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ABSTRACT

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The Elderly people in Zambia face numerous challenges resulting from high poverty levels, stigma, and social exclusion, poor service provision in old people's homes, and lack of proper care and support from family and the public. In addition, changes in population ageing have also resulted in increased longevity affecting the obligatory responsibilities of the state and the family to meet individual needs in caregiving adequately. This situation demands to rethink of how social care service provision in Zambia can be improved by identifying the best approaches for quality services and quality access to basic needs both in care homes and in communities and ensuring that elderly persons lead a good and decent life during their last years of life.

The research aims to explore a deeper understanding of how elderly people want to live their lives and how their relatives, the state, and community members should care for them. The qualitative research design was used with the phenomenological approach to understanding the experiences and perceptions of elderly persons. The study recruited 24 participants and targeted elderly people from rural and urban communities, elderly people from Maramba old people's homes, community volunteers, social workers, and a caregiver. The study uses a conceptual framework of social care and social inclusion to clearly understand the challenges of elderly people in an ageing society. The data from the semi-structured interviews were complemented with a group discussion. Findings were analyzed using thematic analysis to generate themes with reference to the literature review. The findings point to limited access to basic needs and social care services both in old people's homes and in communities. The experiences and perspectives of the elderly related to social care provisions are physical, emotional, relation and esteem and independent, categorized into three themes: Social relation care, Empowerment support and power, and physical and health care. The most fundamental element of care is social relations which provide emotional and self-esteem, belonging, and worthiness for elderly persons.

Key Words: Ageing, elderly people, family, community, caregiving, old people's home, social care.

POPULAR SCIENCE SUMMARY

In Zambia, the State has a fundamental responsibility to care for its citizens and provide social care services to the elderly for better wellbeing. However, the poverty levels are too high for the State to provide adequate social care services and fully meet its goal of reducing and stopping poverty transfer from one generation to the other. With the increase in the global population, it is now evident that more people are living longer, in as much as the government is taking measures to address poverty challenges among vulnerable groups, it is experiencing an increase in the ageing population. Elderly people are among the vulnerable groups that face many challenges in Zambia, inferior individuals without families or anyone to care for or look after them. The family setting is slowly changing from being a communion to a more individualistic one where the extended family's responsibility is reduced and where most elderly persons are now looking after themselves or are in government or private care institutions.

On the other hand, elderly people are perceived as people who can no longer contribute effectively to national development because of their age and living conditions. However, every individual goes through the ageing process with different needs requiring serious attention with good social care services and support. It is cardinal for individuals, families, and the State to consider looking at things differently and strengthen family ties and community engagement in strengthening the Zambian culture and tradition of caring for one another, even to those with no relation. To achieve this, interviews were conducted with various vital informants from rural and urban areas of the Livingstone District. This study aims at understanding elderly persons' experiences and perceptions of social care services. It further provides proposed remedies to the discussed challenges that require a change in how society perceives elderly people and how the State provides the needed social care services to elderly people. The study discusses recommendations that build on rethinking how the best provision of social care services can be made. To help meet the desires of elderly people and know the kinds of social care services they hope to receive. After that, appropriate interventions are discussed targeting the difficulties that elderly people face, which require a holistic approach to providing a variety of services through inclusion and integration of social services.

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Above all, Glory is to the almighty God for the everlasting love and blessings.

LIST OF ABBREVIATIONS

CDF	Community Development Fund
CSO	Central Statistics Office
CWAC	Community Welfare Assistant Committee
FGD	Focus Group Discussion
MCDSS	Ministry of Community Development and Social Services
NAPSA	National Pension Scheme Authority
NGO	Non-Governmental Organization
OECD	Organization for Economic Co-operation and Development
PWAS	Public Welfare Assistance Scheme
SCT	Social Cash Transfer
SIDA	Swedish International Development Cooperation Agency
USAID	United States Agency for International Development
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Programme

CHAPTER ONE: INTRODUCTION

1.1 Background

The provision of quality social care services to elderly persons has gained prominence among practitioners, scholars, and policymakers due to the increasing number of the ageing population globally coupled with the challenges this group of people faces. In 2020, 727 million persons aged 65 years or over were recorded worldwide. This number was projected to be more than double by 2050, reaching over 1.5 billion persons (United Nations, Department of Economic and Social Affairs, 2020). With many countries facing challenges in caring for elderly persons across the globe, rethinking and exploring new ways of providing social care beyond the traditional boundaries is imperative to improve care service provision for elderly persons in society. The fear is of the growing older population, which will place disastrous burdens on society and affect the quality of care. This fear and the shape of the long-term care system designed to meet the needs of elderly persons are deeply influenced by society's political economy (Estes, 2001). For instance, the rapid population growth rate on the African continent (United Nations, 2019) has implications for prioritizing issues concerning national welfare, national social policies, and resource allocation across age groups (Darkwa & Mazibuko, 2002). Darkwa & Mazibuko (2002) indicate that the demographic profile of a specified population affects strategic preparation and the design of programmes aimed at improving the quality of life, maintaining a decent standard of living, and producing expected outcomes for improved wellbeing. Barrientos & Hulme (2009) notes that social protection has continuously been seen as the emerging paradigm for social policy in developing countries. Policies such as the National Policy on Ageing give guidelines on implementing programmes aimed at uplifting the standard of living for the citizen to ensure that individuals age with dignity and honour.

In Zambia, like many other developing countries, elderly persons face numerous challenges such as poverty, stigma, social exclusion, lack of funding for old people's homes, inadequate infrastructure, and lack of proper houses for the aged, to mention a few (Changala *et al.*, 2015; Chirwa & Kalinda, 2016). Though the population is predominantly young in Zambia, there has been a steady increase in the number of elderly persons. According to the Zambia Statistics

Agency, the population age structure in Zambia depicts a continued fast pace of population growth. In 2020, Zambia's population aged 65+ years was 391.95 thousand persons. The population aged 65+ in Zambia increased from 110.95 thousand persons in 1971 to 391.95 thousand persons in 2020, growing at 2.61% (Zambia Statistics Agency). The Zambia Census Projection 2011 - 2035 illustrates the projection increase by 8.6 years during the projection period from 52.6 years in 2011 to 61.2 years by 2035. The increase in life expectancy at birth results from overall declines in childhood and adult mortality (Central Statistics Office of Zambia, 2013).

Zambia has policy interventions aimed at enhancing human life by providing improved basic needs such as education, health, housing, water and sanitation, and social security, which will enable the Zambian population to enjoy old age (National Policy on Ageing, 2016). The Zambian Government is responsible for providing care and protection for the aged through these policies. However, most of the programmes face economic challenges and an increase in the ageing population (Chirwa and Kalinda (2016). As a result, the provision of social protection services incorporates non-governmental organizations such as the World Bank, UNICEF, World Food Programme (WFP), SIDA, and USAID

My research recognizes the cultural diversity in which ageing outspreads in Zambian society and is centered on community differences. Furthermore, it recognizes that attainment of age for one to be considered aged may differ. It is primarily dependent on government social protection policies and practices that protect and promote the livelihoods and welfare of people suffering from critical poverty and deprivation and are or are vulnerable to risks and shocks (National Policy on Ageing, 2016). An older person in this study is defined according to the United Nations (2017), where an older person is 60 years and older, like the definition provided in Zambia's National Policy on Ageing (2016). Therefore, this study relies on this definition when referring to elderly people in Zambia. In addition, the concept of old people's homes or homes for the aged and institutional care are considered to mean the same; hence they are used interchangeably in this paper.

Similarly, the concept of aged or old age, older persons, and elderly persons are also used interchangeably to mean someone who is 60 years and above. However, as much as the social

care services are both for the poor and rich, the study is delimited to poor people only in rural and urban communities. The study focuses on poor, vulnerable individuals who mostly have challenges sustaining their wellbeing and face difficulties in accessing welfare services. The study also includes elderly people who are both receiving and not receiving any government support and other key informants from various community areas and government institutions. The social workers from the Social Welfare Department and the social care service providers or implementors from Maramba Old Peoples Home.

Pan & Sarantou (2019) note that past experiences play a significant role in creating new solutions for social innovation to deal with elderly care services. They ascertain how past experiences of elderly persons can help to develop their own or preferred services. They support the notion of engaging elderly persons to develop innovative and highly creative tools that respond to the actual needs of human beings. The involvement of elderly persons as co-designers through participatory design processes in creating new solutions and developing services for their need's yields more effective and sustainable interventions. Thus, the need to understand an elderly person's experiences and perspectives of receiving social care becomes imperative to improve the provision of quality and accessible social care services. Consequently, my research attempts to rethink how social care services can be rendered to elderly persons by understanding how the elderly persons would want to be cared for and access various services for their sustainability.

1.2 Research problem

The changes in population ageing that have resulted in increased longevity impact relationships and obligatory responsibilities on both families and the state due to social and economic changes and the costs that may come along with extended life and living (Lodge et al., 2016). The lack of awareness of these changes and the negative responses to the increased number of older persons may affect how neighbourhoods and communities live and how care is provided for those in most need. However, the state may have several social services that target elderly persons, but access to such services and how services are delivered to the elderly is another aspect the research considers in ensuring that elderly persons lead a good and decent life during their last years of life. Accomplishing this requires rethinking how social care services can be

provided and delivered to the elderly in care homes and communities, as most have limited access to basic needs and services. This will, however, be achieved by understanding what elderly persons desire and how they want to be assisted and cared for, considering that their needs may vary due to the nature and extent of their vulnerability. Mapoma (2013) notes that matters concerning ageing have never received much attention; hence, fewer studies have been done.

To some extent, very little is known about the challenges older people face and, much worse, how their challenges can be handled and solved. Mapoma (2013) records that what currently exists are “speculations and common sense” (ibid, p.11). However, it is also cardinal to acknowledge that the existing writings have mostly concentrated on population ageing and the challenges faced by the older person and other aspects of ageing in Zambia by scholars like Darkwa & Mazibuko (2002); Chirwa & Kalinda (2016); Mapoma (2013); Mapoma & Masaiti (2012); Changala *et al.*, (2016) are not specifically looking at the existing social services and rethinking how best they can be managed and improved. The existing evidence reveals how poverty still wanders around vulnerable groups despite various social protection policies and Programmes that have targeted the poor, particularly elderly persons, hence this study sought to fill this gap.

Lack of knowledge on what is working and not working may mean failure to prepare for them; hence the research provides options from elderly persons themselves on the changes they would want, and this could be considered as recommendations to better the social service delivery and implementation of Programmes that target vulnerable and poor elderly persons. Predominantly, there is more to solving a social problem and finding solutions that apply to the Zambian context. Hence, little has been done to ensure better plans for older persons by the state and reduce the challenges and difficulties faced.

1.3 Purpose of the study

OECD (2015) acknowledges that every society has vulnerable people, including elderly persons. Every vulnerable person represents a social challenge, a moral responsibility and a life that can be lived better. Some people need every day multiple support to address personal challenges like extreme poverty, poor physical or mental health and low education and offer

the best chances of turning their lives around. However, governments are committed to providing social protection against hardship. However, the most important question to this is how effective and efficient it is for the most vulnerable in society and how innovations in the form of integrated approaches to social service delivery contribute to these efforts?

My research explores a deeper understanding of the appropriate social care services among elderly persons and how they think the state, the family, and the society should support and care for them based on new initiatives that meet the needs of the aged. VanderStoep & Johnston (2009) discusses that research should be a means towards social change, policy change, problem-solving, or programme development. Therefore, identifying the oppressed in society, such as elderly people, brought out the voices of the silenced, and the research empowers by bringing out a change in social care service delivery and provision. I studied the nature of the current social care support systems and their role in supporting older persons and assessed the elderly person's desires on how they would have wanted to be cared for. The research findings provide recommendations or alternatives on what can change or be reorganized to improve social care service provision for the elderly people and meet their desired approach in order to experience the best and happiest moments and more improved well-being during their old age

1.4 Research question

The overall aim of my research is to identify and analyze relevant research evidence-based experiences and perspectives of the elderly persons receiving social care services in the community and in institutions in Zambia. The research questions seek to understand how much elderly people are in control of their lives, the kind of social care service rendered and how they would want to be supported and cared for by those around them. I, therefore, seek to obtain answers to the following questions:

1. *What are the current social care services available for elderly persons in Zambia?*
2. *How do older persons experience the reception of social care?*
3. *How do elderly people desire to be cared for?*
4. *What should change in the provision of social care services for the elderly?*

1.5 Structure of the Thesis

This Thesis is structured in chapters. The first chapter gives an introductory remark, gives the study's background, and discusses the research problem, the purpose of the study, and the research questions. The second part examines the literature review, which gives an insight into the social care services for elderly people in Zambia as a research area of interest. Chapter three presents relevant theories on social care and social inclusion to help analyze the study's findings. In the fourth chapter, the methodology is indicative of the research design, the research site, the sampling method and the target group, data collection used in the study, limitations of the study, ethical consideration, and the analytical approach. The next chapter discusses my research findings. Chapter six presents a discussion of my analysis using previous literature and theories. Lastly, Chapter seven of this paper gives recommendations and reflections on the study. Further, it gives concluding remarks on the research findings.

CHAPTER TWO: LITERATURE REVIEW

This chapter gives insight into the previous research and its findings, focusing on social care services and the support given to elderly people. The support systems in caregiving and challenges that elderly people face. The review helps inform my new study and reduces the possibility of misinterpreting my data (Yin, 2016).

2.1 The concept of social care

The social care concept is complex and often used by different people to mean different things. It is also understood differently by those under the care of an institution, a household, or a community. Mostly, the care given is dependent on the individual's needs and the support they get from those around them including the support from the government. According to Lodge *et al.*, (2016, p.151), care is seen as a problem when it relates to older people. It involves reaching out to elderly persons socially, emotionally, and looking after them physically, as caring for others is said to be a mark for “civilized society”. For instance, In the US, it is most frequently equated with managed care, while in the UK, it's shared care. In the Netherlands, transmurals care and other widely recognized formulations such as comprehensive care and disease management.

According to Fisher & Tronto (1990, p.43), caring refers to specific activities that include everything that is done to "maintain, continue and repair our world so that we can live in it as well as possible". They suggest that caring consists of four dimensions: 'caring about', 'taking care of', 'caregiving', and 'care-receiving'. 'Caring about' is an orientation to observe what parts of the world require maintenance and repairs: this part of caring is often associated with practical horizons such as attachment and love. 'Taking care' implies the responsibility for initiating and maintaining caring activities: these two dimensions do not necessarily involve any overt actions needed in caregiving. By 'caregiving,' Fisher and Tronto refer to the concrete care work that demands time and resources. The last dimension of caring is 'care-receiving': the response of the caree (caree is the person who needs care and receives care) to the three previous elements Fisher and Tronto (1990).

I have adopted De São José *et al.*, (2016, p.1) definition of social care which refers to actions directed towards meeting basic needs of daily living, such as feeding, and bathing, and social-emotional needs such as company and moral support (healthcare is excluded)". Social care can be formal - i.e., provided to people belonging to the formal sector such as the public, commercial or voluntary sector) or informal - provided by people belonging to the informal sector (family members, neighbours, or friends (Sipilia & Kroger, 2005). Furthermore, social care could be either institutional care or community care. Institutional care is the type of care provided in a facility such as a care home where the client stays for a defined period of life. On the one hand, community care is social care where the clients are cared for within the family setting in a community, and the caregivers provide support daily. Naturally, the family or community is an ideal caring system for elderly persons. However, some persons may be unable to trace families due to urbanization, cases of abandonment, and broken homes, which alters the traditional family structure and the ability of families to support elderly members (Darkwa & Mazibuko, 2002). Therefore, other care systems such as churches, faith-based institutions, and the government take responsibility for filling the gap.

Lombard & Kruger's (2009) study signifies that older persons' social care support system has evolved over the years with significant changes in the 21st century having new ways of providing social care services by different social welfare regimes. Their work reveals that it has traditionally been assumed that extended families and the community will care for their elderly in Africa, as opposed to their being the government's responsibility. On the contrary, other studies indicate that families can no longer fulfil the social functions they did before colonization and industrialization (Darkwa & Mazibuko, 2002), which have altered the family structures and, consequently, the patterns of care and family support systems. Qualitative studies conducted in South Africa cite the erosion of the traditional extended family, which impacts families' ability to care for older people (Lombard & Kruger, 2009). Łuszczynska & Formosa (2021) allude that old people have been disproportionately affected by societies ineptness at caring, especially during the COVID 19 pandemic in western high-income countries. However, this is also visible in developing countries where people have little knowledge about aging and their attitude and ineptness at caring is seen by the assertions of witchcraft towards elderly persons. Most people in communities have negative conceptions on

the aged, which influences how society values older adults, but also more generally, how they value care. Such perceptions have negative impacts on elderly people, which affects their mental health and lowers their self-esteem and self-efficiency.

1.2 Brief history of Elderly Care

Caring for elderly persons is not a new concern in society; thus, early thoughts on ageing and care date to 44 BC. In ancient societies, both men and women relied on the family for care and supported irrespective of the cultural variations. In the past, caring for elderly persons was a noble responsibility. It was an unthinkable act to abandon a parent or relative needing care (Martin *et al.*, 2015). The family has continued providing care to older people even in the world today. For instance, in most parts of Africa, families have continued to be the source of care for elderly persons as they never cease to be family members (Darkwa & Mazibuko, 2002). The African Commission also confirms that the care of the aged falls squarely on family and community members in Africa (Martin *et al.*, 2015).

Further, women acting as traditional caregivers have experienced a rapid transformation. Society has witnessed an increasing number of women working outside their households for an income, affecting their ability to provide informal caregiving (Martin *et al.*, 2015). Martin *et al.*, (2015) acknowledge that many African countries are struggling with adequately meeting the needs of elderly persons in their communities. Hence, there is a need to improve the service delivered to elderly persons at care homes and in the community. Similarly, Darkwa & Mazibuko (2002) demand changes in policies geared toward supporting and encouraging family members, which will enable them to continue their caregiving role with a professional effort to complement family caregiving.

However, in the 21st century, the family has evolved and faces a severe challenge to continue providing social care to the elderly. The family setting is slowly evolving from being communion to more individualistic, where its responsibility to the extended family is reducing. The traditional social structure and family ties have weakened due to migration, urbanization, industrialization, and other pressing issues such as poverty, increasing the cost of living for survival. Families no longer fulfil society's economic, cultural, and social functions. As such,

elderly persons tend to care for themselves or other institutions such as the church or government.

1.3 Social Care for Elderly People in Zambia

In Zambia, the State is responsible for the provision of formal social care to elderly persons through the Ministry of Community Development and Social Services, under the Department of Social Welfare. The formal provision of social welfare services was introduced in Zambia during the period of 1971 and 1980 under the Public Welfare Assistant Scheme (PWAS) (Mapoma, 2013). PWAS is one of the major safety nets the Government uses to administer care and support to vulnerable individuals in the society such as persons living with disabilities, elderly persons, chronically ill, stranded persons, people affected by disasters as well as orphans/vulnerable children. The social care services include provision of shelter, food ration, and clothing, education support to vulnerable children, health support, and repatriation of stranded persons. Mapoma (2013) states that the services were incorporated to enable the government to help elderly persons.

The Zambian culture is predominantly communal and encourages families to care for one another even in extended families which may include siblings, children, cousins, uncles and aunties, nieces and nephews, daughters and sons in law and grandchildren. Stone (2015) recognizes family caregiving as a major provider for long-term services and support systems. However, the government comes in to supplement what is already being done by the family or to take up the full responsibility of those without support from the community, family or with no relatives at all. Conversely, Lodge *et al.*, (2016) argues that society should not build a future on the expectation that families will undertake the task of caring for the elderly. They contend that if the family's capacity is limited, then they should have a strong community support system for older people who live at home to provide both informal and formal support for their neighbors. Informal support does exist, mostly, given by those who live close to the recipient or within the geographic proximity, and some receive voluntary support occasionally from the church and the community.

Support for elderly persons through formal or informal care is not a straightforward responsibility due to the complexity involved in elderly care. Therefore, some scholars like

Lodge et al., (2016) have used the concept ambivalence to mean having mixed feelings or contradictory ideas about something or someone. According to Hill (2015), caregiving has different tasks performed such as medical care and assistance associated with the activities of daily living such as being able to eat, bath, use the toilet on one's own or instrumental activities of daily living such as preparing a meal, managing resources or doing laundry. Mostly, it is difficult to understand their needs and know what is best for them, which sometimes could be so demanding and becoming more difficult over time.

Government formally supported the elderly person through institutionalization and was identified as the main approach used since independence in 1964, until they introduced Social Cash Transfer Programme in 2003 for vulnerable elderly persons in the community. The Zambian National Ageing Policy (2015) defines old people's homes as homes that keep older persons who are vulnerable and need care and are supported wholly or partly by voluntary organizations. The care homes provide services such as nursing care, physical and emotional care to elderly people, food, and clothing. Currently, there two government care homes, that is, Maramba Old People's Homes in Livingstone District and Chibolya in Mufulira District. The recommended age for admission at Maramba Old Peoples Home where the study was done is 65 years and above, but sometimes the care home accepts even those below 65 years up to 50 years, depending on the nature of the case. The home has a capacity of 40 but at times, management goes beyond the limit due to the country's economic challenges, and the demands for admission. The Government discourages institutional care for the elderly persons in Zambia and are treated as a matter of last resort for people in need of institutional care because of childlessness, cases of homelessness, destitution, cultural taboos associated with aging and people without families to look after them.

The government currently, also formally supports the elderly persons in community through the provision of welfare services which include Cash Transfer scheme in which they are given monthly grants, as well as food security park programmes which targets individuals with agriculture fields (National Social Protection Policy, 2014). These services directly support recipients to reduce the burden of being dependent on others. The model of delivering social care services has evolved through providing cash to older people in need of care has become a popular strategy in long-term care. The cash transfers are non-contributory payments of money

provided by the government or non-governmental organizations given to vulnerable households which includes households where an elderly person resides (SCT Manual of Operations, 2018). However, the Ministry does not have a framework that guides operations of old people's homes. The national minimum standard for establishing and managing homes for older people is in a draft form. Therefore, old people's homes are operating without any statutory instrument relating to care of older persons or guidelines, which makes it difficult to determine whether such homes meet the required minimum standards or whether they meet the intended welfare and needs of elderly persons.

A study conducted by Chirwa & Kalinda (2016) reveals enormous challenges elderly persons face in Zambia. The results from the study exposed that households with old people are among the poorest in the country, of which most of the elderly persons reside in rural areas. They note that the elderly in developed countries have better living conditions compared to developing countries. According to the Central Statistics Office (2007), Zambia had about 500,00 people aged 60 years and above living in 2017. The elderly people are said to be a minority group compared to other population groups in Zambia. The national census conducted in 2010 shows that there is a higher concentration of people aged 60 years and above in rural areas at 3.2% while those in urban areas were at 1.8% of the total population (Census 2010).

Despite having a small population, the findings indicate a growing number of elderly persons in Zambia with challenges in the provision of services by the government, especially for the aged which include social welfare services and medical services (Chirwa & Kalinda, 2016). Hjortsberg & Mwikisa (2002); Chirwa & Kalinda, (2016) highlight some of the challenges and problems existing among the poorest that include the elderly such as lack of knowledge on the existing social services, lack of access to certain services, and lack of capacity to afford quality health care services.

Literature reveals some of the gaps that exist in the provision of social care services to the citizens, especially elderly people. Chirwa & Kalinda (2016) asserts that, the global age watch for 2015 ranked Zambia as number 90 out of 96 countries where the welfare of the aged was assessed. The study shows that most problems faced by elderly persons are not fully addressed or known by the policymakers, an indication that the elderly are not a visible category in the

decision-making bodies in the country. However, poverty and hunger are identified as one of the problems faced by elderly people. The living conditions monitoring survey (LCMS) report for 2015 showed that 54.4 percent of the Zambian population was living below the national poverty line with 76.6 percent in rural areas and 23.4 percent in urban areas. The survey disclosed that 40.8 percent of the population were extremely poor with 60.8 percent in rural areas and 12.8 percent in urban areas. It further revealed that 78 percent of households that were headed by individuals aged 60 years and above fell below the poverty line (LCMS, 2015). Chirwa & Kalinda (2016) acknowledge that lack of family support contributes to poverty. For many years, even today, most people rely on their children as a form of social support in the future and society teaches children to look after their parents in old age. Chirwa & Kalinda (2016) allude that as urbanization and other economic and social changes are in effect, the family ties are weakening leaving some sections of the family, particularly the aged without support. Further, the impact of HIV/AIDS has also contributed to weaken family social networks as dependents (i.e., immediate and extended family including the elderly) are left to fend for themselves when the breadwinner succumbs to the pandemic.

Mapoma & Masaiti (2012); Mapoma (2013); Chirwa & Kalinda (2016); Changala *et al.*, (2016) allude that due to the country's bad economic situation, the care homes are under terrible pressure to meet their needs with high demand for admission of the elderly people. The elderly people in Zambia experience many challenges such as lack of income, erratic funding, neglect, sickness, and abuse. Chirwa & Kalinda (2016); United Nations (2020) notes that the continued economic decline in the country has worsened the lives of the aged people, mostly those with no source of income, health care, with no capacity to buy food, no decent accommodation among others, become dependent on others for care. Chirwa & Kalinda (2016) indicate that one of the common phenomena in society about aging is that old people become dependent on others for care and support. In some cases, some begin living with energetic relatives such as grandchildren or extended family members for accommodation, food, clothing, health care, and care in general. Chirwa & Kalinda (2016) acknowledges that the absence of social support may lead to depression and other health related complications that may shorten the lifespan of elderly people who might have lived longer under the social support systems.

The study further reveals little intervention on aged people, although the policy on aging is in place, it falls short of addressing many aspects and challenges of aging. The study recommends a paradigm shift where the family is strengthened and encouraged to continue playing its traditional and important role of looking after the aged, caring for them across generations. Its recommendations further echo on restructuring policy on aging to reflect the main factors of active aging in the *Zambian* context.

CHAPTER THREE: THEORETICAL FRAMEWORK

This chapter discusses theories that guide, clarify, and help to understand the research phenomenon under inquiry. My research uses theory of social care by Tronto (1993); De São José *et al.*, (2016); Daly & Lewis (2000) it provides a study of social care service based on the caregiver and care receiver's experiences and perspectives. In addition, the care-centered concept as an activity and a set of relations that rely on the convergence of the state, the market, and family relations. Theory of social inclusion by Jose & Cherayi (2016); Scorgie & Forlin (2019) determines elderly persons' adequate access to social care services and participation in things that will improve their social wellbeing as a framework for discussion.

3.1 Theory of Social Care

The theoretical perspective to understand the care receiver's experience and perspective was expounded by Joan Tronto. In 1993, Joan Tronto's philosophy of care proposed a recognition of a full understanding of the caring process (De São José *et al.*, 2016). Thus, understanding not only the caregiver's side but also the care receiver's side. Joan Tronto contends that this understanding is based on the principle that receivers of care, including older people, are not passive actors" (De São José *et al.*, 2016, p.3). There are two perspectives on the ethics of social care which are of paramount importance in understanding care for the elderly people, i.e., one proposed by Tronto (1993) and the second one is the model of dignity proposed by Nordenfelt (2009). Tronto (1993) advocates that the integrity of care can be achieved only through the integration of four moral principles: attentiveness, responsibility, competence and responsiveness. Sevenhuijzen (1998) and Engster (2007) propose the fifth principle of trust and the principle of respect respectively.

Nordenfelt (2009) proposes four forms of dignity: human dignity, dignity of merit, dignity of moral stature and dignity of identity, the last one being the most likely importance in the context of ageing and care. Nordenfelt (2009, p. 33) defines dignity of identity as ... the dignity that we attach to ourselves as integrated and autonomous persons, with history and a future, with all our relationships to the human beings.

In the recent past, the social policy agenda on health and social care for older people is dominated by discourses advocating quality in services, aging in place, person-centered care, and dignity in late life (De São José *et al*, 2016). These discourses emphasize care recipient's self-determination, choice, independence, involvement and control. Although it can be argued that there are other values beyond independence and choice, such as societal responsibility and interdependence which should be considered (De São José *et al*, 2016; Nolan, *et al.*, 2004).

Therefore, I strongly support Joan Tronto's premise that developing better care is based on a full understanding of the elder's experiences and perspectives of receiving care. I therefore claim that there is need to have a comprehensive synthesis of the elders' experiences and perspectives of receiving care to improve policy and practice of caring the elderly people in society. This understanding may also guide future development in theory and empirical research in this field. The two ethics of care provided a framework to conduct a systematic review of social care service based on the caregiver and care receiver's experiences and perspectives. Additionally, Nordenfelt's four form of dignity constitutes the key elements of worthiness of one's personality.

Further, Daly and Lewis (2000) note that care is a widely used concept in welfare state research, established in the literature by feminists' analysis where women were mostly seen as carers in families. Caring was originally conceived of in relation to the unpaid domestic and personal services provided through social relations of marriage and kinship. The theory explains a care centered concept which they have named social care that allows and develops care as an activity and set of relations lying at the interface of the state, the market and family relations and the voluntary sector. The social care concept can tell us about welfare state differences, the changes and development.

The concept of care is used progressively as a type of analysis in relation to the welfare state. Care lies at the heart of many interested in social service provision which can either be paid or unpaid or formal and informal, public, and private. Care in other countries like Italy tends to privatize care to the family because public services for the care of the elderly are very limited and there is no developed market involved in care-related services in Italy for instance. However, privatization of care may mean something rather different in other countries. In Germany for instance, care undertaken outside the family seems to be most appropriately a

function of voluntary service providers. Germany has a relatively larger voluntary, quasi/statutory sector which, through public funding, provides a range of services related to caring for the elderly. However, Zambia's private provision of care involves services provided by the voluntary sector which involves NGOs or Christian organizations like churches, whose services are entirely free and only target vulnerable individuals. Therefore, Daly and Lewis (2000) recognize that care is a key element around which one can analyze welfare states based on the varying significance, generally in terms of how elderly social care has been approached by the state's public policy across time and place. Family care enables the family to carry out duties to care for the elderly, which are seen as suitable and normal caring functions of the family. In Zambia, the social policies are constructed in such a way that the state provides care and support for the elderly when family care fails (Zambia National Social Protection Policy (2014). Nevertheless, with the increasing demand for social care because of the increase in the population and the economic challenges, the Zambia government needs to face this demand with a better and cheaper and improved way of service provision for elderly persons. Daly and Lewis (2000) record that the efforts to respond to this crisis are progressively making welfare states redefine what public service is, who qualifies for social assistance in terms of care, protection and support.

There is however a move away from the state as a provider towards the family and voluntary sector for it is being defined by the relations within which it is carried out, relations with personal ties of obligation, commitment, trust and loyalty also being seen as an ethical practice. The theorists of care Tronto (1993); De São José *et al*, (2016); Fisher and Tronto (1990); Bubeck (1995) have emphasized the significance of care as a relationship, and interconnectedness and interdependence that describes it.

Furthermore, Daly and Lewis (2000) discuss three multi-dimensional concepts of social care. Firstly, care as labor, by highlighting the labor aspect of carers as actors where they draw attention to the condition under which the form of labor is carried out. This entails whether care is paid or unpaid, formal, or informal and the state's role in determining these and other boundaries. Secondly, the aspect where care is within a normative framework of obligation and responsibility, by providing care as a norm under conditions of social or family relations and responsibilities. This is cardinal for the research as it is aimed at strengthening the existing

norms about care, the only worrying thing is whether it will lessen the efforts of the state. Third, care as an activity with costs, both financial and emotional, which spreads across public or private limits. This questions how costs involved are shared among individuals, families and within society at large. This provides an analysis of how social care services can be constructed in a developing country such as Zambia. The classification of care labor and responsibility and costs can be shared among different sectors between family, the state and community voluntary work. It is at this point that the role of policy works well in transforming the setting of how social care services are provided and delivered to the elderly, with much consideration on the geographic and financial factors that have increased the demand for care among elderly persons.

3.2 The Theory of Social Inclusion

The concept of social inclusion has been used from a sociological perspective, where it complements biological and other natural explanations of social stratification. According to Allman (2012, p.1) “culture and society stratify and divide how inclusion, exclusion, belonging and togetherness is perceived, described, understood, practiced, experienced, within a given society”. Therefore, the action and effort to include or exclude elderly people in social matters is fundamental to society and helps to understand forces and effects of inclusion or exclusion in an aging society. Scorgie & Forlin (2019, p. 4) state that “inclusion is often focused on presence, such as placement in a general education classroom, attendance at a club, organizational or recreational event, or being in the workplace”. They contend that being present does not guarantee social inclusion, you can be present but still feel isolated, overlooked and marginalized. Furthermore, they argue that social inclusion incorporates attitudes, expectations, and perceptions about what it means to belong to a group, which is embedded in individual beliefs and social structures that set forth criteria that determine how individuals and groups are given value and esteem.

The theory of social inclusion presupposes that the inclusion of the elderly people includes having adequate access to social care services, being involved in community decision making and activities, being engaged in things they are interested in, and being able to interact with those around them.

The inclusion of elderly persons in societal activities may determine their participation in things that will improve their social wellbeing and how much support and recognition they receive towards their massive contribution in society. According to Jose & Cherayi (2016), age identity is a factor to social exclusion. They measure social exclusion of older persons in four subscales as “inadequate access to social participation, inadequate normative integration, inadequate access to social rights and material deprivation”. An inclusive society portrays a positive attitude for elderly persons - i.e., it should be able to engage elderly people in meaningful participation in socially relevant matters and be able to interact with the outside world apart from family. This gives elderly people “a sense of usefulness and ensuing social inclusiveness” (Jose & Cherayi (2016) p. 161). Additionally, Jose & Cherayi (2016) states that elderly persons with negative ageing experience are likely to incorporate high amount of stigma and discrimination that is attached to aging.

Thus, the theory of social inclusion helps identify and address barriers of social inclusion, values and practices that would support social inclusion for the elderly not only in communities but also in care homes or institutions. It would also help to exercise their right, identify behavioral change, choices and preferences of social care services among elderly persons. Additionally, increase their social networks hence improve access to information and interaction with those around which helps to develop one's identity. In the same vein, Pinkert *et al.*, (2021) states that relationships with other people and being integrated into social networks are essential aspects of social inclusion and the attitude of caring persons can help reinforce exclusion. However, Abrams *et al.*, (2005) argue that social exclusion is an inevitable part of social life, they assert that everyone is rejected or left out by others at one time or another. Nonetheless, elderly people must feel integrated into society Scorgie & Forlin (2019), be involved in decision making processes, should be able to choose the kind of services they desire, the people they want to spend time within their old age or where they would want to spend it. They must be given the freedom to choose how they would want to devote most of their time to participate in social activities and live a desirable life.

CHAPTER FOUR: METHODOLOGY

This Chapter describes the Research designs and techniques, explaining the plans and the procedures for my research spanning from broad philosophical assumptions to detailed methods of data collection analysis and the research limitations. I also discuss the ethical considerations fundamental in ensuring that I abide by research ethics and protect the research participants.

4.1 Research design

According to Faryadi (2019, p.170), "a research design refers to how the researcher establishes a road map to conduct the research and further dictates the type of data the researcher needs to collect". In this research, I used a qualitative research design characterized by inductive reasoning (Leavy, 2017; Yin, 2016). Inductive reasoning involves using specific observations, such as observed patterns to make a general conclusion. Induction starts with a set of premises-based mainly on experience or experimental evidence and uses those premises to generalize a conclusion.

This research design is associated with interpretive philosophy. It involves studying 'respondents' meanings and relationships in a natural setting using small samples. The purpose of using a qualitative research design is that it reaches an in-depth understanding of elderly persons' desires on how they want to be cared for, how social care services can be improved or reorganized, and the reasons that govern such behaviour (VanderStoep & Johnston, 2009). This design was suitable for my research as it investigated the quality of information on people's views, understanding, and perceptions of the subject investigated.

A phenomenological approach was applied, which according to Creswell and Poth (2018), describes the ordinary meaning for several individuals of their lived experiences of a concept or a phenomenon. Thus, the focus was on the common experiences of the participants and what mattered to them on the subject studied. This approach was suitable for this kind of research as opposed to other qualitative approaches, such as Case Studies, as it provides for the collection of data from persons who have "experienced the phenomenon and develop a composite description of the essence of the experience for all of the individuals" (Creswell &

Poth, 2018, p. 121). Moustakas (1994), as cited in Creswell & Poth (2018), explains that description consists of 'what' they have experienced and 'how' they have experienced it. Therefore, the approach corresponded well with the research question. It seeks to explore and understand the elderly person's experiences and perception of social care services. This approach helps to elicit information on how the elderly desire to be cared for, supported and looked after during their last days in terms of what should change or be reorganized in the design of social care services and care delivery to older persons in Zambia.

4.2 Research Site

I conducted my research at Maramba Old Peoples Home and four communities -i.e., Simoonga, Sinda, Linda and Dambwa situated in the Livingstone District of Zambia. Zambia is one of the 54 countries located in sub-Saharan Southern Africa. She has a total land area of 752,618 square kilometers and an estimated population of 17,885 422 (Zambia Statistics Agency, 2020). Zambia got independent on 24th October 1964 from the colonial empire of Great Britain. Zambia is a landlocked country surrounded by nine neighbouring countries, as shown in Figure 1.

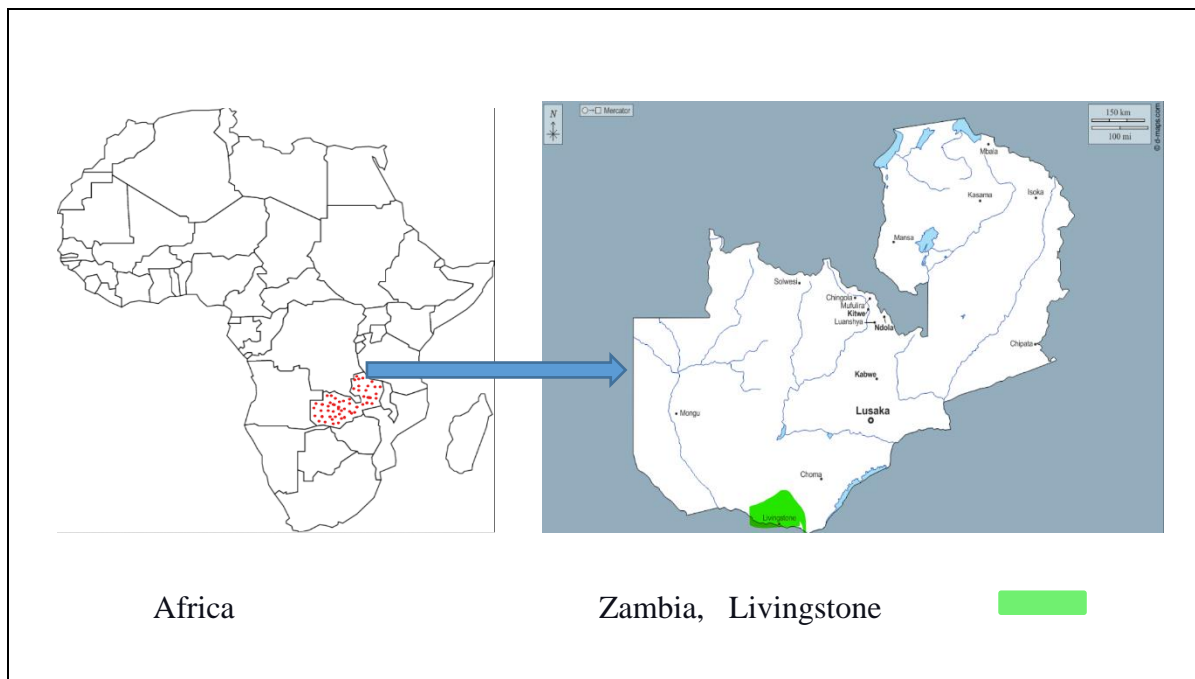


Figure 1: Map of Africa & Zambia

Source: printable-Africa-map. <https://printable-maps.blogspot.com>

The research site, Livingstone District, was purposefully chosen as a historic colonial city that contributed to the coming up of an old people's home called Maramba Old Peoples Home. Maramba Old People's Home is an institutional care facility established in 1963. It was used as a temporary shelter and a transit point for non-Africans under the federation of Southern Africa and Central Southern Africa (Northern and Southern Rhodesia). After Zambia got her independence in 1964, the facility was used to shelter people returning home who worked as labourers in the surrounding countries like South Africa and Zimbabwe. It was used as the first point of entry to Zambia. After being away for many years, those who were unable to find jobs or trace their relatives were made to live permanently in the facility. Officially, the facility was turned into a care home for elderly people in 1970. Currently, the facility has a total population of 46 elder persons consisting of 40 males and six females.

Livingstone was also selected as a research site in Zambia because it is the district with an old people home run by the Government and provides the audience of both institutionalized and noninstitutionalized old people. Additionally, both rural and urban setups were influential in choosing the district and compelling to select an area that was easy to access during the rainy season.

4.3 Sampling Method

I employed a combination of purposive and snowball sampling methods. Purposive sampling is a non-probability form of sampling used in qualitative research where the researcher does not seek to sample research participants randomly (Bryman, 2012). The researcher relies on their judgment when choosing members to participate in their surveys. "Purposefully selecting participants or sites (or documents or visual material) means that qualitative researchers select individuals who will best help them understand the research problem and the research questions" (Creswell, 2009, p. 178). Thus, as Bryman (2012); Yin (2016) note, purposive sampling helped identify and select participants according to the specific research questions. A purposeful sampling technique was applied to select participants' understanding and experience with my research phenomenon.

In addition to purposive sampling, a snowball sampling method was used. Bryman (2012, p. 424) defines snowball sampling as a "sampling technique in which the researcher initially

samples a small group of people relevant to the research questions. These sampled participants propose other participants who have had the experience or characteristics; relevant to the research." The snowball sampling is a good source of information as it assists in identifying other possible participants knowledgeable about the research study (Leavy, 2017; VanderStoep & Johnston, 2009; Yin, 2016). The snowball sampling was instrumental in identifying other participants, such as the CWAC members, in participating in my research.

Based on the qualitative research designs, a small-sized sample of 12 participants was initially planned. However, as Seidman (2006) noted, the exact number of participants in a research study like this one cannot be pre-determined or established ahead of time. "New participants are added as new dimensions of the issues become apparent through earlier interviews" (Seidman, 2006, p.55). Thus, 12 more individuals were added, making 24 participants used in the research to have a sufficient number of participants, which reflected a wider range to achieve "theoretical saturation of information" as described by Bryman (2012, p. 425).

The sampling was undertaken with the help of Key Informants who provided information about the participants. The demographic composition of the research participants is tabulated in Tables 1 and II of Appendix I. The sample of elderly persons targeted individuals above 60 years who were not suffering from any severe forms of mental illness or cognitive deficits and could provide informed oral consent. Whereas the sample for the Key Informants targets individuals who have worked with elderly persons for more than three years and were willing to participate in the research.

The Key Informants comprise Social Welfare Officers, Social Workers, Caregivers and Community Welfare Assistant Committees (CWACS), as indicated in Table II of Appendix I. The social welfare officers, social workers and caregivers are formal employees in the Department of Social Welfare. The social welfare officers are also called social workers; they provide social welfare services to vulnerable families, individuals, and groups in Livingstone District. The social worker in an old people's home oversees the institution's operation, and the Caregiver is responsible for providing direct care to the elderly Persons residing at Maramba Old People's Home. The Community Welfare Assistant Committees are community volunteers in charge of community social care service provision, identifying vulnerable groups, including elderly persons in the Community, and making case referrals to relevant authorities.

4.4 Data Collection Techniques

According to Leavy (2017), understanding methods for data collection implies knowing how various methods work and how they generate research output which helps answer a research question. Faryadi (2019) notes that the qualitative method is descriptive. Therefore, various qualitative data collection methods will enable the researcher to contribute meaningful and accurate information and respond to specific research questions based on their ability to address the research purpose. Because I was interested in unpacking the hidden phenomenon of the research questions by providing the empirical data based on people's stories, understanding of their lived experiences and the meaning they make to that experience (Seidman, 2006). Two data collection methods were used, includes semi-structured interviews and a focus group discussion. The participants were free to use any Zambian language they understood or knew better. Therefore, English, Bemba, Lozi, Tonga and Nyanja languages were used, and I did not require an interpreter because I could fluently speak all the languages used throughout the study.

4.1.1 Semi-structured Interviews

In collecting data from the participants, I used five different semi-structured interview guides with open questions that allowed me to interact and talk to elderly persons who fully explained their experiences. The first interview guide was for the elderly at the Old Peoples Home, while the second one was for the social worker and the caregiver at the same old people's home. The third interview guide was for the elderly persons living in their communities and CWAC members, the fourth one was for other social workers who are also known as the Social Welfare Officers, and the fifth one was used for the Focused Group Discussions (FGD).

The interview sessions lasted between 45 – 75 minutes to allow participants to express themselves and enabled me to probe further freely. Though the time seemed too long for a formal interview, it was appropriate as it accommodated the elderly participants who spoke slowly. All the interview sessions were recorded using a smartphone with consent from the participants to avoid the risk of being inaccurate when analyzing data. Thus, before starting the interview, I explained to the participants and requested permission to record the interview. To demonstrate to participants what I meant, I had to record a short conversation and then play

it to them to hear what I had recorded. I could only start the interview when I was sure that the participants were comfortable and clear about what I wanted to do. All the interview sessions were transcribed and kept as memos at the end of each day. After conducting the interview sessions each day, I transcribed each interview and kept them as memos.

4.1.2 Focus Group Discussion

VanderStoep & Johnston (2009) allude that focus groups help when the researcher wants to conduct several individual interviews. I conducted one focus group with participants in the community. The focus group consisted of two elderly persons from Linda & Dambwa urban communities and three other Key Informants from the Linda community who presumably shared some common views on the research topic. Out of the two elderly persons, one participant received government support while the other was not.

The focus group lasted for 180 minutes (three hours) to allow participants to express their individual views based on their personal experiences. Where the participants were not clear, the session was repeated to provide more clarity. The focus group discussions helped me appreciate how participants responded to each other's views (Bryman, 2012). The session was audio recorded using a smartphone with the consent of the participants and later translated from the local language to English and then transcribed.

4.1.3 Limitations of the Study

My research was participatory, using different techniques and involving various participants. Generally, my research was successfully undertaken without many difficulties due to my preparations, such as early and adequate communication. However, like other strategies used in qualitative research, the limitations I faced using the phenomenological approach relate to difficulties in gaining access to the study area, time constraints and lack of control over situations (Yin, 2014). Due to the sensitive nature of my research, I took much time to have my research cleared. Had it not been that I was working in the Ministry of Community Development and Social Service, responsible for caring for elderly persons, my research would not have been cleared.

I also experienced time constraints in accessing research participants due to health restrictions protecting elderly persons from Coronavirus (COVID -19) pandemic. Further, I took time to build trust with our participants through back-and-forth engagements with the help of key informants who helped in forging a relationship before the interviews.

4.5 Ethical Consideration

Research ethics relates to the professional conduct of the researcher, the treatment and protection of participants during the study and how the data is handled after collection (VanderStoep & Johnston, 2009). Myers (2013) notes that the entire edifice and stock of knowledge on which a particular discipline is built would crumble without ethics. Yin (2016) warns against ethical issues of data exclusion because the data does not support the study's main propositions and encourages transparency. My research reports both the positive and negative responses concerning the alive theory to avoid this kind of bias.

Due to the nature of my research, ethical consideration was paramount. Prior to the commencement of the research, I sought clearance from my supervisor to undertake this research through a research proposal. I also got permission from the Ministry of Community Development and Social Service in Zambia to interview and visit the old People both in the community and at Maramba Old Peoples Home and the service providers or implementers of the social care services. Further, I abided by the principle of integrity during my study by being truthful and objective (Yin, 2016). Additionally, participants were informed about their rights, the purpose of the study, and what was expected of them during the study. I engaged my participants with respect by obtaining informed consent (both written and oral). I adhered to the highest level of confidentiality (refer to appendix II for the participants' information sheet and Appendix III for an informed consent form) (Seidman, 2006). The findings are anonymous to protect the participants from being identified. Finally, participants were briefed on the findings to clarify the rationale of the study and give first-hand knowledge of the study findings, which was done simultaneously after transcribing and analyzing the data.

4.6 Analytic Approach: Thematic Analysis

I used thematic analysis to analyze the empirical data collected from participants. Thematic is a method of “identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006, p.3). One of the main elements of thematic analysis is the identification of themes through coding each transcript in which data is broken down into components parts, and the parts are given labels. The researcher then continues analyzing recurrences of these sequences of coded texts within and across cases and for links between different codes (Bryman, 2012). As Kuckartz (2019) notes, the thematic analysis gives qualitative research a profound, systematic content analysis.

The data analysis involved eliciting and scrutinizing the stories of research participants to make sense of the meaning of their interpretation of social care services and support for elderly people. The qualitative thematic analysis helped me to develop category codes - i.e., experiences, government support, approach, health, status, home, voluntary work, family caregiving, community support, institutional caregiving, satisfaction, isolation, stigma, unskilled workers, unfriendly environment, which was data-driven (inductive) influenced by their experiences coupled with my observed conclusions.

I came up with the themes, I made references to literature and collaborated with empirical data from my research. Prior to conducting my analysis, I followed through the five phases of qualitative content analysis described by Kuckartz (2019). I first read the data intensively, then began building the code frame and coding the data, later analyzed the coded data, and finally came up with my results. This approach helped me identify similarities between cases and content when forming core themes that corresponded to the interview questions in addressing inequalities in the health care system.

CHAPTER FIVE: RESEARCH FINDINGS

This Chapter presents the findings of empirical data; it gives the interpretation of the transcribed interviews and the focus group discussion. It further analyzes the findings on the experiences of elderly people, service providers, caregivers and CWAC members and theorizes the findings in this Chapter with the research questions. To properly aid the analysis and interpretation, I provided the interviewees with anonymity features, though indicative of their rightful age. The Initials represent the Social Workers as SW1, SW2, SW3 and the Caregiver as SW4; the Community Welfare Assistant Committee members are identified as CWAC-1, CWAC-2, CWAC-3, CWAC- 4 and CWAC-5. The elderly persons from the Old People's Homes are identified as EPH1, EPH2, EPH3, EPH4, EPH5, EPH6, EPH7, EPH8, and EPH9, while the elderly persons from the Community are identified as EPC1, EPC2, EPC3, EPC4, EPC5, EPC6 and the Focus Group Discussion as FGD1

5.1 Understanding social care

The responses on the understanding of care differed from the participants living in communities and those at Maramba Old People's. An 85-year-old woman (Interviewee EPH1) who has lived in the centre for 13 years with a virtual impairment stated that as long she had shelter and someone to cook for her was enough care. While A 74-year-old man (Interviewee EPH2) who has lived in the centre for two years said that the free support he gets from the old people's home indicates that the government cares for him. He said those running the centre could give him food when hungry and take him to the clinic when sick, meeting his desire for care in old age. Similarly, a 90-year-old man (Interviewee EPH3) who has lived in the centre for nine months said he was being fed well and kept well and lacked nothing hence a sign of good care by the caregivers and those running the institution. The three respondents understood the concept of care in a similarly way. They said that when their needs are met, and they have nothing to worry about, it satisfies their needs in their old age.

However, some participants perceived care in old age differently. A 76-year-old man (Interviewee EPH5) who has lived one year had a different way of looking at things and said.

I am struggling being in the center, I had a job before coming here and now I just sit doing nothing. I did not come here to be in the care of social workers, I have a wife and children plus other relatives to care for me. This place is not better than where I came from. The people here are rough and love to shout a lot, they don't give me enough food and I usually starve. (Interviewee EPH5)

The Participants from the community understand care as something that should be provided for by the family and those close to you. Interviewee EPC2 explains that the care given by the government or other people cannot be compared to family care, the family may sacrifice to do and handle what a volunteer or a government worker cannot manage to do wholeheartedly. This corresponds with Lodge *et al.*, (2016) that care is not just about dealing with physical matters, but also emotional and social support is equally important. Having good personal relationships with family and other people around you, maintaining interest in the community, having social contact and leisure activities all help to have a good and healthy life.

Within the Participants from the community, those with relatives and those without but able to look after themselves interpreted care differently and hoped to receive care differently. Their concern was sustainability and support from the government to help meet their needs and achieve what they never achieved when they were still young. The two groups do not want to be a burden to their families but instead have a sustainable source of income to pay those caring for them and meet their needs. Those with families want to continue supporting their families as a sign of power and control. They want to remain active in old age to maintain their well-being and feel belonging as they help those around them or within a household; this supports Hall (2010) and Abrams *et al.*, (2005) concept of belonging.

A 65-year-old man (Interviewee EPC5) living with his two children and three grandchildren and not on any government support programme had this to say.

I have heard of the old people's homes, but I wouldn't want to live there because that would mean isolating me from the things. I am used to, ahh ... like my family and the voluntary work I do with the Ministry of Health. Moreover, the family setup is always the best and emotional attachment is more important to me. (Interviewee EPC5)

5.2 Admission of elderly persons in care homes

The social workers were asked, what criteria do you use to arrive at committing a person to an institution? This brought to light some of the reasons why individuals are admitted to care homes, which gave direction in identifying appropriate and workable interventions in strategizing how the services could be delivered. Two female participants marked as SW2 and SW3 indicate neglect as the main element. They stated that most elderly people are neglected by their families. Some move out of the home if they are not accessible or comfortable living with their children or relatives. Hence, they are committed to old people's homes through a written social welfare report.

We admit vulnerable elderly persons in old people's homes without anyone to care for them and those who are homeless. First, we conduct an assessment and investigate to ensure that they have no one to care for them in the community. We look at the person's welfare and the support that can be rendered. (Interviewee SW3).

Institutionalization is not the best solution, even for adults; we always want people to be with their families. Most importantly, as you age, you should be able to live with your loved ones. So, we assess their source of income. We check whether anyone is willing to take them, be it a family member, a church member, or a community member. If there's none, we write a letter to an old people's home requesting for admission of such a person. (Interviewee SW2).

The social workers further stated that other demands for admission to the care home are driven by many challenges, including inadequate availability of social services and economic challenges. Assessing the existence of available social services that are aimed at supporting and caring for the aged gives an informative analysis of whether the current social services are making a huge difference and meeting old people's desires. Therefore, the participants were asked about the social care demands of the vulnerable aged persons in various communities. The responses of the first participant came in twofold.

I think we ...ahh...have had a few demands for admission of late because of the social cash transfer programme where many family members have realized the benefit of having an old person in a household, which makes them eligible to benefit from the Programme. Since 2017, the demand has reduced. Though we have some who are destitute or become stranded in search of their relatives like Zambians living, we are prompted to commit such individuals to the centre because family integration takes time. (Interviewee SW3)

On the contrary, interviewee SW1 shared a contradicting response

I don't think anything has changed because we have clients on the Social Cash Transfer programme within the Institution. You know, people become weak and weak as they age, what we need are additional services because the demand is there but few services. (Interviewee SW1)

Clarity was sought on where their role ends after someone is admitted. The submission showed that admission was not the endpoint; their role was to open a case management file and take care of the client until the case was closed after discharge. However, there are some gaps in providing quality social care as most elderly persons do not consent when admitting them in an old people's home. There is no further assessment done for those who no longer feel like staying in a care home but rather want to be reunited with their relatives. Instead, they are left to go on their own.

Most of the elderly persons admitted to the care home are committed by social workers from different places across the country. However, some elderly persons are referred to the facility by the church and community members. Interviewee SW1 stated that the reasons for committing the aged to the centre include rejection, abandonment, homelessness, vulnerability, witchcraft allegation, exhaustion of resources, sickness, and isolation. SW1 stated that:

The many reasons include isolation and rejection; most rejected elderly persons are accused of witchcraft, while some have no one to look after them or support them. In addition, apart from someone being poor, they may have families unwilling to support them, which now entails the disintegration of extended family, whereby now the social

formation has been affected. In due course, such individuals become destitute, claiming that they have no children or relatives. (Interviewee SW1).

Interviewees from an old people's home were asked to narrate what led to their admission to a care institution. Six of the participants said that the cause of their admission was health-related and that they did not have transport money during the time of discharge from the hospital and had no contact with any of their relatives, hence were committed to the Institution (Interviewee EPH4, EPH9, EPH3, EPC6, EPH5, EPH7). One Interviewee said that she was homeless, which according to OECD (2015), represents an extreme form of vulnerability, poverty and social exclusion. She said, "*I did not have anywhere to go or someone to look after me after losing my husband, so the police brought me here*" (Interviewee EPH1). The other Interviewee (EPH8) said he didn't know why he was taken to the Institution. However, a different scenario was recorded during the interview.

I lived in Botswana with my wife and children, so I decided to come back home to trace back my relatives. Nevertheless, I became stranded here in Livingstone while en route to Mwinilunga District, where my relatives live, and I have no money to continue my journey. (Interviewee EPH2).

5.3 Government support for the elderly

During a group discussion, it was clear that all the participants knew that the government provided care and support for the elderly persons in their communities. However, its asymmetric provision of services was unpleasant. The participants stated that the government should treat old persons the same way they treat persons living with disability who are getting more money than other beneficiaries. Such support would enable them to hire someone to care for them. One participant said,

I know that the Government does look after the elderly at Maramba old people's home and those on the social cash programme in our communities. However, the Government should stop segregation and consider every elderly person vulnerable without looking at whether

one has electricity, a flushable toilet or not. We have inequalities in service provision in the country. (FGDI-CWAC-5)

To appreciate the Old People Home services, I asked the participants what services they had or provided to elderly persons? The most service on demand that was mentioned was shelter and care, as most residents are picked from the streets or the bush.

The leading service is shelter! We also provide basic needs like food, clothing, health support, psychosocial counselling, active ageing, and occupational therapy. Additionally, we encourage and counsel those rejected..., We train and support those with difficulties to do life living activities like feeding, bathing, and going to the toilet. (Interviewee SW1).

As a follow-up question, I asked another social worker if there are other additional services or support they get from the Government apart from what you have already mentioned, knowing that the Government gives money to the aged in communities under the Social Cash Transfer programme. He stated:

We do not have any, but we have one or two clients who were put on Social Cash Transfer before coming here and continued to receive their transfers though it is not officially allowed. Nevertheless, we have seen its benefit of allowing continuity (Interviewee SW1).

5.4 Changes in the provision of elderly care

Furthermore, to understand the changes elderly persons may want for improved and better social care service provision by the Government. Interviewees from four different communities gave the following responses. They indicated that the only government support they know that targets the elderly from their respective communities they benefit from was the Social Cash Transfer programme alone. When asked how the care and support service they received changed their lives, the participants responded that they were grateful and happy that the Government had such a programme. However, it requires people with better plans to invest in the money they receive from the Government.

Meanwhile, an 82-year-old woman (Interviewee EPC2) looking after seven grandchildren said the support from the Government was not enough. She said that she could barely buy food for the children or meet all the needs from the money she gets. Two interviewees were grateful for the support because it helped them plan. Thus, a 73-year-old woman (Interviewee EPC1) said that she bought goats from the support she receives, while a 70-year-old man (Interviewee EPC3) said he has been empowered and has invested in animals through the programme. He said he had ten goats from the little money he gets and that he could buy other items for his business.

Similarly, I asked those at the Old People's Homes how they felt about being in a care home and how it has changed their life compared to how they lived before? Interviewee EPH9 stated that his health was not good because he was sick, which led to his admission into the institution. While the other eight responded as follows:

“I had a family, and everything was okay but not anymore” (Interviewee EPH3). “Life is different here, I used to do a bit of gardening and took care of myself, but now, I am being looked after, ahhhhh...they cook for me and take me to the hospital when I am sick” (Interviewee EPH8). “Life was nice before because I would do things on my own” (interviewee EPH4). “I was doing fine, but life is boring; there is nothing I am doing” (interviewee EPH5). “I am struggling to be here; I didn't come to be in the care of social workers” (Interviewee EPH7). “Being here is different because I looked after myself before coming here, but now, I am being looked after, and they cook for me and take me to the hospital when sick” (interviewee EPH2). “Life here is different because I am being looked after (Interviewee EPH6).” “Previously, I would think of what to eat, but my life is easy, there is nothing to worry about” (Interviewee EPH1).

Meanwhile, the social workers had this to share.

We have evidence regarding how living here has changed their lives. We have people who came to the centre very weak, unable to feed themselves and walk, but can now do all that. They eat three meals a day and access health care services through the support systems we have and live well compared to their previous situations. (Interviewee SW1)

Pearlin *et al.* (1990) notes that caregiving can be affected by the quality of the relationship before the need for care and during caregiving. Therefore, understanding why people choose to remain where they are or wanting to move to a different place is of importance for the study to understand individuals' preferences and provide appropriate services. If there is a poor relationship between the carer and the person receiving the care, the willingness and the happiness to live under someone's care will be affected. Their happiness may also be driven by how the services are provided or delivered and accessed by the recipient, hence poor service provision can be a barrier to the utilization of services. Hill (2015) acknowledges that characteristics of the caregiver and the effects of caregiving also should be used to inform service provision.

To establish the differences from the others and understand their preferences, participants living in various communities were asked how they felt about living in the community rather than in an old people's home and where they would want to live as they get older and older. They responded as follows:

Oh yes, I love my home, and I am used to it. I wouldn't want to be moved to live elsewhere. My grandchildren need me; in my family, we look after each other. Even if my grandchildren were to abandon me, I would be depressed and probably die fast living in an old people's home. (Interviewee EPC2)

Living in a care home ...hmmmm...means that you have no support from your children. ah aha ...But for someone like me with children, I would not want to be in a facility. If my children take me there, I will question them because I never failed to educate them and care for them. (Interviewee EPC5)

Interviewee EPC1 adds that:

I would love to live and be where I am. I do not envy my friends in old people's homes because I know that they are there because of problems. The only challenge is that elderly people face difficulties when accessing social care services in the community. There is no

equal access to these services; we have people who are not on any government support programmes. (Interviewee EPC1)

None of those interviewed from the community preferred to be or live elsewhere other than in their homes. However, even though elderly people strongly prefer to stay in their homes in the community, as Wagnild (2000) notes, there are barriers to achieving this preferred outcome. Many of the home's elders prefer to stay in the houses they have lived in for years. However, certain circumstances may deter the preference when faced with uncontrollable challenges like family abandonment or family unable to continue caring for the aged person.

On the contrary, some individuals in the care homes had a different perception. interviewee EPH1, EPH2 and EPH8 were happy to live in the care home because they had nowhere to go. Interviewee EPH6 responds that.

I had once left the institution but came back after a while because life was hard. I could not afford to go to the hospital, so I decided to come back because they have a vehicle here, and I can access health care services from here. (Interviewee EPH6)

Interviewee EPH3, EPH4, and EPH9 were equally happy with the services but would be happier to leave the institution for various reasons. In contrast, interviewee EPH7 and interviewee EPH5 were unhappy and did not want to live in the facility.

Well, as much as it is okay to live here, I would want to continue with my job in Lusaka as a traditional doctor. I used to make a lot of money before the community rose against me to accuse me of witchcraft. (Interviewee EPH4)

I left my wife and children in Gota Gota of Southern Province... hahaha.... I told the Officer who brought me here to come and get me because he lied to me that he would come and get me. ... [paused to cry]... I want to go because I have children and they do not know my whereabouts. My reason for coming here was not for me to permanently live here. I came because I was sick and referred to the district general hospital. (Interviewee EPH3)

Meanwhile, Interviewee SW1 stated that:

Currently, I have two cases of those saying they want to return home. We also have people who have left the centre and have never returned. This usually happens because sometimes social workers do not usually do an excellent job in terms of investigations. In our current case, the man says he has many cattle. So, he questions why he should continue living here when he is wealthy (Interviewee SW1).

5.5 Family caregiving and support from others

Both Participants from the Old People's Home and the communities shared similar experiences on who should care or should have cared for them. All interviewed participants said the support from children is the best support one can ever receive. Those without children wished that their children could care for them because it is equally a cultural responsibility to care for their parents. On the other hand, they did state that if children decided to abandon their elderly parents for some reason, nothing can be done other than to question why. Their parents never failed to care for them even when they were many in a home, so why would they fail to care for only one or two people?

Two Interviewees from Linda and Sinde Communities state that their neighbours support them by giving them food and helping them fetch water and firewood. An 82-year-old woman interviewee EPC2, from Linda community, indicated that her neighbours help when they visit by giving her food. She indicated that all her children are deceased and kept seven grandchildren without any support from relatives, but still manages to feed them and care for them through the support from the government and community members.

Similarly, a 75-year-old man, interviewee EPC5 from a rural community (Sinde), said he lived alone. He was not in contact with any of his relatives because he left his family 38 years ago, searching for greener pastures. Now that he is old, he needs someone to care for him, especially when sick. He said some community members from his church and his neighbour help him fetch firewood and water and give him food, but he has no one to cook nice food for him. Meanwhile, a 73-year-old woman Interviewee EPC4, from the same community who lived

with her grandson, said she does not receive any support from any of her relatives. EPC4 shared a unique experience regarding community support from the others and said:

We do not help one another in the community, even amongst the aged. We have churches that do community work, but they only target their church members. People do not help for free nowadays; they want to be paid. Even when they see that your house is falling off, like the situation I am in, they will not help unless you have money to pay them. (Interviewee EPC4)

We have a 92-year-old man in our community who needs family care. As volunteers we can only do much because we are not paid for the community work we do. As much as we can help a few, we do not give them the much-needed support because we do not have the capacity to do so, and mostly, people in the community distance themselves no wonder some live in poverty. (CWAC2).

Hill (2015) declares that the size of social networks can indicate whether a person receives assistance in providing care or not. People with larger support groups may receive more assistance with caregiving than those without or with fewer social networks. This notion accedes to interviewee EPC4's statement when she says that the church only targets its members for assistance through community work because those who go to church tend to have a wider network. An indication of whether family care and support exist was also derived from those from Maramba Old Peoples Home. Among those interviewed from the care home, six said they had relatives and some with wives and children. When asked whether they received support or were visited by their relatives, only two said yes. The visits were without any support or gifts for them. Nonetheless, three Participants said that they used to receive support before they were taken to the centre. The rest of the five interviewed said they never received support from their relatives. The only help they have received is from the government by admitting them to the care home.

A 90-year-old man who has lived in the institution for nine months appreciated family support and the need to be with his relatives in old age. He wished he could be looked after by his relatives and still hopes that one day he will be reunited with his children and had this to say. *"I love this place because we eat well and keep us well, but I would want to go back to my*

village in Lundazi and be with my family. Yes, my son usually comes to visit me, but home is home.” (Interviewee EPH9).

5.6 Older people's desire in caregiving

Most of the community participants stated that elderly persons in communities are the main beneficiaries of the Social Cash Transfer Programme, which was the only support they got from the government as elderly persons. However, when asked how they desired to be cared for and how they wished the services they get could be improved, most of them shared similar but different views somehow. The majority of those living in communities desire to be financially independent and stable.

A study by Lodge *et al.* (2016) shows that more people in the UK want to remain independent. The majority find ways to remain independent for longer. However, my research study attests to financial stability and independence for sustainability and self-reliance in old age. The Participants interviewed from the four communities stated that they wouldn't want to be a burden to their children or relatives but to be financially stable and support themselves and their families by investing in productive ventures. Despite caregiving not being a forcing matter, they still expect some form of care and support from their children and relatives unless when the situation is beyond their control. They stated that they want to be in control and make decisions even in their weak years of ageing. An 82-year-old woman Participant receiving support from the government through Cash Transfers desires to have an increment towards the money she gets from the social services because of the poor economy and the rising cost of living. The increment would enable her to manage to support and feed her seven grandchildren under her care plus herself. While a 63-year-old woman, a beneficiary of the social cash transfer programme, was okay with the amount of money she gets from the social services, her wish was to have a house of her own, and then her needs will be fully met. Other participants stated as follows:

I do not benefit from any government programme, and I don't have a source of income. I want something sustainable other than what my friends are receiving. I want enough support from the government, like a minimum wage per month, which would enable me to plan well for the future. (Interviewee EPC6).

We are different, and the needs are different, and so are the plans. I would have loved to be empowered in fish farming because I love working hard. I don't want to depend on anyone, nor do I need any form of care from anybody. I look after my grandson, and I expect him to do the same for me though I do not want to be dependent when I am too old. (Interviewee EPC1).

Meanwhile, the social workers visioned the support given to the aged from this angle.

Well, the support clients receive is not comprehensive because we are looking at an individual and their varying needs. With ageing, there is an aspect of health, the aged easily fall sick and need somebody to look after them. The reality is that no medical service is offered to them because they are not on a scheme and have no financial capacity. The K 300 they receive from the government is not enough to cater to medical expenses, food, clothing, or satisfy their desires. (Interviewee SW3).

We look at a person's lifespan; the older you become, the more needs. Therefore, the government should develop better ways of supporting and caring for the aged because prices of goods have gone up. (Interviewee SW2).

On the other hand, those in institutional care hoped for different things. Their desire varied based on their past experiences and how they lived their lives. Those that could manage to meet their needs before getting admitted to the institution had higher hopes of leaving the centre and continuing with whatever they were doing before. Participants with families wanted to be reunited because they were not getting enough support from their caregivers. Deriving from interviewee EPH7, he does not get full support and is not given money to help him buy what he wants. Hence, he goes to beg on the street just outside the centre. He narrated his experience as follows:

I used to make adequate money before coming here but not anymore, the people here do not give me any money to buy what I want. Please, I want to go back to Lusaka and continue

with my business. I am forced to beg in the street for money because they do not give me everything I want. (Interviewee EPH7)

While those without relatives showed satisfaction from the care and support, interviewees EPH2 and EPH3 wished for things they were already receiving. They said they desired to have someone to care for them, provide food and clothing, take them to the hospital when sick and most importantly, shelter them. Henceforth had nothing to worry about because the institution was meeting their needs.

Despite all the care and support given at the facility, some still said that the care was not enough despite being in desperate need.

I desire so many things, but since I am looked after nicely by the government, I am shy to say bad things. I feel like I am a burden to management because I have lost sight and depend on their support. Previously, I could do things on my own, but now I cannot. I want someone who will live with me, support and fully care for me. (Interviewee EPH1)

Oh yes, ...ahhh...we eat and have shelter, but we have no clinic within the centre for easy access to health care services, and the nearby clinic has no drugs. The institution does not have money to buy us drugs, So I want the government to work on this and give us health workers who will care for us. (Interviewee EPH6)

The social worker and the caregiver at Maramba Old People's Home shared their work experiences related to whether services offered to the elderly persons were enough and whether it was something they desired. Prior to that, Interviewee SW4 was asked about her roles and had this to share.

I am a typist by profession and worked as a secretary before I was transferred here to come and work as a cook. The work I did, and cooking are very different, so I prefer doing other tasks like cleaning the elderly when they are sick, helping with things they are challenged with, and cooking. (Interviewee SW4).

Regarding the adequacy of the service given to the elderly persons and their desire, interviewee SW1 stated:

Yes, I would say what they get is okay. Some elderly people have no one to care for them in their communities, whilst here, they are guaranteed a morning bath, good food with breakfast and lunch, someone to help them feed, and taking them to the hospital when they are sick. They are provided with better shelter and support than in the community alone. (Interviewee SW1).

Interviewee SW4 indicated that her job was stressful. The institution had fewer workers and failed to finish her tasks in a day. Hill (2015) alludes that the stress of caregiving can also lead to elder abuse. The Participant mentioned said the needs of elderly persons were not fully met because some needed close attention, which was sometimes had to give because of exhaustion.

From a personal point of view, we do not give them what elderly persons desire. I have many things I do and at times, I fail to do certain things. For instance, I failed to bathe one client today because I was busy in the garden. This makes me feel bad because it is almost 17:00 hours, and I can only do that tomorrow. No wonder there is a need for restructuring. (Interviewee SW4).

However, a follow-up question was asked regarding the schedule of care provision and support to the aged at the facility who were unable to do the daily living activity. Interviewee EM stated, "we ask their energetic friends to assist them." Another follow up question was, who looks after them when you are off? Interviewee SW4 said.

"No one remains with them at night after working hours. We ask those who are energetic to look after them. If there is anyone sick, we make sure that they are taken to the hospital before knocking off time" (Interviewee SW4).

This validates Fisher and Tronto (1990) concept of concrete care work. They state that caregiving demands time and resources. The analysis revealed the demand for caregiving for

those in critical conditions and the need to provide better and quality social care services. However, fewer hours of caregiving were reported due to inadequate caregivers, and the workers were overstretched. They could not adequately attend to the needs of the elderly.

5.7 Opportunities in old age

Many elderly persons approach aging with fear, especially if they did not properly plan for their retirement or the aging phase. According to Lodge *et al.*, (2016, p. 39), some people believe that old age is a time for disengagement and withdrawal from social and work relations. Some view old age as an end to life and a time to now focus on one's own life and accomplish what was not achieved. However, the study reveals that there are opportunities in aging, and mostly experienced by those who decide to remain active or have a wide social network.

The views and experiences of participants living in the community were different. Interviewee EPC3 said nothing was interesting about ageing other than having body pains and getting help from the government. Nonetheless, He stated,

God is the one who gives life. The best is to live a righteous life, and God will always care for you. The best is to live well with everyone. It's good to grow up and reach this age. I wish to urge all the children to follow our root of caring for the elderly. Growing to this age is a blessing and a gift from God. (Interviewee EPC3).

This was shared during the group discussion by one of the community leaders.

It is sad that the community overlooks elderly people. Old people are a blessing to the community and should be treasured. Imagine a community without elderly people or the aged; that would be a dead community. We treasure them and rely on their knowledge to help us with many issues in our communities, but mostly this doesn't happen. (FGD 1-CWAC 3)

Interviewee EPC5 equally shared something exciting and stated, *"growing is a good thing; I am respected and able to share the knowledge I have acquired all my life during community meetings."* The other participant said:

Well, because I am an active community worker and an advocate for persons living with HIV/AIDS, government workers have continued to use my services. You know, madam... one thing you should know whether you like it or not is that one day you will be age and it's a good thing to grow. But if you are not a people person, people will shun away or not even regard you as being alive even when you are still alive. (Interviewee EPC6).

Mapoma & Masaiti (2012) assert that individuals who have experienced low levels of social participation and activity in society may feel useless and may show signs of being unhappy. However, one's age cannot be used to determine whether one would be hopeless or useless, but their experience could influence loneliness and being unhappy. Participants from the institution also had a story to tell, interviewee EPH1 and interviewee EPH3 said that aging comes with many challenges, the support you are given by the government is a wonderful opportunity to experience. They said that the government was taking care of them and had nothing to worry about, it provided food and a place to sleep.

5.8 Challenges faced by elderly persons

5.8.1 Health Problems

Hill (2015) acknowledges that caregiving takes time, and often it is a long-term commitment, and the amount of care provided increases over time as the person gets older and older. In addition, ageing is associated with health declines (Ibid). Therefore, various challenges may be faced in the process; hence the aspect of health cannot be ignored as it forms part of the needs that elderly people require for better wellbeing. Lodge *et al.* (2016) note that the development of measurement of healthy life expectancy by the World Health Organization (WHO) isn't just for determining how long people live but how long they live with a good quality of life as it is also good for the economy in society.

When asked about the challenges the Participants were facing, those at the Old People's Home indicated the unavailability of a clinic within their facility and expressed having multiple health problems such as eye problems, hypertension, mobility problems, stomach problem, hiring problem and body aches. Lombard & Kruger (2009) attest that older people's health is influenced by their nutritional status and medical care. This corresponds with the challenges mentioned by some respondents, such as lack of access to good health care services and poor diet. Other challenges include long queues and waiting hours in health facilities, lack of better transport at the institution and unavailability of drugs both in clinics and the hospital. Interviewee EPH4 said, "*we have transport challenges, and we struggle when going to the hospital.*"

Meanwhile, the social worker stated:

Though the institution has no health scheme nor a social security scheme, the Zambian health policy provides free health care services for the aged above 65 years; hence the institution relies on that. However, no priority is given to our patients for treatment. (Interviewee SW1)

In a similar vein, two participants from the community said, "As you age, you tend to have health complications and face a lot of challenges. *“Personally, I have lost my sight, and I fail to do anything.” (Interviewee EPC5). “There are no drugs in our health care facilities; hence I am forced to spend on the health care services which were supposed to be provided for free.” (Interviewee EPC6)*

5.8.2 Assertions of witchcraft

Ageing is a good thing and a blessing, as previously alluded to. However, its challenges cannot be overlooked, for they may affect the way people approach and view the process of ageing in society. Previous studies by Chirwa and Kalinda (2016) discuss the stigma experienced by elderly people arising from being suspected of practicing witchcraft. They have highlighted the negative experiences of elderly people related to being accused of witchcraft in their communities. The women and men are often branded as wizards and witches, blamed for the death of young people because of personal appearances.

My research reveals similar findings in two rural communities where elderly persons are accused of witchcraft. Interviewee NM was branded as a witch and stated, "*I fear living in this community because I am called a witch in my community ...this has been a common trend of humiliating elderly persons.*" This experience was shared by interviewee EPC3 who was called a wizard in his community and was rescued by the village headman. Furthermore, Interviewee EPC1 was also accused of witchcraft by people who didn't like her. She said, "*I was once accused of being a witch, and that hurt me. I told God to take my life, but I guess it was not God's time because I am still alive. I just put everything in God's hand*" (interviewee EPC1).

Meanwhile, the Interviewee SW3 who understands the conditions and challenges that come with old age, said,

People do not understand that elderly persons have dementia, some move without clothes, and they are seen in the community without clothes, they are accused of witchcraft without fully understanding someone's condition. Hence the community needs sensitization on such cases. (Interviewee SW3).

5.8.3 Isolation

Mapoma & Masaiti (2012) discuss isolation as the absence of satisfying relationships, low involvement in community life, minimal interaction with others, and emotional isolation. It indicates being unhappy, lonely, having no social contacts, and lacking social and emotional support. However, factors leading to isolation are not just indicative of inactive ageing but a challenge to the existing social and physical needs of older persons and a challenge causing the isolation.

My research found another perspective of isolation different from challenges related to active ageing. The participants stated that being isolated from their communities and placed in old people's homes for protection is the worst form of isolation. During the group discussion, some respondents were not in support of institutional care.

I do not support institutional care, especially when one does not consent. An old people's home isolates people from societal activities they were used to, which kept them alert and alive; this act may shorten someone's life. Yes, they may not have had someone to look after them, but the most important thing is to treasure one's choice to give consent. (FGD 1-CWAC 4)

The social worker SW3 alluded that when the elderly persons are isolated from the community and placed in a home for the aged, they do not receive a dignified burial because their relatives detach themselves from having a close relationship with them.

The aged in Old People's Homes receive undignified burial. They are not buried by their relatives or the people caring for them but by the municipal council mandated to do so. Unfortunately, even those with relatives refuse to be involved. (Interviewee SW3).

Interviewee EPH7 felt that he was being isolated from what he treasured doing and did not want to live in the care home. He stressed that; *"life is boring here, and I miss my job as a traditional doctor"*. Other respondents shared the same thought of sitting idle and feeling isolated. *"I am a tailor, but I do not do anything; there is nothing to do in this place. Of course, I do help the nearby community members sew their clothes, but that is nothing compared to what I used to do (Interviewee EPH5).*

It was clear that elderly persons in care homes are not engaged in deciding what they want or how they should spend their time whilst living in a care institution. The majority reported dumping whatever skills they have or things they love to do. Meanwhile, Interviewee SW1 and Interviewee SW3 gave a different indication and specified that the institution had activities that suited the condition of its residents (the aged) to keep them active and participating in these activities was of free will. This included watching television, gardening, and cleaning the surroundings.

We give them duties like cleaning their surroundings and gardening for occupational therapy so that they can live actively. Usually, those who come looking active can work. In

contrast, those who come looking weak never want to do anything, even when such activities are there to help them stay active (Interviewee SW3).

There is basically nothing for their daily activities; they are left to loiter and wander around by themselves and do not interact with the outside world, which makes them feel excluded from the entire society in the hope of keeping them. (Interviewee SW1).

During the interview, some respondents showed signs of being unhappy and wanting to leave. Most of them said that if they could facilitate their movement and were given the opportunity to leave, they could willingly leave the institution to return to their homes. They told a story of being isolated from things they are passionate about, including being active and involved in community life and social activities for they lacked continuity in their previous activities. Consequently, having less interaction with others or fewer social contacts led to loneliness, which was narrated by interviewee EPC5 when he explained how active he was in the community and how the community and government workers still recognize his works and engage him in community activities even in old age. My observation is the elderly persons at the Old People's Home are isolated because the institution is not providing them with activities of their interest, hence experiencing low levels of social participation in societal activities and activities that meet their skills. I also observed limited home visits to link the elderly with their communities.

As Jose & Cherayi (2016) noted, advancing age is naturally associated with decreasing social relationships, restricted access to service provision and material consumption, hence a greater risk of social exclusion. However, being part of a larger group is the most fundamental aspect of developing self-identity. It can either make someone be socially excluded or included in improving the individual's wellbeing in old age.

5.8.4 Inadequate care and support

5.8.4.1 Institutional care

The country has very limited old people's homes, with only two care homes with a limited capacity. For instance, during my research, Maramba Old Peoples Home, meant to accommodate 40 people, had 46 elderly persons. The main challenge was insufficient support;

the quality of social care service is compromised due to inadequate caregiving, poor funding, poor infrastructure, and low staffing level. Elderly people go through many challenges before they are committed to any institution. Hence the institution should be a good and better home for them. The inadequacy of social care services in such facilities contributes to various challenges elderly persons face in care homes, which may also limit the efforts of caregivers to provide better services. Further, not much attention is given to such institutions compared to the social protection programmes like social cash transfer. This situation was confirmed by Interviewee SW1 and Interviewee SW3, as well as FGD1- CWAC 5, who stated as follows: *"The old people's home we have in the district is poorly funded, so you find that things like diet are poor and very limited."* (Interviewee SW1)

The institution has few staff, and this challenge is extended to limited care and support. Secondly, the physical appearance of the infrastructure itself is alarming and needs renovations. The attention given to other programmes in communities should be the same because those in care homes are not different from those in communities. (Interviewee SW3).

The aged in old people's homes lack proper care and support, and those unable to do daily living activities feed in their rooms and have no diapers and personal helpers. The workers get tired and cannot manage to always carry the person to and from the bathroom because they do not have the workforce needed. (FGD1- CWAC 4)

During the interview, the participants alluded that the institution had two social workers on a permanent basis and three volunteers. The staffing levels were deficient against the demands and the general work involved. With this challenge, service provision is inadequate to a point whereby those who were unfortunate died in their rooms before they were taken to the hospital. Interviewee SW3 alluded that it is traumatizing for them as workers to be witnessing such incidences and that there was a need for psychosocial counselling and support for the workers.

We do not have enough labour force, and this affects our service delivery. Yes, we give the elderly people food, shelter and clothing. However, they also need exceptional support so that they can be allowed to die with dignity when someone is dying. We also need a clinic

or health workers to be providing the medical services and monitor our clients during daytime and night (Interviewee SW3)

As much as we appreciate what the government is doing, the aged at the institution are sometimes seen outside the gate begging for food since the institution is near the market. So, what would I think as an outsider? Maybe there is no food or life is not suitable for them. They look destitute, and I know they are not given appropriate care and support. (FGD 1-CWAC 5)

5.8.4.2 Community or individual home-based care

At the community level, the participants from both urban and rural communities indicated inadequate social care services and support elderly people get from the government and a need for additional services.

In rural areas, most people want to invest in animals and land, but the money they get as support from the government is little. Most of them do not have clothes, blankets, or a mattress. However, such help can be added to help them by increasing the grant to meet their needs. The other thing they need is to be educated on the best ways to invest and spend the money. (CWAC 2).

5.9 Changing the Approach of Social Care Services

Development is a process that brings change and is viewed as occurring throughout life and not limited to stages (Lodge et al., 2016). As people grow, their thinking equally changes so do their needs. Hence the way of doing things or providing care services and the type of services required are prone to change. The Participants' responses to the research questions regarding what should change in providing social care services for the elderly? How should social care services be reorganized for better and improved service delivery? All the interviewed participants submitted various recommendations to effect change to improve care services.

Firstly, regarding the Social Transfer Programme, interviewee EPC1, EPC3, and CWAC1 said the state should empower elderly people further by increasing the monthly grants they get to K1,000.00 (\$650) to invest and afford hiring caregivers and people to help them.

The second aspect relates to accessibility. The participants suggested that social care services were not easily accessible, and elderly person were left to fend for themselves before they were identified in need of care. The following submissions were discussed during the interviews with various participants.

The government should promote active living among the elderly. It should identify those with effective plans and those without but not allow laziness. As I am ageing, there's something I can do, so the government should come up with measures to encourage those who are hard-working in old age to be active. (Interviewee EPC1)

We need a policy that would allow foster care for the aged, as we do for children. We have people who are willing to look after old people but do not have the resources or the capacity to do so. Such people should get adequate support from the government, and this could encourage community caregiving and support. In addition, the country needs good nursing homes instead of old people's homes. In a nursing home, one gets more personalized care than an old person, where you keep people awaiting death. (Interviewee SW1).

Elderly care and support in the community could be given by using Community-Based Organizations through voluntary work. Also, at family level, a family looking after an elderly person should be given full support from the government to enable them to have all the necessary tools required to care for an elderly person. This would supplement their efforts and go a long way toward the needed support to care adequately and effectively for the aged (Interviewee SW2).

The government should build modern structures to improve the services. The infrastructure should be inclusive to accommodate everyone with special needs. In addition, the country

needs the private sector to run old people's homes where those with money can pay for better and good services. (Interviewee SW3)

Finally, during the group discussion, individual members indicated that *"the government should come up with a deliberate policy to consider putting everyone above 65-year welfare Programmes. It should also encourage community members to engage in volunteer work by giving small incentives"* (FGD 1-CWAC 3).

CHAPTER SIX: DISCUSSION

The analysis revealed various experiences and perspectives of the elderly related to social care provisions: relational and esteem, emotional, physical and health, power and control and independence in nature. The care and support given to old people are inadequate and encounter enormous challenges to guarantee better services. The primary support in the old people's homes is shelter, food and clothing, and emotional attachment and health care services are not visible. Based on the findings on the experiences and perspectives of the participants, I categorized and discussed three main themes of social care: Social relations care, empowerment support and power, and physical and health care.

6.1 Social relations care

Social relations are one aspect of care which the participants emphasized. I strongly agree with the assertion held in sociology that a person is mainly defined by their social relations, roles, and connections with others (Spicker, 2014). Spicker asserts that people who are cut off from social relationships, like in the case of elderly persons in institutional care, can become non-persons. Thus, I contend that elderly persons without social relations are dead while alive because they have no connections with other people, and their social relations are non-existent. Social relations matter most in one's life because the welfare of a person is also defined by the community they belong to. Mapoma and Masaiti (2012) discuss that individuals with low levels of social participation may be unhappy or feel useless or live in isolation. The significant challenges in old age are caused by constraints in social networks and the support they have from the community and their relatives. However, this does not mean that those living in their communities cannot lose their networks. Friends and other networks may be lost as people die.

Those in care homes may create new social networks with caregivers, peers and those around them. However, I agree with Jose & Cherayi (2016) that ties are weak, compared to blood family ties causing social isolation. Therefore, encouraging family relations is a fundamental social unit because it is the best part of social interaction. Family is important even to those in old people's homes to develop relationships such as partnering, parenting, friendship, affiliation, and making a connection with a significant impact in our daily living.

Further, with reference to Tronto (1993), Fisher & Tronto (1990) and Bubeck (1995), who presents care as one of the main activities of human life, the need for individuals, families, and the community is imperative as a social network. These social networks need to adopt the old culture of caring for those in need and provide the support required to ensure better wellbeing among elderly residents in their respective communities. Hill (2015) acknowledges that society expects relatives to assist older family members. However, the challenge is that few support or rewards exist for doing so.

Therefore, proposing more support to family members caring for the aged. On the other hand, it could also propose paying family members to give good care to the elderly. For example, according to Sundström *et al.* (2008), Germany and Austria pay family members to provide care. They discuss that many European countries have government-funded home help services. The type of assistance varies from house cleaning to personal care and some medical treatment. As Blaser (2001) notes, I'm afraid I must disagree with paying relatives to provide care, as it is likely to cause cheating and abuse. Family members might be abusive or exploit the care recipient to receive the payments, denying the elder person more appropriate care. In addition, it is challenging to supervise the family and hold them accountable for how the funds have been spent. However, in the Zambian context, the social cash transfer programme could be strengthened to include able-bodied beneficiaries and others from various government programmes as caregivers to appreciate government support by providing a service in their respective communities as volunteers.

Some of the reasons discussed emerge from the inability to provide care due to high poverty levels, financial constraints, and abandoning wife and children after receiving a retirement package. Other reasons included rejection, which meant that the person was evicted from a family, including the whole village, with allegations of witchcraft. Mostly, suppose the complaint is raised by close relatives or the children in fear of their lives or their children dying. In that case, such individuals are forgotten as soon as they leave the village or their home. Consequently, when such an elderly person is identified as someone in need of care, they fail to share their background history and mostly claim that they have no children or relatives.

Another aspect of critical importance is poor life satisfaction due to poor services, social exclusion, reduced social roles, and increased social isolation. I agree with Mapoma & Masaiti (2012) that the views and attitudes toward ageing and the aged living in the community are good determinants of elderly people's wellbeing. This supports the kind of services, care and support elderly people may or should receive. The way the aged are treated in society reflects how the elderly are viewed and their attitude towards them. As Changala & Akakandelwa (2018) noted, when elderly people are involved in community activities, they feel respected and accepted with a strong sense of belonging. Most elderly persons preferred independent living rather than moving into institutional care while capable of living alone. Living in the community gives elderly persons a sense of belonging. They feel loved, engaged in societal activities and recognized in their communities.

6.2 Empowerment support and Power

One of the critical stages in decision making is the aspect of being involved and being heard. This gives elderly people “a sense of usefulness and ensuing social inclusiveness” (Jose & Cherayi (2016) p. 161). Empowerment support helps to integrate into social networks which is an essential aspect of social inclusion and can help reinforce exclusion (Pinkert *et al.*, 2021).

Spicker (2014) and Hirschman (1970) support the importance of user control as empowerment, focusing on three strategies: rights, exit, and voice. They indicate that the idea of exit is associated with market approaches with an emphasis on choice. Signifying that when conditions are not met, there is no guarantee that services will be responsive to demands or claims, especially those with low priority. The voice implies that views should be represented and considered somewhere within the change process. However, giving people a say does not mean giving them a degree of control but being allowed to raise issues and have a sense of participation and be part of a deliberative democratic system. Yes, the voice is an essential aspect of empowerment, especially for the disadvantaged to exercise their rights and express different opinions from others (Spicker (2014). This process equally helps decision-makers formulate people-driven policies and make decisions more legitimate.

Similarly, Deakin & Wright (1990) indicate a need to have some mechanism through which services can be made to answer service users for their decisions through participating in decision making. The ability to exercise choice is an important aspect of user control because a lack of

options may mean that users cannot control outcomes. However, my research has opened avenues for service users to exercise control over what they want and how care services can be improved and delivered. The research focuses on social care services as services for the people. It shifts its focus to the people rather than the perception of the service, as people choose to involve social care services in their lives. However, it is worth noting the limitations to service use. Most elderly who are poor, disabled, mentally ill or have dementia may not have effective control over specific services (Spicker, 2014).

The research was done when the Zambian government realized the need to curb problems from the local level (municipal level) by decentralizing funds rather than the central government (national) deciding and dictating how the budget should be spent. The government has allowed citizens to plan at a sub-district level for their lives and determine their future. Through the newly expanded constituency development funds, the government increased the national budget allocation on Community Development Funds (CDF) from K1.6 million to K25.7 million for each constituency annually to enhance development at the local level. It enables the local authorities to deliver developmental services to their communities by decentralizing the funds. The funds are meant to meet the needs of citizens because it is the local communities that know what they need the most. Spicker (2014); Lodge *et al.*, (2016) agree that decisions should be made by the person who is likely to receive the services, rather than a professional or bureaucrat on their behalf, which may create a diversity of wants and needs. Consequently, community members should help identify local needs and meet the challenges that vulnerable individuals face in various communities by spending the funds on activities they consider fit for their needs. Furthermore, the study reveals that most older people want to stay where they are and live in their own homes and communities. Institutional care is the last resort and optional to many respondents. This agrees with Wagnild (2000) that most elders want to grow old where they are, and their choice should be recognized and honoured. Therefore, there is a need to develop innovative solutions that prevail over many barriers. Given this, the local municipalities can broaden their vision by embarking on planning and developing community structures and community houses to shelter the homeless and provide care. Caregiving can be run by the local community through voluntary work, using already existing support structures such as Community Welfare Assistant Committees (CWACs). The volunteers can consist of the elderly

people who are fit and willing to be of service within their communities and ultimately help them stay active in their old age and reduce the feeling of loneliness and isolation. However, the participants recommend having a token of appreciation because they leave their daily duties to do community work.

Similarly, Hill (2015) acknowledges that few support or rewards exist for relatives who are expected by society to assist older family members. The study acknowledges Lodge *et al.* (2016) that the community within which a house is situated plays a crucial role in contributing to a person's wellbeing because they are part of the community and understand the needs. Similarly, engaging community members in planning and decision-making is a form of empowerment concerned with collective action. This supports Spickers's (2014) notion that empowering relatively powerless people enables them to gain more power, reduce discrimination, and be seen as a form of freedom. Indeed, people feel empowered when they can decide matters for themselves and when their voices are heard. The study shows a gap in the involvement of elderly people in decision making especially those in old people's homes. The social workers mostly made decisions without much involvement of elderly individuals because they are most vulnerable and defenseless to support their opinions.

Finally, I reveal a need for additional services to elderly people in communities and institutional care homes. However, the social cash transfer programme could be extended to old people's homes. Hence, it meets their different needs that somebody else may not be aware of. The study identifies it as one of the aspects elderly people's desires to have control and be able to afford what they want. Therefore, the programme guidelines need to be amended to include those in care homes and continuity for those taken to the institution whilst on the programme. Adequate funding for old people's homes would improve care and support. In addition, the caregivers at the old people's homes are overstretched, and some need the training to provide care with the needed skills. The establishment of workers was not enough to allow work shifts for day and night services and give care whenever needed.

6.3 Physical and Health care

Last but not least, the study shares similar findings with what Lombard and Kruger (2009) indicated on access to health services and difficulties elderly people encounter. According to them, the increase in population is causing overcrowding in hospitals and a lack of medication because of a rapid increase in the elderly population. However, old age is not an illness, but it comes with so many health problems needing immediate attention. Most elderly people have suffered from chronic health conditions and memory lapses. Another aspect relates to the physical body, such as maintaining body positions like kneeling, standing, bending, and walking, which becomes a serious challenge. Therefore, providing food and shelter alone is not a panacea to the problems and challenges old people face. It seriously requires a collective approach and regards health as the main factor when providing social care services. Since ageing comes with multiple health complications, the old people's home needed a clinic or health workers to be stationed at the institution for healthy daily check-ups. This supports service integration recommended in the document of OECD on Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery (OECD, 2015).

CHAPTER SEVEN: CONCLUSION

My research explored an understanding of the experiences and perception on social care services elderly persons receive and the expectation of the kind of care. I looked at the opportunities in old age, their understanding of care, I reviewed the elderly people's preference in terms of care, appreciated the challenges elderly people face and how society needs to change to improve the programmes that provide care to elderly people in Zambia. Rethinking the provision of social services gives solutions to the challenges that come along with an aging population, furthermore, gives light to decisions that families, individuals, communities, and policymakers are expected to make.

The experiences and perspectives of the elderly related social care provisions which are physical, emotional, relational and esteem and independence in nature. Most fundamental element of care is social relations which provide emotional and self-esteem, belonging and worthiness of elderly persons.

Mostly, taking on new programmes is never an easy task, while things may work, some may fail to work because of administration practice or set up. However, my research proposes a responsibility to service users by attaching services and users together, reflecting on the relationship and the design of service delivery and the structure of the services. In other words, the study reveals that the Ministry of Community Development and Social Services has various community structures and groups in most of the communities, if not all. There are CWAC members (volunteers), faith-based organizations, and community-based organizations and other NGOs that can be incorporated in giving community or home-based care to elderly persons, some of which are even run by the elderly. This approach can be introduced in communities as one of the strategies to help provide basic services to elderly persons in their communities or areas where they live.

The research builds a case for improvement in social care service provision and delivery, improvement in policy, budgeting and planning, and also changes in the way the system operates and handles elderly people. The study provides information to help individuals to plan for longer lives, improve social care services, building homes for the elderly and having a society that is age inclusive with value for older persons. Since it is now evident that more

people are living longer, individuals, families and the state should consider looking at life differently, planning for a career, strengthening family ties and community engagement over a longer time to create a climate of respect and care according to the African culture and tradition. The state should be obligated to set up structures and processes that support elderly people to benefit older persons of today as well as those who will be old tomorrow, riding on Lodge et al., (2016) notion that no one is immune to aging, therefore, the aspiration should be to create an inclusive and caring society.

As much as the government is taking measures to address poverty challenges among vulnerable groups, it is also experiencing population aging. As people get older, the availability of care gets more and more challenging and the people providing the care are stretched to the limit. In addition, there are very few specialist professionals who work within the social care field to care for the aged, even case managers should be professional and conduct exclusive assessments. Social support from the state tends to shrink as it is viewed as more consumption oriented as opposed to being productive. Therefore, the government lacks appropriate interventions targeting the plight of elderly persons that require a holistic approach to focus on suitable programmes to empower elderly persons in their respective communities and contribute effectively to society. Lodge et al., (2016) reminds that the government should be wary of the economic costs that come along with an increase in the aging society. Similarly, Fisher and Tronto (1990) alludes that concrete care work demands time and resources. Therefore, there is a need to devote sufficient resources to social care to provide for those in need now and for future generations as the aging of the population is continuing. In terms of cost serving, the government could adopt cheaper ways or approaches like policies that would ensure that elderly people access the variety of services they need in the right order through multiple interventions such as integration of social services for vulnerable groups. Integration of social services has the potential of addressing multiple problems, improves the quality of services and produces better outcomes and satisfaction amongst the services users and the providers. The reforms to social care services for elderly people should respond to on-going development rather than coming up with literary new programmes. The services can be integrated by having a combination of cash transfers and other social services (food ration, clothing, housing or shelter and institutional caregiving or community-based caregiving).

Integration could also be done through cooperation and coordination with organizations or NGOs, civil society doing similar activities, families, and the community as a whole. Already, most of the programmes are donor funded which makes it easy to bring different sectors within the management structure, since they usually share the same programmes objectives of protecting vulnerable groups and ending poverty. This offers a good example of integrating social services for the benefit of elderly people and improving efficiency in service provision and delivery. Elderly care services should be integrated from an elderly person's perspective and not a provider, to enable them to make informed choices about their care. This should be designed to improve long term efficiency and services to suit their complex needs. Drawing evidence from the available literature OECD, (2015), service integration is cost effective, improves accessibility and quality of services for both service users and providers. Cost effectiveness of services is one of the main reasons for integration services, especially for those in institutional care, since the elderly have multiple needs where multiple services can be provided in one place.

The study has shown that aging can be much more exciting than just an experience of deterioration and that old age is part of transition across lifespan that doesn't need any form of segregation or discrimination against its oldest members by society. The study shows that, elderly people who live in rural areas have more solid social networks and support programmes than those in urban areas though face a greater risk of social exclusion.

However, there is a lot that can be done to give care and support to the elderly, listening to the expressed wishes of older people and finding ways to meet their desires provides better solutions. The government could give additional services to vulnerable families caring for the aged, come up with an activation policy for the elderly to enable elderly persons take part in community activities and have an active social life. It could also increase funding or financial support to old people's homes. People who may want to live independently could be rendered with resident or home support, which may require trained carers and volunteers to adequately deliver proper and quality services. On the other hand, it is however reasonable to note that not everyone may want to be independent, and others may not be happy to live with their families. However, it will be irrational to assume that there will be no challenges, despite the strong desire to age independently by most respondents. Nonetheless, institutional care is inevitable

to those without family care and support or those who may want institutional care and those with critical situations. Though the state has no legislative framework or guidelines for old people's homes, there is a need to shift emphasis from institutional care to community-based care to ensure that older people remain in their homes within the community for as long as they want. Therefore, society needs policies that would approach problems in a comprehensive manner to include and encourage all relevant parties.

It is rational to conclude that every one of us should be able to render aid to elderly people at some point and probably that help may also be given to us at a later stage in years to come. I look forward to more and better services for improved wellbeing for the elderly people. By and large, the study leaves a gap in understanding elderly persons with partners and living together providing care to each other to meet their needs. My Research was limited with time to explore this area. Finally, future research to analyze how the old people are treated in old people's homes and communities in relation to human rights and the inequalities that exist in society.

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Appendices

Appendix 1: Demographic Information of Participants and Key Informants

Table I: Demographic Information of Participants

Participants from Maramba Old People's Home			
No.	Gender	Age	Period of Stay
1.	Female	85	13 years
2.	Male	77	12 years
3.	Male	82	12 years
4.	Male	74	2 years
5.	Male	90	9 months
6.	Male	74	8 months
7.	Male	97	3 years
8.	Male	90	25 years
9.	Male	76	1 year
Participants from the Community			
No.	Gender	Age	Name of Community
1	Female	82	Linda (Urban
2	Male	65	Dambwa (Urban)
3	Female	73	Sinde Rural)
4	Male	75	Sinde (Rural)

5	Male	70	Simoonga (Rural)
6	Female	63	Simoonga (Rural)
Total Number of Participants			Fifteen (15)

Table II: Demographic Information of Key Informants

No.	Gender	Age	Title	Work Station	Period of work
1	Female	49	Social Worker	Department of Social Welfare	18 years
2	Female	34	Social Worker	Department of Social Welfare	9 years
3	Male	46	Social Worker	Maramba Old People's Home	10 years
4	Female	60	Caregiver	Maramba Old People's Home	15 years
5	Male	50	CWAC Member	Sinda Community (Rural)	7 years
7	Male	48	CWAC Member	Simoonga Community (Rural)	5 years
7	Male	43	CWAC Member	Linda Community	5 years
8	Female	62	CWAC Member	Linda Community	7 years
9	Female	54	CWAC Member	Linda Community (Urban)	5 years
Total Number of Key Informants = Nine (9)					

Note: all the tables were designed by the Researcher.

Appendix II: Participants Information Sheet

Title of the Research: Rethinking social care services for elderly persons in Zambia

The Researcher: My name is Annette Hatembo, I am a student pursuing a Master of Science Programme in Welfare Policies and Management at Lund University in Sweden. I am currently conducting research as a requirement in my programme of study.

Aim of the Research: The aim of the study is to explore a deeper understanding on the appropriate social services among the elderly persons in Zambia.

Participation in the Research: Kindly note that participation in this study is purely voluntary. If you wish to be part of the study, you will be requested to sign the consent form. You are free to withdraw from the study at any point you feel like withdrawing from the study even without providing reasons. You are also free to skip questions you are not comfortable with.

Confidentiality and Anonymity: The study will maintain high confidentiality whereas, no information that will be shared or gathered here be shared with anyone other than my supervisor and other parties who may wish to read my finding of my study for academic purposes. Also, be informed that no name nor your personal description or anything that can easily be used to identify you will be erased to ensure that you are unidentified and protected for your personal privacy and interest.

Risks and benefits: If my questions trigger your emotions directly or indirectly or when the question, I have asked is affecting you in any way, please feel free to say so and I will willingly skip the question. There are no direct benefits per se but your contributions to the study will surely contribute to the body of knowledge that may provide insight and inform future policy makers on how to improve social care services for the elderly people.

Researcher's Contact: For any clarity you can contact: Annette Hatembo at Email: anniehats3@gmail.com. WhatsApp on Phone number: +46 709 546382 or +260979299290.

Appendix III: Informed Consent Form

Note: Tick if yes and cross if no

I (Name of Participant)do hereby affirm that:

- 1. The researcher has given me the information sheet.
- 2. The researcher has explained the purpose of the study and other procedures.
- 3. The researcher has explained the risks and benefits of the research.
- 4. I have been informed of my right and freedom during the interview and that I am at liberty to withdraw whenever I want.
- 5. I fully understand that the information I will give will be used for this research and be kept confidential.
- 6. I agree that whatever questions I had have been answered to my satisfaction.
- 7. I agree that whatever information I will share during this research will be based on facts and personal experiences.

I therefore consent voluntarily to be a participant in this study

Signature:.....

Date:.....