notes are recorded as answers to question. I also grouped comments that speak to specific themes together, regardless of the question they relate to. On average it took 45 minutes to complete one interview

I purposefully chose the subjects to be interviewed based on the following criteria. The participants should be aged 60 and older; the participants had to have sufficient knowledge of Amharic, as Amharic was the language I decided upon for the interviews because this is the language most people use to communicate in Ethiopia. The fact that they have no income and the fact that they are excluded from the government's pension program are used as selection criteria as well.

I only focused on one particular NGO (KAMSD) because it is the first of its kind and so far the largest institution based non-governmental humanitarian organization working towards meeting the needs of elderly people. There are a maximum of four NGOs working on the needs elderly people at an institutional level. There are three government owned elderly care houses and about five including KAMSD that are non-governmental even though it is difficult to tell exactly how many NGOs are out there. Therefore, the fact that it is the oldest and the largest NGO working with elderly people is the reason why I chose KAMSD.

3.1 Limitation of the study

While a variety of older Ethiopians were included in the research, the research sample does not fully represent all older Ethiopians. The older persons included in the interviews and focus group discussions were urban and destitute. There was no representation by rural older persons. Also, I mentioned that four categories of support for the elderly can theoretically be considered. One category is the elderly individual him/herself that continues supplying their own income and another category is the elderly that are still in reciprocal relationships with their family and receive economic support within kinship system. It would have been interesting to have included elderly in these two groups to find out the difference between them and those that did not have income support from jobs or relatives. It is also a limitation of the thesis that I do not know the percentage of the elderly who are destitute and dependent on NGOs for income support. It is also a limitation of the research method that I am only looking at one NGO that is specializing in care and income support of the elderly.

3.2 Definition of concepts

Welfare state – refers to the concept of government in which the state plays a key role in protecting and advancing the economic and social security of its citizens.

Social protection - can be best understood as policies and programs which ‘aim to help poor and vulnerable people manage risk and overcome deprivation, through direct cash or in-kind transfers’

Poverty - Poverty in its most general sense is the lack of necessities such as basic food, shelter, medical care, and safety that are commonly thought necessary based on shared values of human dignity.

Reciprocal relationship – refers to a sense of mutual dependence expressed in give and take over time.

Elderly persons – elderly persons, elderly people or simply the elderly refers to people that are 60 years of age and above.

Daily labor – refers to casual labor hired on a day to day and sometimes weekly basis where there is no long term contract.

Domestic servant – refers to lower income females working for those who hire them to take the responsibility of child care and other household duties.

Petty trade - trade that is conducted on a small scale and that involves the sale of small inexpensive items.

Beggar – a person who lives by asking people for money or food.

Birr – refers to the unit of currency in Ethiopia

Kebele – refers to the smallest administrative unit in the government set up in Ethiopia.

4. Presentation and analysis

This section is sub divided in to three parts. The first part deals with interview of elderly people that are supported by the organization. The second part deals with focus group discussion and the third part deals with interview of employees of the organization. Interviews were conducted with seventeen elderly people. Out of the seventeen elderly people that were interviewed, nine are provided with institution based care while the other eight get services such as house renovation, monthly financial support and income generating activities. Each elderly

person included in the interview is given an identification number which can be found in appendix A. During discussion, I use the following reference scheme to identify the interviewee 1 (I₁) to interviewee 17 (I₁₇). For the purpose of convenience, the results are presented under identified sub-themes.

4.1 Reciprocal relationship between the young and the elderly

Of all the nine elderly people getting institution based care that were interviewed only two of them have children. While the other seven interviewees said that they do not have children (either they died or never had one at all). I₅ and I₆ on the other hand said that they have a son each but they are too poor to support them. I₈ said that “if I had children I wouldn’t be in this situation but then again, having children alone is not enough these days if they do not have the capacity to support their parents.” Contrary to the elderly people being cared for in the institution, all of those who live in the community and are being supported there have children. For instance I₁₁ described her life as follows.

“I have six children all of whom did not finish high school because we could not afford the cost of their education as my priest husband’s income is very small and I only worked as domestic servant with very low pay. My eldest daughter is thirty five years old and the youngest twenty five, they all live with us because they cannot afford to move out, none of them have a permanent job, they do whatever job they get and that is how we support each other. We need each other to survive and practically that is our only option.”

The interviewed elderly people reflected a contrasting self-esteem. During the interview time I spent with each of them I was able to witness that those elderly people who currently reside with their families are more confident. To the question, how do you see yourself and how do you see other elderlies, all replied, “we are by far better than many people of our age as we witness today and that is mainly due to our children and the little help we get from KAMSD. The response of I₁₀ was a proud woman’s response,

“My husband died a long time ago but my children have always been there for me, if it wasn’t for them I do not know what would happen to me. They take care of me and I am reaping the fruit of many years of hard work.”

I₁₄ said expressed her view as follows,

“Even though I am not as healthy as I used to be, I still contribute to this household, I look after my grandchildren, I cook when I can and I clean the house. I am really satisfied with what I have but there is nothing like home and I miss my husband.”

On the other hand those in the institution feel differently about themselves, their sense of self-esteem seem to have been shattered as a result of their recent and present situation. To the question, how do you see yourself and other elderlies, most of the elderlies replied by saying “dependent, burden and sick.” I₁ responded as follows, “I feel dependent, I feel inferior therefore I eat what they give me.” In a similar manner I₂ replied, “I see myself as a sick and dependent person who needs help. I see other elderly persons in the same way” and I₈, said “I look at myself as a weak, sick and dependent person and I view others in the same way. We are where we are because of our poverty”. These people are getting help and are in a much better living conditions but from their responses it is obvious that they resent their present state of existence.

As mentioned earlier those elderlies that are provided with institution based care are provided with food, clothing and shelter, all the elderly persons reflected the notion that what they get from the organization cannot compare to the life before they joined the organization. But they also said, “That does not mean everything is perfect”. The sleeping arrangement was top of their wish list of priorities. I₅ said the following,

“I do not like the sleeping arrangement at all; we share one room for eight. It is crowded and suffocated and I do not like that because I am asthmatic. I am sensitive to bad and irritating smells. I wish the sleeping arrangement was made one room for only two persons.”

In addition, I₂ forwarded the following supplementary point,

“Things are really good but I share room with a lot of people and I hate the stairs, my room is on the second floor and it is really difficult to go up and down the stairs several times in a day.”

At this point it is import to mention how difficult it was to get them talk about the quality of services they get. Most of the elderly receiving institution based care never had children and

those who had, their children had died. Those children that are alive are too poor to support their parents and the reciprocal relationship between them and their children is broken. When they responded to the question about their fate outside the organization, the word most interviewees spoke of was “begging.” I₃ replied by saying the following,

“If it was not for this organization, I would have been in a serious trouble and I would have been a beggar or maybe I would have dead already”.

Those elderly who live with their families had a different response. I₁₆ said

“My children are hard workers but with their scanty income our life is from hand to mouth so what I get from KMASD on a monthly basis is very important to me. Of course I would not starve but I would find it difficult to pay my monthly idir payment”

4.2 Lack of opportunity, support and basic resources

During the interview it was found out that some elderly people did not have the opportunity to go to school and as a result they were illiterate. Due to their lack of education, they found it impossible to get formal employment. The male respondents revealed that they were primarily engaged in daily labor and worked as gate keepers for wealthy individuals while the women said that they relied on their husbands, they ran a petty trade of their own or worked as domestic servants as their main source of income. Lack of support from the government, family and relatives was something they had to deal with as elderly people in life. The elderly supported the younger generation in earlier years and the younger ones in turn were supposed to care for and support the elderly, but this has never materialized for the interviewed elderly in particular and for the helpless elderly in general for three main reasons: the first is that some never had children, others lost their children to death and those that are alive are too poor to be able to care for the elderly. Many of the elderly shared homes with relatives before they came to the organization. To give a picture of how they lived, I have chosen to present how I₂ one of the elderlies I interviewed used to live before joining this organization.

“I am a 75 years old woman who was married and had two children. I never had a job so I relied on my husband for income but our marriage ended in divorced and both of my

sons died. I also raised my niece and when I found it hard to survive on my own I moved in with my niece. I was responsible for house chores (cooking, cleaning, laundry and looked after four of my niece's children). But all of a sudden I was told to move out because my niece's husband did not want me to continue living with them anymore. After that I went out to the street and became a beggar for that was the only choice I had. I begged during the day and spent the night with neighbors. I lived like this for about seven months. I walked a long distance to beg usually in front of churches, had problem getting food and I wore dilapidated cloth."

The elderly living in the institution and those living with their families both lacked opportunities, for example the opportunity of education. But those living with their children are protected from the risk of becoming beggars.

4.3 Most common problems/challenges faced by the elderly

Being old by itself is one challenge that elderly people have to deal with on a daily basis. The following are the most common responses that were forwarded by the interviewees when asked about the most common challenges/problems they face as elderly persons. These included: health problems, access to food, poverty, being dependent and burden, loneliness, and depression.

Health problems: The interview result shows that, the interviewed elderly people have multiple health problems such as eye problems, kidney failures and hypertension, asthma, and mobility problems. This is natural and the physical process of aging is one factor why older people have a higher rate of health problems. While older people vary greatly in their health status and ability to adapt, the health problems to this population in Ethiopia remain significant. By one definition, ageing refers to a progressive loss of the ability to adapt so that the individual becomes increasingly less capable of coping with life challenges (WHO, 2008: 5). Studies in developed countries have shown that up to 40% of persons over the age of 65 suffer from a chronic illness or disability that limits their daily activities. Only less than one third of those 75 years and over experience good health; while over one third of those elderly that are 80 and over cannot walk outside their homes without assistance (ibid). Even though there has not been a

thorough study about the health situation of elderly people in Ethiopia, it can be said that with age the health conditions of elderly people deteriorate and Ethiopian elderlies are no exception. The elderlies receiving institution based care are happy with how they are treated when they get sick and on the contrary those who live with their families are frustrated. I₁₁ said,

“We do not get the services that elderlies at the institution are given. They get proper and free medical care and the institution covers all the costs, but we do not get that benefit, we are on our own. They think we are in a better position just because we live with our children, but we are not. The only difference is that we live with our poor children who do just enough to sustain life.”

Even though there are no clear criteria and guidelines, it is claimed that poor people are provided with free medical service in Ethiopia. The lack of clear criteria and guidelines for granting waivers in the free health care system has negatively affected the already poor health system of the country. The eligibility of an applicant is determined by kebele administration (the smallest administrative unit in Ethiopia). A committee of people from the Kebele administration would examine the means of livelihood of an applicant and grant a certificate that allows the individual to get free health care from public facilities. The validity of this certificate is only for a short period of time and eligible individuals can use the certificate for a maximum of three to six months (Engida and Mariyam, 2002: 174). Despite the short term validity of the certificate, people usually go through bureaucratic obstacles to secure the certificate. In addition, some get treated for free while some do not get similar opportunity. I₉ explained the situation as follows,

“I knew that poor people get free medical service and I have been treated in the past without having to pay anything.”

I₈ described the bureaucratic challenge of obtaining the certificate in the following way,

“Even if I knew about the free medical service I didn’t like the way the kebele officials treated me. I had to visit their office several times just to get one letter (the certificate). Because of that I stopped going there to get the certificate. Before I joined this organization, I used to go to traditional medicine men. Occasionally I used to go to private clinics whenever I could afford.”

I₄ and I₂ said that they did not pay any money to see a doctor and to run some tests, but they had to pay for pills by themselves.

Even though there is a claim that poor people are provided with free medical care in Ethiopia, there are no clear criteria and guidelines as to how the system works. The lack of criteria and guidelines in determining the eligibility of an applicant has led to subjective decisions by the kebele administration (the smallest administrative unit in Ethiopia) where some applicants are privileged while others are denied the opportunity to get treatment. Why some people are granted a certificate that qualifies them to get treatment for free while others have to pay along the way is difficult to explain but the interview result showed that this is exactly the case.

Access to food: Food is one of the basic human needs that must be met if survival is to be guaranteed. Food and the nutrients that are obtained from food are essential to keep the body alive and healthy. Nutrients are required in order to build and repair cells and body tissues, and to provide energy. Ethiopia is one of the poorest and most food insecure countries of the world. Ethiopia has been challenged by lack of food security for the past four decades where the trend in growth of domestic food production matched population growth only in the 1960s. According to the Human Development Index (HDI) of the United Nations Development Program (UNDP), Ethiopia ranks 171st out of 174 countries in the world, and about 60 percent of the country's population live below the poverty line (FAO, p.2001). In terms of food security, it is one of the seven African countries that constitute half of the food insecure population in Sub-Saharan Africa (ibid). According to Maxwell (1996, p.3), food insecurity can exist on a permanent basis (chronic) or on a temporary basis (transitory) or in cycles. People faced with the challenge of food insecurity do not have a secured access to food and even when they get food it is often not enough or sufficient. "Enough food is mostly defined with emphasis on calories, and on requirements for an active and healthy life rather than simple survival (ibid). But Ethiopian elderly find it very difficult to get food just for survival let alone to get foods that are nutritious and rich in calories.

In Ethiopia, the elderly belong to that group of society that finds it hard to get access to food. Food as one of the basic necessities of life is one item on which people of low income spend most of their earnings and elderly people with little or no income face difficulty regarding access to food. This is exactly what was uncovered during the interview. When asked the question about what the most common problems they face as elderly people, they listed a host of

problems but they all mentioned food as a problem. Most of them went back in time while elaborating this issue. I₄ who is 72 years old explained the situation as follows.

“When I was young I used to take access to food for granted, to me it was never an issue. But about three years ago, I experienced hunger for the first time in my life and I went to the street begging. I even went to a restaurant and asked if they could give me left overs. That was the worst day of my life.”

I₅, a 64 year old woman described her situation regarding access to food as follows.

“I was a married woman and like most women I relied on my husband for income but unfortunately our marriage ended in divorce. I gave birth to three children, but only one of them is alive who is too poor to help me. So after the divorce it was very difficult for me because I never had any experience of life outside the home environment. But I had to adjust. I started working as a domestic servant (usually cooking and doing laundry). This was how I lived until I lost my site and as a result I couldn’t work anymore. I could not afford the medical cost. I could not even afford food. That was the most horrible thing to happen to anyone.”

As I pointed out in the background part, Ethiopia is one of the fastest growing economies in Africa but the country remains one of the world’s poorest. In addition Ethiopia’s life expectancy at birth increased from 43.9 to 59.3 years between 1980 and 2011. Despite these changes the scale of food insecurity and malnutrition remains serious where the problem is magnified among the elderly people due to their age and poor health.

Poverty: according to the definition of the World Bank poverty is hunger, lack of shelter, being sick and not being able to see a doctor. It is not having access to school and not knowing how to read and write. Poverty means not having a job, fear for the future and living one day at a time. Poverty is powerlessness and lack of freedom. (Kataria, 2011, p.120). Even though poverty is an extremely complex entity, in basic terms it refers to a shortage of income. Manifestations of poverty such as high infant mortality rate, low per capita income, low level of literacy and low life expectancy are all evident in Ethiopia. The elderly being no exception are among the most vulnerable and in often cases the most affected victims of poverty. Their situation is exacerbated by their poor health and deteriorated physical condition.

As a matter of fact, another challenge the elderly talked about during the interview was poverty itself. The similarity of their responses was striking especially on this issue. All interviewees revealed that poverty has disrupted their structured daily routines and social activities. The response of I₆ was the most striking.

“Poverty has robbed me my confidence, under this circumstance I do not want to meet with people that knew me before. In fact I am no body now, I used to work, I used to have friends, and I used to go to weddings and funerals. Now I am just a useless old man. Now I just sit and go back in time thinking about when I was someone. Idleness is the worst thing that can happen to a human being.”

I₁₁ expressed it as follows,

“My biggest challenge is poverty. Poverty is the only reason for my present situation: I live with my children and they cannot move out because they are poor as well which means we may be in this situation for as long as we live.”

Low income may be temporary in which case it is less harmful to a person’s wellbeing, status or self-image. Unfortunately the situation goes beyond the issue of low income for this group of Ethiopian elderly people. They (especially those receiving institution based care) have no income and no support from family or the state and lived in a state of constant hunger and without shelter. These elderly people unequivocally singled out poverty for their present situation. They may not be familiar with the development discourse on the issue of poverty or welfare programs, but they surely know what poverty is and what it does to human beings simply because they live it.

Being burden and dependent on others – in Ethiopia, most of the dependent elderly populations live in their own homes or in family homes. But there are those who do not have that opportunity and instead find themselves without any support from anyone (the state, family members or relatives). The family and/or relatives, known as informal caregivers, are those who provide most of the assistance for the necessary activities of daily life that includes feeding, bathing, dressing, toileting, and etc. Only small proportions of the dependent elderly are in nursing homes or are attended by professional formal caregivers. As I pointed out earlier, the elderly people that are given institution based care by KAMSD are provided formal care whereas

those who live at home are cared for by their children. Those that get institution based care have developed a sense of being dependent and burden on others as revealed by the interview result.

I₆ had the following to say on the issue of being a burden and dependent on others.

“I see myself as a sick person and because of this I depend on others. Hence I am a burden on others and because of this I am often angry.”

I₈ reflected on this issue in similar way but put it in a different way.

“I look at myself as a burden, period. There is nothing like independence but in my opinion for that health is a key factor and I am not healthy and that is the main reason I am here.”

I₁ said that “being dependent is a bad thing. I know I am a burden on someone and I feel inferior.”

Loneliness and depression: Probably few people avoid being lonely at some time in their lives. Loneliness is a common experience and occurs among all age groups. The feeling of loneliness occurs among people of all age groups, but this does not mean it equally affects the different age groups. Adolescents and elderly people are the most vulnerable members of the society. According to Donaldson and Watson (1996, p.952) loneliness among teenagers is brief and therefore more attention should be paid to elderly people because they are at risk of social isolation due to reduced contacts with other people. It is usually associated with increasing age and the reason behind this thinking is the shrinking of elderly peoples’ social network caused by loss of partner and friends. Physical ailments and their associated pain such as restriction in mobility, impaired vision and hearing, and poor sleep may be the triggering factors in the emergence of depression especially among old people (Wasserman, 2011).

Due to their reduced social networks and physical mobility and ill health the interviewed elderly feel a great deal of loneliness and depression. The interview result showed that they loneliness and depression are their daily experiences. This was especially reflected by those who get institution based care. Even though they eat together and share rooms, this has not helped them from feeling lonely and depressed. One answer provided by I₈ stands out in this regard.

“Even if I am not alone, though I talk to others that feeling of loneliness is always there. All these people are strangers to me, I only met them here therefore I cannot share with them my deepest feelings. In addition the fact that we live in this compound makes me feel uncomfortable, it is isolated and it is like living in a small cage. But who am I to complain given how I was living before I came here?”

I₂ explained her situation in the following manner,

“My two children are dead, many people I know are dead and I am here with strangers. It feels like I am next in line to die and I don’t like the feeling that brings. Every time I look at myself in the mirror am getting older. I was living with my niece and her husband but he told me I could no longer live with them. I feel rejected ever since that day. I have no one to talk to and it is very hard to live like this.”

I₇, a 68 year old male had the following to say,

“My biggest problem is that my health is in a very poor condition which has forced me to be dependent and hapless. And with that comes my anxiety and depression. I cannot sleep unless I take sleeping pills.”

During the interview it was possible to tell those elderly people receiving institution based care suffer from loneliness and depression as they explicitly stated and as pointed out above. Those elderly people who live with their families (children) have somehow maintained their social networks which have contributed to their wellbeing.

4.4 Coping mechanisms

Coping mechanism before joining the NGO. When explaining their coping mechanisms, the elderlies divided it in two different time lines. In other words, how they coped with challenges before joining the institution and how they are dealing with them in the institution.

The ways in which they coped with problems/challenges they encountered before joining the organization alone can be described in two ways. Those who were relatively healthier tried their best to deal with their problems on their own. I₈ an elderly woman who is 74 explained her

situation as follows. “I was engaged in a petty trade, I was selling candles and matches in front of church gates.” This is a very common activity carried out by women and by persons with disabilities and they always sell these candles and matches in front of the Ethiopian Orthodox churches. People usually light candles when their prayers are answered. She continues,

“It was usually enough to feed me and that was the only way I could have dealt with my problems. I couldn’t tolerate the idea of begging. It is disgusting and I am lucky I found this organization by the time I succumbed to illness.”

I₇, a man of 73 years of age went on explaining his conditions in the following manner.

“I was very sick and getting food was almost impossible so I became a beggar, what else could I do?” For most of these elderly begging was the only option available to them.

At old age where poor health, physical deterioration and poverty take their toll, it is no surprise to see these people struggle where there is no support either from family or government.

Coping with problems after joining the NGO organization. The elderlies revealed that life is completely different after they joined the organization. The elderly described their situation by saying “we live in a completely different world now, we eat three times a day, no problem regarding clothing, shelter and they immediately take us to a hospital when we get sick.”

I₇, a 68 years old elderly expressed how he copes with problems after joining the organization as follows,

“My biggest problem is that I am sick but I have no problem now. I just have to inform someone and they take me to a hospital. I get a lot of help now. But the fact that I am dependent has put me under pressure and anxiety and now I cannot sleep. I should take sleeping pills to sleep. Everything is really good here but I have plenty of time to reminisce and thinking what if because I am usually sitting idle.”

I₄ explained his ways of coping with problems after joining the organization in the following way,

“This organization is there for me, for us. I used to eat once a day, I faced problems regarding water and even had to beg for it at times. I can even complain if I feel that

things are not right, if the food is not good for example. I often go back in time and think wishing that I could have done things differently. I usually play my masinko (traditional musical instrument) to avoid being swamped thinking about the past. I am really lucky to have this opportunity of being taken care of, although it makes me feel bad when I just sit around and eat, but what can I do? I am blind as you can see.”

Another important fact that I came across during the interview with the elderly is divorce. I interviewed seventeen elderly people. Nine are those receiving institution based care while the remaining eight live with their families. As it can be seen on Appendix A, identification of the interviewees, out of the nine elderly people receiving institutional care, eight were married but their marriages ended in divorce. This is so uncharacteristic of marriages in Ethiopia. Even though why those marriages ended in divorce is not the topic of this paper, just out of curiosity, I wanted to know the reasons why and tried to devote some time on this issue. Unfortunately the interviewees were not willing to discuss the reason behind why their marriages ended in divorce.

4.5 Helping elderlies help themselves through Income Generating Activities

KAMSD in addition to providing institution based care for the elderly also assists those elderly people that live with their families in the community. This group unlike the one in the institution does not have problems regarding food, clothing and shelter. They are relatively healthier, stronger and have someone to look after them and they are strong enough to work. They do not have jobs but their basic needs (food, clothing, shelter) are met by family members. They usually look after children, cook food and clean the house. So, KAMSD has organized them and helped them engage in income generating activities. Only those who live in the community (not those receiving institution based care), who have the strength and the desire to work, are included in income this generating activities. There are two groups: the bakery group and the mill group. KAMSD has provided them with all the required working materials and the Kebele has provided them with working places which was impossible for them to get given the elderly's circumstances.

The bakery group and the flour mill group. The bakery group and the flour mill group are in many ways similar to those elderly persons that are completely dependent on the organization. The fact that they are illiterate and uneducated, never had the opportunity for formal employment and never had any income of their own (until they started the bakery

business) are the characteristics they share with the institution based elderly group. The contrasting difference between them is that unlike the bakery and flour mill group the institution based elderly had no one to support them, nowhere to live and have poor health.

The bakery group consists of 25 elderly persons who are given trainings on how to bake, how to use the mixer and baking machines. In addition they were also given trainings on bookkeeping and business management. On average the group gets 3500 Ethiopian birr (about \$ 250) every two weeks. Even though this is a small amount, it is good start and in line with the United Nations Principle for Older Persons which states that older persons should have the opportunity to work or to have access to other income generating opportunities (MOLSA 2004: 58). The following picture demonstrates a member of the bakery group in action.



Picture 1: bakery group in action

The flour mill group consists of 18 elderly persons who are given trainings on bookkeeping and business management. In addition to this flour mill business this group has also started selling cereals which has expanded their venture. Even if it is difficult to generalize, their commitment says a lot about how these Ethiopian elderly groups want to continue to participate and refuse to withdraw. In this regard, the United Nations Principle for Older Persons states that “older persons should be able to participate in determining when and at what pace withdrawal

from the labor force takes place.” It is also in line with another principle regarding income generating activities which states that older persons should have the opportunity to work or to have access to other income generating opportunities (MOLSA, 2004, p.58). The following pictures show the flour mill machines and members preparing cereals for market. Customers come to this place buy the cereals and grind them in that same place.



Picture 2: flour mill



Picture 3: preparing cereal for market

The mill flour owners are the happier of the two for their business is going well at the moment and they thank KAMSD for giving them the opportunity to work and get income. The bakery group is a bit frustrated for two main reasons. The first is that there is disagreement between the chairwoman and some members of the group. The other reason is that their bakery business is not picking up pace as much as they expected.

House renovation. House renovation is another area in which KAMSD works in its attempt of helping elderly people. These are usually elderlies living in Kebele houses or houses of their own but do not have the capacity to renovate their houses. They live with their families; they cannot work and have no income. They live in houses, whose roofs are leaky in the rainy season, houses that do not have proper doors and windows. These elderlies revealed that they live with their children and grandchildren. Their children are the only means of support for the elderly. The houses have been neglected for so long mainly because neither the elderly nor their children could afford to repair them. Housing is among the major socio-economic problems of

Addis Ababa where slums constitute the greater portion of the residential areas. The following pictures present one house and how it looked before and after it was renovated.



Figure 4: Before renovation



Figure 5: After renovation

Monthly financial support. Even if the amount of money the elderly get through this monthly financial support is small, it means a lot to them considering the fact that they have no income at all. I₁₆ said “my children are hard workers but with their scanty income our life is from hand to mouth so what I get from KMASD on a monthly basis is very important to me. Of course I would not starve but I would find it difficult to pay my monthly idir payment.” I₁₇ said “my children are helping me but we are always struggling and the money I get from KAMSD is very important to us, it fills the gap that we usually have to buy food.”

4.6 Summary of Focus Group Results

There were six participants in the group discussion and for simplicity reason I have labeled participants of the group discussion as R1, R2, R3 R4, R5 and R6. The group consisted of three males and three females.

To the question how do you see the conditions of the elderly people in Ethiopia, the reaction was as follows. R2 was the first to respond and said that,

“Time changes and things change with time. It was not the same some years ago and it will not be the same in the future. But hopefully, the change will be a positive one. In the

past the elderly were taken care of by their children, we did not see elderly people in a similar situation like we are now; we never saw them begging, never saw them go without food for days and live in the street, may be life is hard on the young even to take care of themselves.” R2 continued “...but these days a lot of the young are going to school and hopefully they will have a better life during old age, in addition they will take a great lesson when they look at us. They see the importance of education and saving because if we worked on those two, probably we would not be talking to you today in this place under these circumstances.”

The others nodded in support of this idea. It was at this point in addition to beggary, the fact that they also lived in the street was revealed. During the interview they said that they begged during the days and spent the nights with friends and/or relatives. They didn't mention living in the street, even though they said if it wasn't for this organization the street would be our home.

When asked about why they are in this specific situation the group participants provided responses that reinforced one another. “We are in this dreadful situation because we are poor.” There were conflicting opinions regarding why so many elderly people (they themselves and many other elderly people) are poor. Some participants of the group discussion particularly the females forwarded an additional but different notion as to why elderly people are poor. R1 said, “The fact that we are not married and uneducated is why we are poor.”

This view was of R1 and was strongly supported by R4 and R3. These female respondents who are 64, 72 and 75 grew up during the time when husbands were the only bread winners in the family whereas wives were only responsible for activities within the household such as looking after children, cooking, and cleaning. R2 and R6 contested this point by suggesting that there are also married old people that are very poor and even begging while on the other hand there are unmarried old people who are better off and even can support other in need. They said chronic illness, lack of education, death of children and physical weakness/weariness that come with age are the main reasons why many elderly people are poor. In addition to the horrible living conditions, poverty also exposed us to some abuse and harassment.

It is because we are poor that we are abused. R6 said, “Look, when I was young my employers used to fire me and rehire me as they pleased because all I had was labor. Now I am old I don’t even have that and as a result I was begging in the street. It is a curse to be old in this country.”

Participants of the group discussion described elderly people without any support as dead people walking. They said there are some elderly people who do not have children just like some of us and who do not get any sort of help from any one. They live in the street and they are beggars. They cannot work, they may be seriously ill. If it was not for this organization we would be in that state of existence. We feel safe and secured here. They provide us with food, clothing shelter and we get good medical care. The fact that they could have lived in the street was never explicitly implied during the interview process. They only mentioned the street in relation to begging but no one said that they lived in the street. From the group discussion it was possible to infer that they lived in the street and during interviews with the employees of the organization it was found out that all the elderly persons in the organization lived in the street before they came to the organization.

The young generation can create better living conditions for the elderly but these days the younger generation is finding it difficult even to support themselves and that is why some of us are here even if we have children. R2 said that “children whose parents are alive should look after their parents. They should not allow what happened to us happen to their parents. They move a lot from place to place in search of better jobs, sometimes leaving elderly people with grandchildren. In addition, the young should learn a great lesson from what happened to us. R6 added by saying that “the main reason for our situation is our poverty. We are poor because we are not educated. I see some people who are older than me in a much better position mainly for two reasons. One is that they are educated or they have children and also sent their children to school. We are neither educated nor have children. So I believe that education will be a good solution and besides we here on TV about the importance of education and saving in reducing poverty. R2 also pointed out about the importance of peace. Some elderly people (also children and women) are forced to leave their homes and relocate to other places. For example thousands of people were dislocated as a result of the Ethio-Eritrea war in the early 1990s. They lost their houses and everything.

During the interview and focus group discussion, health issue was repeatedly mentioned as their biggest challenge both before and after joining the organization. When asked how they coped with that challenge the group responded as follows. Now there is no problem at all. Whenever we feel sick, they take us to a hospital and we do not have to worry about the cost. They cover all the costs and that is why we feel safe now. Before we came here it was difficult. Since all of us cannot work and also have no income, it was difficult to cover our medical costs. Please refer to part 4.3 for the health problems these elderly people face and about the free medical care for the poor in Ethiopia.

4.7 View point of employees of the organization

Interviews were conducted in order to understand the view of others about elderly people, their challenges, coping mechanism, services rendered to them, and why they are in this position. Two employees of the organization, one male and one female were interviewed. They explained the main reasons why this group of elderly people is stuck in this situation. Mis. Mseseret, the female interviewee put as follows,

“Even though it is difficult to say this is the exact cause for their present situation, I am certain it played a major role for their current status. They are in this position mainly because they did not plan their future. From what I know and from what I heard them talking, things were much cheaper and life was much better when they were young. But they did not put anything aside for tomorrow, they just lived through the day and that was it.

Mr. Yonas’ response was similar but put in a slightly different way. He said,

“In the developed world, saving is an old tradition and as a result of that old people have a secured future. And the main reason for this lack of saving is that banks are not accessible in many parts of the country. Banks are concentrated in Addis Ababa and other urban areas whereas the majority of the population is engaged in agriculture in the rural parts of the country. In addition, developed countries provide social security for their citizens. But in Ethiopia only public employees have a guaranteed pension up on retirement which excludes the vast majority of elderly people. These people are

uneducated, very few of them can only read and write and this has hampered their opportunities of employment. In addition, this lack of education has also affected their ability to plan for their future. The lack of social protection for the poor specifically for the elderly is another reason why poor elderly people with no children to support them and no monthly income take to the street as the final and only resort.”

They further went on explaining how the elderly’s lives have changed from what it was before they joined the organization.

“These elderly people had all sorts of problems before they joined this organization. The main problems they faced were access to food, lack of clothing and shelter, poor health and poor hygiene). Here we provide them with food, clothing and shelter. They had poor personal hygiene before they came here, some of them were unable to control their urine and some of them were unable to walk. Now they get immediate treatment when they are sick. Health issue is still their biggest problem, but the difference is that we immediately take them to a clinic or a hospital and they have nothing to worry about as far cost is concerned for we cover their medical cost.”

The interviewed employees reflected the idea that they see elderly people as a warning. The female respondent said that “when I look at them it makes me wonder about my future.” The other respondent spoke about the future of elderly people in Ethiopia as follows.

“As predicted by the UN, in the future, the number of the elderly people will increase as a result of medical technology and improved standard of living. This is good but it has a negative impact for elderly people in countries like Ethiopia. Living late in to your 60s or 70s is meaningless if you end up in the street. So unless they have something to live on, the future is bleak for the elderly. It is heart breaking to see elderly people in the street-homeless jobless, no proper clothing, without food, without income, vulnerable and insecure. So I feel sorry for them, they are weak, cannot work, they cannot even protect themselves. When look at them I don’t wish to get old, it terrifies me.”

They also explained the situation of the elderly by pointing to the contrasting past and present situation of the elderly. In the past the needs of the elderly were met by family members. This trend is being practiced even today but elderly people that do not have children are unlikely to

benefit from this practice. Elderly people used to command high respect and lived within family network where their needs were met and where they were respected. But now we see a lot of them in the street which by itself is a big disrespect and degrading. This phenomenon of elderly people in the street is among the drawbacks of modernization where family patterns are changing from extended to nuclear family. There is too much mobility by the young as well as the elderly people. The young move from place to place looking for better jobs and education and also to escape poverty. These are the main reasons for the break up in the intergenerational support.

In addition to lack of education, opportunity and basic resources, war and climate change have also contributed to their present situation.

War affects people in many different ways; it results in the destruction of property and land. In a poor country like Ethiopia, where people are mainly dependent on agriculture this has a devastating impact on the people. It affects the farmers' way of growing crops; it could destroy the land hindering farmers from planting crops. It could also result in mass movement where people leave their homes fleeing war.

“For example as a of the Ethio-Eritrean war in the late 1990s the government evacuated people from their homes as a precautionary measure while there were also those who were forced to flee to other areas. Among the displaced were those who lost their children and their livelihoods because of the war.”

Most Ethiopians, up to 85 percent are farmers and live in rural areas. These people who are already poor are struggling to cope with the added burden of increasingly unpredictable weather. Due to the unpredictable weather condition crop failure is a phenomenon that has repeatedly occurred in Ethiopia. In addition cattle are also the victim of the drought leaving farmers with nothing to work with except land. When this happens some farmers leave for cities. Elderly persons engaged in farming are no exception and suffer even bigger blow. They too leave for cities and engage in beggary for the feeling of shame is lesser in places where very few people know them. Mr. Yonas further strengthens his point by adding the following.

“But life in city presents nothing other than beggary to those elderly people who leave their homes looking for better life. Here it is worth mentioning that these elderly individuals are victims of the poorly performing economic structure of the country. In

Ethiopia about 85 percent of the population is engaged in agriculture merely for subsistence. Ethiopia as one of the poorest countries has about 44 percent of its population living in poverty. In addition, poverty, poor health, drought, long years of war and bad governance are the major problems faced by its people including the elderly.”

Mr. Yonas went further back in time when explaining the impacts of political instability on the lives of many Ethiopian.

“In Ethiopia there has never been a smooth or peaceful transition from one administration to the next. For example after being in power almost for half a century the emperor was deposed in 1974 by a military coup d'etat. From 1974 until 1991, the country was under a military dictatorship. After seventeen years of armed conflict, the military dictatorship was overthrown by the current government. In all these transitions Ethiopians have paid heavily with their lives and property. A rich person became destitute overnight in 1974 when the military government decreed a legislation that confiscated possessions of the landlords. When the military government was overthrown in 1991, its officials lost their jobs and were put in prison. This has disrupted the lives of many. In addition the long seventeen years of civil war has claimed the lives of many Ethiopians.”

4.8 Analysis and Discussion

As we have seen, elderly people face various challenges that they are unable to deal with on their own given the conditions of their poor health and financial status. This was revealed during interviews and focus group discussion with the elderly people. Interviews were conducted with seventeen and group discussion with six elderly people. Out of the seventeen elderly people, nine are provided with institution based care and the remaining eight get services such as house renovation, monthly financial support and income generating activities while living with their families. The interview and group discussion results showed that reciprocal relationships still play a significant role in Ethiopian families and those elderly who are not in this relationship are faced with enormous challenges. As I pointed out, the main challenges of the interviewed elderly people included health problems, access to food, poverty, being dependent and burden, loneliness, and depression. The interview result revealed that, the elderly people have multiple health problems such as eye problems, kidney failures and hypertension, asthma, and mobility

problems. On the other hand, from economic point of view Ethiopian elderly belong to the poorest segment of the society which makes access to food almost an impossible task. Food as one of the basic necessities of life is one item on which people of low income (that includes that elderly) spend most of their earnings and elderly people with little or no income face difficulty regarding access to food. Because they are poor and unable to work due to their poor health they are dependent on others which they believe makes them burden on others. Loneliness and depression that emanate from the circumstances in which they find themselves in are also among the challenges they have to deal with. Due to the lack of support from the state and the stark poverty they have to face elderly people are left to rely on kin relations especially that of their children while those who do not have children or whose children are unable to offer helping hands are left on their own. Whether in reciprocal relationships where they are assisted by their children and where they also contribute to the household (with house-chores) or where they have to survive on their own (begging), elderly people ought to remain active for as long as they possibly can.

In Ethiopia elderly people opt to remain active. For example they will help their children with activities in the house such as cooking, looking after grandchildren and laundry. In return the elderly are taken care of by their children who provide them with food and shelter. But those who benefit from this kind of arrangement are just the lucky ones who have children to take care of them while on the other hand those who have no children or no one to turn to, who do not get financial support from any one; have to remain active to survive on their own doing whatever it takes. Here it is worth noting that whether it is with their children or on their own remaining active is the only way to survive especially for the latter group. As mentioned above, those living with their children remain active mainly by taking the responsibility of house chores. Those who have no children and no one to turn to should be even more active for their survival depends only on themselves. As a matter of fact given their health conditions and their physical strength most of those elderly persons with no one to support them often turn to beggary as the only way of survival. For this they have to travel long distances on foot usually to church gates and busy streets. The interviewed elderly persons spent most of their lives engaged in labor intensive activities (daily labor) but when they were no longer able to carry out those activities, they substituted them with something that suited their condition which was beggary. Beggary was not a matter of choice to these elderly people, in fact it was the only mechanism to cope with their

reality where there was no one to support them. Therefore to remain active is the best way to survive for the elderly in Ethiopia. As proponents of activity theory argue, by making the elderly active they will be able to generate their own income and support themselves longer. In addition to its economic benefit activity theory also plays significant roles in preserving kinship relations. But the problem is that those who cannot remain active due to illness or disability cannot benefit from this and they suffer even more.

In Ethiopia it is implied in the tradition that parents take care of their children until they become economically independent and later on children take care of their parents in return. The idea that children support their aged parents is well expressed by Doh (2009: 40) “Whether they live on their own or with their children, it is the children’s responsibility to provide for their aged parents until their death.” Reciprocity is the most important quality of intergenerational relationships. Reciprocity is a sense of mutual dependence expressed in give and take over time. In reciprocal relationships, direct exchanges of equivalents between genealogical generations occur, but usually exchange is indirect or generalized. Reciprocity includes sharing and transmission of resources as well as mutual expressions of care and regard. Ethiopia is one of the poorest countries in the world with poverty being the most serious problems faced by its people (MOLSA, 2006: 5). And as a result of this, the reciprocal relationship is being interrupted at times mainly because of poverty which is a structural problem in many poor countries including Ethiopia. But despite the rampant poverty, care for the elderly is considered a family responsibility and not a government or NGOs responsibility. Hence older persons are traditionally being cared for by the young generation in the form of extended family. Now days due to poverty the young are unable to support the elderly. As explained by the economic structural theorists, the economic structure of a country may restrict people to limited opportunities and resources with which to achieve a secure income and wellbeing (Bradshaw, 2006: 10). Poverty is a complex phenomenon and the cause of poverty is a highly contested issue among scholars. Poverty has far reaching and devastating impacts. One way of explaining about the causes of poverty is to think in terms of capabilities. According to Sen (2001) capabilities, tell a person’s freedom or ability to choose the way she/he desires to live. These include the capacity to be free from hunger, to be educated, and to earn a decent living. These are interrelated and mutually reinforcing. People trapped in persistent poverty tend to experience multiple ‘capability deprivations’ simultaneously. That is, they are illiterate, have inadequate

nutrition and insufficient income and livelihood opportunities, which taken together drive and maintain their poverty and ensure it passes across generations. The elderly people that were interviewed did not have the opportunity to live their lives as they wished because they were poor. They are illiterate because they did not go to school and because they lacked education they could not earn a decent living. Both the male and female participants earned living mainly by engaging themselves in labor intensive works. The men worked as daily laborers (carpentry, masonry,) while the females worked as domestic servants (cooking, doing laundry, house cleaning). Since these jobs require physical strength and good health, even these jobs were unavailable to these elderly persons as their ages increased and their conditions deteriorated. As a result of this, they could not afford even to feed themselves and were faced with blatant hunger.

Inadequate education or lack of education can thus be considered a form of poverty. “The absence of adequate resources is a learning obstacle in developing countries through poor nutrition, health, home circumstances (lack of books, lighting or places to do homework) and parental education. It discourages enrolment and forces students to drop out of school.” Education can reduce poverty in a number of ways. Firstly, educated people have better chances to get jobs, are more productive, and earn more. Secondly, it allows lower fertility, improved health care, and greater participation of women in the labor market (ibid). As all the elderly persons interviewed explained, none of them were involved in the formal labor market because they lack education. According to MOLSA (2004: 34), most elderly people are engaged in informal and labor demanding jobs because they lack education. Education improves the prospect of formal employment and plays a key role to eradicating poverty and backwardness (ibid 37). And even the elderly persons have come to understand that education is the key in creating a better future for Ethiopia and for the elderly since education is the key in empowering people, for higher pay and career advancement. The irony is that, Ethiopia seems to be trapped in vicious circle when it comes to income, education, health, and how they are tied to poverty.

This study has found out that health problem is one of the main challenges elderly people have to deal with, since poverty also affects the health of people. In his 2001 address to the World Health Assembly, the former Secretary General of the United Nations, Kofi Annan said “The biggest enemy of health in the developing world is poverty”. At a global level, there is a

stark relationship between poverty and poor health. Because of poverty, people live in environments without decent shelter, clean water or adequate sanitation that create ill-health. “Poverty creates hunger, which in turn leaves people vulnerable to disease. Poverty denies people access to reliable health services and affordable medicines, and causes children to miss out on routine vaccinations. Poverty creates illiteracy, leaving people poorly informed about health risks and forcing people into dangerous jobs that harm their health” (Obregon and Waisbord, 2012, p.625). These Ethiopian elderly people lived in poverty engaged in labor intensive works without proper nutrition which has seriously affected their health. According to Pogge (2007, p.143) poverty can lead its victims to accept the types of work or consumption they would refuse in other circumstances. Likewise poverty is the only reason why these elderly people accepted beggary as a way of life. Furthermore, poverty can also lead to fear of the future, shame and absence of control over one’s destiny. This is exactly what happened to this group of elderly people who found it uncomfortable to talk about their present situation because of the shame it brought up on them. Those elderly people that are receiving institutional care even said that none of their relatives and friends knows where and how they are living at present because they are ashamed.

Ethiopia is one of the poorest countries with poverty, poor health; long years of war and lack of good governance being the most serious problems faced by the people of Ethiopia, the elderly being no exception (MOLSA, 2006, p.5). From what the group pointed out, because of economic hardship the tradition in which the young have taken care of the elderly is undermined. Because they lived in poverty they could not send their children to school or their children were forced to drop out of school. As a result of this the children continued in their parents’ path of engaging in labor intensive activities that is erratic and pays very little. Therefore they are often unable to support their parents and migration within cities in search of jobs is a common phenomenon. So because they are poor many people find it difficult to invest in their own and their children’s education and because they are uneducated they find it impossible to participate in the formal labor market and get job all of which conspire to deny them a regular income.

Violent conflicts have direct, instant and devastating impacts on citizens of a country. The impacts include injury, deaths, the destruction of household assets and displacement. Conflicts may also have indirect and long-term poverty impacts by increasing the proportion of

disabled and elderly, as well as women and children. For example war destroys public infrastructure and assets, disrupts livelihoods and reduces savings, undermines law and order and shakes political stability, and results in mass dislocation. The war between Ethiopian and Eritrean in the late 1990s claimed thousands of lives and resulted in the displacement of tens of thousands of people from their homes. (Stewart and Fitzgerald, 2000; Goodhand, 2001, p.13-14). In addition when states are engaged in violent conflicts, other areas such as the health sector would be neglected which in turn has an effect on citizens.

Ethiopia as one of the developing countries is experiencing high rate of urbanization and population movement both within and outside the country. For example the elderly are forced to look after grandchildren for various reasons such as migration of parents to different cities and death of parents and due to family breakdown as a result of divorce (Mengesha 2002). In addition in Ethiopia, the elderly are losing their traditional roles as advisers, arbitrators and community leaders due to the increasing impacts of modernization. But the most understandable impact of modernization among this group of elderly people was in two main areas. The first is that since they no longer have any economic power, they have lost their status as decision makers. The second is that, since the vast majority of the Ethiopian elderly are uneducated their skills are becoming outdated. Therefore, modernization puts more burdens and presents tougher future for Ethiopian elderly who are already living in poverty. Due to the negative impacts of modernization, the traditional forms of care and support available to older people until very recently are being eroded. Here, it is worth mentioning that this is not because families no longer care about the elderly; it is in large part the consequence of social changes such as urbanization, the trend towards nuclear families, the participation of women in the workforce and the increasing mobility of the young generation from place to place in search of education and better jobs.

5. Conclusion

In Ethiopia formal social security is almost nonexistent and the majority of the population is excluded from the formal social security system in the form pension while the traditional social security arrangements mainly provided by the family have also broken down. The main reason for the nonexistence of social security and for the breakdown of family support is poverty.

Protection against poverty and multidimensional deprivation in circumstances like old age plays key roles in insuring the wellbeing of people in general and that of the elderly in particular. As revealed by this study the problems elderly people face is deeply rooted in the poverty Ethiopia as a country.

The main results from this study identified and described the lack of opportunity, support and basic resources, challenges and coping mechanisms of elderly people. According to United Nations Population Fund (2002), as cited in (Bohman et al., 2007, p.234) the essential issue connected to ageing populations in developing countries is lack of resources, poverty. The absence of Social protection programs can push people further in to poverty. Social protection programs can reduce people's vulnerability to the shocks and stress of life such as disability, illness and lack of support. As it was discovered through this study, elderly people who have no support are further pushed deep in to poverty for they have no support from their children or from the government. This study has also shown how and why traditional reciprocal relationships break down and how elderly people survive under such circumstances. Traditional reciprocal relations break down for three main reasons: death of children, poverty-when children are too poor and unable to support their parents and when children move looking for jobs and other reasons. All these reasons combined with the decline in status of the elderly makes life even tougher for them. Modernization theorists argue that the status of older people declines as society modernizes. Even a healthy elderly is not considered capable of generating his/her own income as they are confronted with a reduced status in the job market making it difficult to preserve employment. This is especially true for the Ethiopian elderly since most of them spend their lives engaged in the informal and labor intensive activities. But now that they are old and weaker they can no longer generate income through the informal and labor intensive activities.

Ethiopia is confronted with a wide range of economic and social problems where poverty is considered as the underlying cause to all existing social problems. Social welfare and social services are still at an infancy level and because of this people are suffering from the lack of basic necessities of life such as food, clothing and shelter. As the economic structural theorists put it, the government is to blame for not providing even a minimum public pension scheme. As Bradshaw (2006, p.10) put it the economic structure of the country has restricted people to limited opportunities and resources with which to achieve a secure income and wellbeing.

Particularly elderly people, given their age and the state of their health find it extremely difficult to survive. Traditionally, in Ethiopia family support system has been the only place of refuge for Ethiopian elderly, but now the family is under strain with increased poverty.

Most elderly people in Ethiopia spend their years engaged in the informal and labor intensive activities but now that they are old and weaker they can no more subsist on that. They are too poor to rely on the market and have never been public employees, hence are excluded from the government's old age pension scheme. As a result of this it is vital for elderly people to have someone who takes care of them when they can no longer obtain income. This means elderly people are unable to secure any income whether it is in the formal or informal labor market mainly because of their age and their poor health. Therefore, often maintaining family relationships especially with their children is the only means of survival and for this they must remain active for as long as they possibly can. Furthermore, as proponents of activity theory argue in order for society to continue to function it is imperative that its older members remain active (Bond et al 1993). Hence by making the elderly active it is possible to make sure that they will be able to engender their own income which enables them to support themselves. Another way of understanding the activity theory in relation to income support besides its role in encouraging the elderly to stay active in the job market is also the importance put on maintaining relationships among kin. This makes it easier for the elderly people to hold a reciprocal relationship within the kinship network. The elderly can perform services for the young family for example. In exchange the young can provide housing and food. On the contrary where reciprocal relationships have been eroded, for example due to poverty, elderly people are forced to engage in other ways of supporting themselves to stay alive. As the key finding of this study showed the only option they have to provide their own income is to become beggars. The other option where family support is no longer an option is of course to turn to NGOs in the volunteer sector of the society. Those that find their way to a supporting NGO such as KAMSD are considered the lucky ones. Many contributing factors have been singled out as to why the elderly are in their present situation that includes poverty, lack of education, lack of resources and opportunity as the main reasons presented and discussed in the interviews and by the employees of the NGO, KAMSD.

In a country where social security is only guaranteed to public employees in the form of pension, and under circumstances where reciprocal relations are in transition and in many cases do not exist, other voluntary provision of support are required to assist people in difficult situations in general and elderly people in particular. Even in affluent countries where states can afford to provide social security to their people, other means to provided services have always existed. As Seeleib-Kaiser (2008: 18) eloquently put it “the welfare state has always contained a mix of state, private, voluntary and informal elements.” Therefore, it is very important to join forces to alleviate the hardship elderly people face otherwise there is no point if infant mortality is greatly reduced and average life expectancy is increased if it means people grow old only to suffer. In line with this argument Jeffrey Sachs (2005, p. 323) asks “are we saving a child only to become hungry adults?”

By looking at care for the elderly in Ethiopia primarily financial support I attempted to answer questions such as what are the main challenges of the elderly, how elderly people cope with the challenges they face when the traditional patterns of care and support provided to them by the family breakdown. In addition, attempts were also made to analysis alternative systems of economic support from the public and private sector with emphasis on the analysis of one particular NGO known as Kebere Aregawian Gebere Senay Drijet (KAMSD). By looking at the four group of elderly people (those who get institution based care, those who are in income generating activities, those whose houses are renovated and those who get monthly financial support) it is possible to conclude that reciprocal relationships between the young and the elderly still plays significant roles in providing care and support for the elderly people. Those elderly people who have children with the capacity to support them never took to the street. However there are also elderly people whose children cannot afford to support them and these elderly people face challenges just to survive. The findings of this study show that access to food, shelter; inaccessibility to education and health services; health problems; absence of social welfare provision; psychological stress and loneliness associated as major problems facing older people.

Independence, participation, care, self-fulfillment and dignity are among the UN principles of older persons that are instruments to mainstream issues of older persons in various development programs. Even though Ethiopia is a signatory to this UN convention, the exiting

efforts are far below satisfactory even to fulfill the first principle that is participation which calls older persons to have access to food, shelter, clothing, water, health care, education, training, income generation opportunities and living in safe environments. As a result of this lot of work is expected especially from the Ethiopian government. In addition a lot of work is also needed from voluntary organizations and from the family to ensure that elderly people will not suffer in the final years of their time on this earth. But it should be noted that NGOs only look at the needs of individuals and they do not have the institutional power to put the necessary system in place that helps the elderly.

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Appendix A: Identification of the interviewees

1. Name: Ms. Felekech

Age: 72

Education: never went to school/illiterate

Marital status: divorced

Children: never had children

Currently living with: KAMD receiving institution based care

Source of income: no income

How many years in the institution: 2 years

2. Name: Ms. Genet

Age: 75

Education: never went to school/illiterate

Marital status: divorced

Children: had two children, both died

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 4 years

3. Name: Mr. Kebede

Age: 75

Education: dropped out of school in grade fourth grade, can read and write

Marital status: divorced

Children: never had children

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 4 years

4. Name: Mr. Chala

Age: 72

Education: never went to school

Marital status: divorced

Children: never had children

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 3 years

5. Name: Ms. Zufan

Age: 64

Education: never went to school

Marital status: divorced

Children: two died and one is alive

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 4 years

6. Name: Mr. Tesfaye

Age: 76

Education: can read and write

Marital status: divorced

Children: have a son

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 3 years

7. Name: Mr. Siyum

Age: 68

Education: illiterate, never went to school

Marital status: never married

Children: never had children

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: two and half years

8. Name: Ms. Setech

Age: 74

Education: illiterate

Marital status: divorced

Children: never had children

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 4 years

9. Name: Ms. Yeshi

Age: 65

Education: illiterate

Marital status: divorced

Children: never had children

Currently living with: KAMSD receiving institution based care

Source of income: no income

How many years in the institution: 3 years

10. Name: Ms. Demeku

Age: 60

Education: can read and write

Marital status: widow

Children: 4

Currently living with: with her son and grand children

Source of income: bakery business, sell local drinks

11. Name: Ms. Meseret

Age: 69

Education: illiterate

Marital status: married

Children: 6

Currently living with: with her husband and children

Source of income: bakery business and my children

12. Name: Ms Elfinesh

Age: 68

Education: illiterate

Marital status: widow

Children: 4

Currently living with: her children

Source of income: flour mill and children

13. Name: Ms. Tesfaneh

Age: 64

Education: illiterate

Marital status: married

Children: 3

Currently living with: with her husband

Source of income: flour mill and children

14. Name: Ms. Weynished

Age: 73

Education: illiterate

Marital status: widow

Children: 4

Currently living with: her children

Source of income: no income, totally dependent on her children

15. Name: Ms. Emebet

Age: 72

Education: illiterate

Marital status: widow

Children: 3

Currently living with: children

Source of income: no income, totally dependent on her children

16. Name: Ms. Meseret

Age: 70

Education: illiterate

Marital status: widow

Children: 4

Currently living with: her son

Source of income: KAMSD monthly financial support

17. Name: Ms. Tadelech

Age: 77

Education: illiterate

Marital status: widow

Children: 1

Currently living with:

Source of income: KAMSD monthly financial support

Appendix B: Field guide for data collection

Introduction

This questionnaire is part of my Master Thesis in Welfare Policy and Management. This study is conducted independently by the researcher (Abdi Shiferaw Ayana) with direct supervision from the department of Sociology at Lund University.

A series of questions intended to extract information regarding how elderly people support themselves with no income and in the absence of state guaranteed pension. In addition, questions that will help to find their coping mechanisms, their challenges, how they look at themselves and how they view other elderly people will be asked.

Each interviewee is confidential. Therefore, expected to freely provide information about what is on your mind. The interview will be taped but the interview will not identify the interview person. All tapes will be destroyed after the completion of this study. If you are not comfortable, the conversation will not be taped.

Instruction

- Listen carefully to the questions and give me your honest answer.
- This interview is just for study purpose and there is no intention to influence what is being done here.
- You are free to forward additional thoughts regarding any question outside the questions.

Questions to the elderly people for individual interview.

1. To which ethnic group do you belong?
2. What is your religion?
3. How old are you and how long has it been since your last employment?
4. How did you know about this organization?
5. Have you ever been employed?
6. What was the source of your income in the past (for example when you were in your 20s, 30, or 40s)?
7. Have you ever been married?
8. Are your children supporting you or helping you economically in any way. If the answer is no, what is the reason for your children not helping you economically?
9. Where and with whom do you live?
10. Do you have friends? Do you visit them or do they visit you?
11. Can you tell me the most difficult problems you encounter in your day to day life as an elderly person? Is it illness, lack of money, loneliness, other problems?
12. How do you deal with the problems you face?
13. How many times do you eat in a day, how do you get food and who cooks for you?
14. Do you get access to clean drinking water?
15. How do young people treat you or have you ever been mistreated because of your age?
16. How do you look at yourself and other people of your age?
17. Go back in time and tell me how you look at the situation of elderly people today and their situation when you were young?
18. How do you spend your days, do you participate in any house work or any activity outside the house? If yes please mention what you engage yourself in.
19. Think of everything that you have got from this organization. Do you think it is enough?
20. Suppose that you were in charge and could make change that would make this organization a better place for the elderly. What would you do more and better?
21. What do you think would happen to you if you did not meet this organization at all?

22. You are free to advance any other additional thoughts you might have regarding things that might not have been covered by the questions I have asked.

Questions for group discussion.

Guidelines

- Each person has the right to self-expression during the discussion.
- You don't need to agree with others, but you must respect their opinion and listen as they speak.
- This group discussion will be tape recorded; therefore only one person should speak at a time.

1. How do you see the conditions of elderly people in general?
2. Think about all the time you have been supported by this organization, how does that contribute to your wellbeing?
3. Do you know other elderly people who are not getting help from this organization or from other places? How do they survive?
4. Do you discuss your problems with each other, with other people?
5. Think back over the years and tell me the difference in your life before and after you came in to contact with this organization? How did you manage your life before?
6. Let's say this organization is about to be shut down due to lack of funds. What would happen to you?
7. Discuss ways in which better living conditions can be created for elderly people.
8. What do you think about the roles of the younger generation (for example your children) regarding care for elderly people?
9. Why do you think are there so many poor elderly people these days?
- 10.

Questions to employees of the organization.

1. How do you finance activities of the organization (what is the source of your fund)?
2. How do you perceive the elderly?
3. How do you meet these people?
4. Do you have any criteria for selection (do you check their background like if they have pension and family support)?
5. What are you doing for these people? Can you mention some of the things you do for them?
6. What are the most common problems/challenges they face because of their age?
7. Do you think what you are doing is enough?
8. If no, what can you do to improve and what is/are the limiting factors?
9. In your view, what does the future hold for elderly people? Do you see any improvement or the worsening of their situation?
10. Is there anything you want to add?